

ecta

**Infant & Early Childhood
Mental Health (IECMH)
and EI (Part C) –
Screening, Assessment
and Eligibility**

July 13, 2022

Poll #1

- *Please indicate your role*

Presenters:

Amy Hunter, LICSW, Assistant Professor
Georgetown University - Center for Child and Human
Development; and Faculty Member – NCPMI



National Center for
**Pyramid Model
INNOVATIONS**

Andy Gomm, MSW, Consultant

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Technical Assistance Center

State Spotlights:

Connecticut:

Elisabeth Teller, Birth To Three System

Michigan:

Noel Kely, Ph.D., Director,
Office of Great Start

Mary Mackrain, Consultant,
Dept. Health & Human Service

Webinar Agenda

- Overview of the IECMH and (EI Part C) briefing paper and TA
- Partnerships to promote IECMH in:
 - Referral
 - Assessment
 - Eligibility
- Finance and Workforce considerations
- State Spotlights:
 - Connecticut
 - Michigan
- Q&A, Padlet questions – next steps



Webinar Outcome

- Explore Infant and Early Childhood Mental Health (IECMH) policies and practices that may be used in early intervention (Part C) to support the social-emotional and mental health needs of infants and toddlers in the context of relationships, related to:
 - Screening
 - Assessment
 - Eligibility

Note: The briefing paper has background information regarding the importance of early relationships for healthy social-emotional development and the impact of adverse childhood experiences, including trauma and toxic stress on a young child's mental health.



The IECMH and EI Part C Workgroup – National partners



IECMH and EI Part C – Briefing Paper

- Briefing Paper published in June
- Web version on the ECTA website
<https://ectacenter.org/topics/iecmh/iecmh-partc.asp>
- Planning tool
- Webinars in July
- Improving Data Improving Outcomes Conference (Aug)
- Cross State cohort (fall 2022)
- State specific TA



Briefing Paper: Infant and Early Childhood Mental Health and Early Intervention (Part C):

Policies and practices for supporting the social and emotional development and mental health of infants and toddlers in the context of parent-child relationships

May 2022

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Partnerships

State partnerships are critical for early intervention (Part C) Programs to implement IECMH policies and practices, including:

- State children's mental/behavioral health agency
- State IECMH lead
- University Centers for Excellence in Developmental Disabilities Education (UCEDD)
- Pyramid Model State Leadership Team
- Medicaid agency
- Associations of Infant Mental Health
- Advocacy and Philanthropic organizations
- ...Existing state IECMH collaborative efforts



Poll #2

How many IECMH resources (agencies/programs or collaboratives) are there to partner with in your state?

IECMH and Screening

Considerations:

- Outreach/child find to social services agencies (domestic violence and homeless shelters), child welfare – child abuse and neglect (CAPTA), and infants identified as affected by parental substance use disorder (CARA)* - Plans of Safe Care
- Promoting developmental screening that includes focuses on social-emotional development across programs (health, early care & learning, home visiting)

* Comprehensive Addiction and Recovery Act



IECMH and Screening (cont.)

Considerations:

- Review state screening procedures for CAPTA and other referrals, as allowed under the IDEA Part C (2004) reauthorization
- Post Partum Depression Screening – for Perinatal or postpartum mood and anxiety disorder (PMAD) - associated with less responsive parenting and disruption of infant-parent-child interaction
- Family risk factor screening as part of the family assessment



IECMH and Assessment/Evaluation

Considerations:

- Promote use of a tool focused on social and emotional development as part of the evaluation to supplement the multi-domain tool used
- Promote the inclusion of a licensed mental health specialist (e.g., social worker, family counselor, psychologist, family therapist) or professionals trained and/or endorsed in IMH on the evaluation team, when appropriate



IECMH and Assessment/Evaluation (cont.)

Considerations:

- Provide training for mental health clinicians to help identify the presence of infant mental health conditions (e.g., Diagnostic Classification of Mental Health & Developmental Disorders in Infancy and Early Childhood (DC:0–5™)) that can also help teams determine whether the child and family could benefit from a referral for evidence-based IECMH intervention or treatment.
- Other assessment tools focused on parent-child relationships



IECMH and Eligibility

Considerations:

- Including mental health disorders in the state established/ diagnosed conditions list that have a high likelihood of leading to a developmental delay, including in social-emotional development e.g. severe attachment disorders, post-traumatic stress disorder (PTSD), disorders of affect.
- At-risk eligibility – infant and toddler “who would be at-risk of experiencing a substantial developmental delay” (IDEA [34 CFR §303.5](#)) incl. biological and environmental (family) factors e.g., substance use disorder, domestic violence, homelessness, abuse, and neglect



WORKFORCE / PROFESSIONAL DEVELOPMENT CONSIDERATIONS

- Integrate IECMH into existing training modules
- Training of screening and assessment tool that address social-emotional development.
- Training on specific IECMH approaches e.g. IECMH consultation, Pyramid Model
- Encourage IMH Endorsement
- Encourage reflective supervision/consultation
- Recruit and train mental health providers (social workers, counselors, psychologists, family therapists)

FUNDING / COLLABORATION CONSIDERATIONS

- Collaboration across programs/states to support training e.g. DC:0-5
- Partnering with other organizations to support reflective supervision/consultation
- Estimate the potential budget impact of increased enrollment
- Explore crosswalk for billing codes for at risk and mental health diagnosis

Poll #3

How would you describe IECMH efforts in your early intervention (Part C) program?

State Spotlight

Elisabeth Teller,
Birth To Three System



Connecticut's Birth to Three System

July 13th 'IECMH Screening, Assessment, and Eligibility'

Screening, Assessment and Eligibility and how Infant and Early Childhood Mental Health can be used to help the team address social-emotional needs of infants and toddlers

Elisabeth Teller, Monitoring and General Supervision Coordinator
IMH-E[®] Infant Mental Health Mentor-Policy

Foundation Building: State and Provider Perspective

1. **CT Birth to Three System Service Guidelines for Infant Mental Health (1998, 2009 revised)**
 - Described it
 - Set Expectations- Knowledge, principles, endorsement coming
 - Provided Tools for training
2. **Pyramid Model (OSEP funded)**
3. **State partners with CT-AIMH (Trainings, Reflective Supervision, Endorsement)**

Examples: Screening for Social-Emotional and Behavioral Challenges (2007); Sensory Integration related to Infant Mental Health. (2009); 8 day Capacity Building Training
4. **B23 Trainings for Mental Health Clinicians**
 - Built capacity and community

Foundation Building: State and Provider Perspective

What we did...

- Director went to trainings & participated in Reflective Supervision
- Sent PT's to Pyramid Training
- Hired more Social Workers
- Created a Learning Community of Leaders
- Required Reflective Supervision for all
 - Learning and growing together
 - Speaking the same language

What happened...

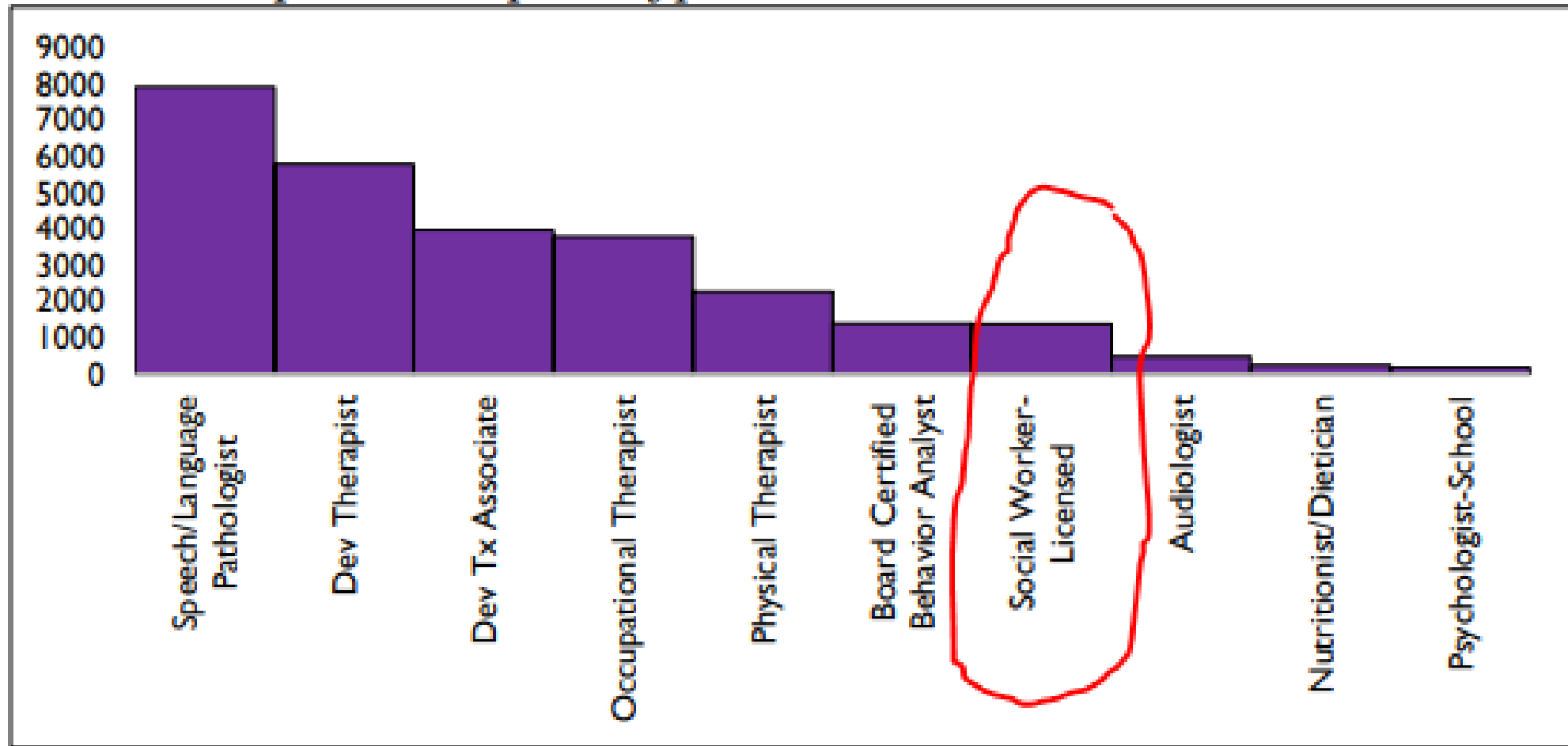
- Took Time to change culture
 - Turned from blame the parent to curiosity
- Therapists felt prepared & supported
 - Less turnover
 - Better moral
- Recruitment
 - Therapists were knocking on our door
- **Better outcomes for children and families!**

IECMH Screening, Assessment, and Eligibility:

CT's work around IECMH

- The Connecticut Birth To Three System requires that a mental health clinician be on the evaluation team if the referral was made due to concerns regarding social-emotional development”
- Use of “the Devereaux Early Childhood Assessment: Infant and Toddler (DECA-I/T)”.
- About 1,500 L-SW in system compared to about 2,000 PT’s All programs have a mental health expert on staff (over 50 in the system)

The top ten discipline types on FY21 IFSPs outlined below:



For comparison 13% of children have autism diagnosis and most have BCBA on their plan

From Procedures:

Eligibility for Children with Social Emotional Concerns

Prior to the child being found ineligible through use of a multi-domain tool, a domain specific tool such as the (Devereux Early Childhood Assessment-Infant/Toddler or Developmental Assessment of Young Children) must be administered by a mental health clinician such as a social worker, counselor, psychologist or other licensed mental health clinician. Refer to *Composition of Eligibility Evaluation/Initial Assessment Teams (page 1)*.

If the child is found not eligible for Birth to Three but mental health concerns are identified, the program, with parental permission, must refer the child to a licensed mental health care provider for evaluation and treatment, as noted per Connecticut Public Act 13-178. If permission for referral is refused, the program should record this in the child's record and leave information on mental health resources with the parent.

Children in foster care have experienced some kind of significant family disturbance and are at risk for social/emotional delays. Further information is provided in *Guideline 4: Infant Mental Health* on examples of behaviors that signal concerns and specific social/emotional assessment tools that assist in determining eligibility.

The Birth to Three System recommends the use of screening tools as appropriate. At times, these screening tools may be used during the initial and annual assessment of the child. At other times they will be used as ongoing assessment of the child as part of their regular home visits. Examples include screenings for autism, mental health, vision (Birth to Three Form 3-17) and nutrition (Birth to Three Form 3-16).

Required Training: ALL personnel working 1 or more hours/week with families must complete the Birth to Three Initial Certificate within 90 days of their start date. Personnel authorized to act as Service Coordinators must also complete the Service Coordinator Certificate prior to functioning in that role.

State Spotlight - CT

In 2013 the State of Connecticut passed [Public Act 13-178 'An Act Concerning the Mental, Emotional and Behavioral Health of Youths'](#) which required the Birth to Three Program (early intervention IDEA Part C) to *“provide mental health services to any child eligible for early intervention services”* as needed and *“Any child not eligible for services under said act shall be referred by the program to a licensed mental health care provider for evaluation and treatment, as needed”*. However, Birth To Three had already focused on supporting mental health of infants and toddlers in the context of their families. That included the publication of the [‘Infant Mental Health – Service Guideline’](#) in 2009 that was developed collaboratively with the CT Association for Infant Mental Health (CT-AIMH) and was a revision to a document developed back in 1998. The legislation put a focus on IECMH and led to changes regarding screening and evaluation. This also led to an increase in CAPTA referrals and establishing regular training to the child welfare agency staff regarding the referral process to Birth to Three.

The CT Birth To Three System requires that a mental health clinician be on the evaluation team if the referral was made due to concerns regarding social-emotional development. Additionally, if the child does not meet eligibility based on use of a multi-domain tool, the mental health clinician administers the Devereaux Early Childhood Assessment – Infant and Toddler (DECA-I/T).

Birth To Three contracts with CT-AIMH to provide training and provision of reflective supervision to early intervention staff. CT AIMH also provides an array of other IMH training through a grant from the Office of Early Childhood.



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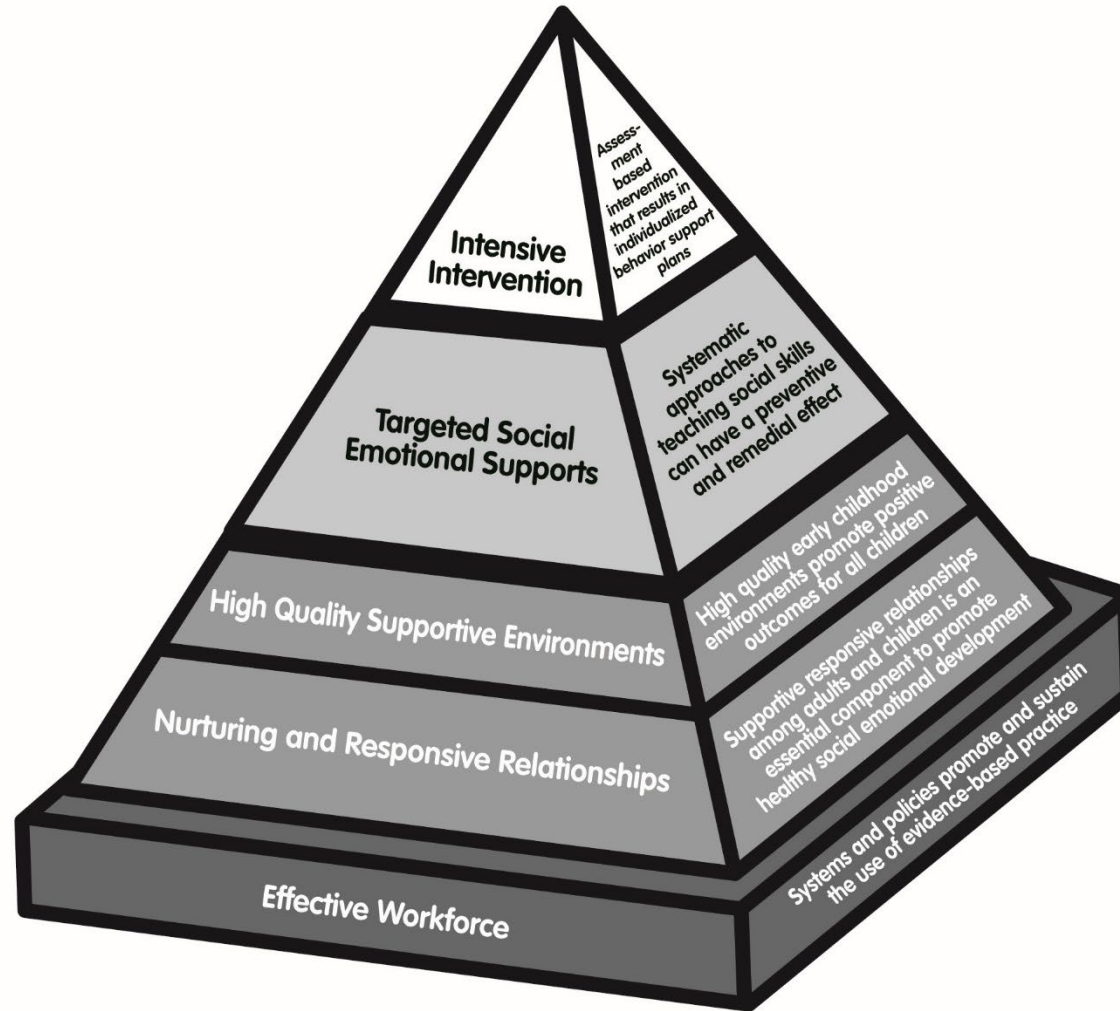
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Connecticut Office of
Early Childhood

MOA with CT-IMHA

- Trainings
- Reflective Supervision
- Endorsement



PROMOTING SOCIAL AND EMOTIONAL COMPETENCE IN INFANTS AND YOUNG CHILDREN

State Spotlight

Noel Kelty, Ph.D., Director,
Office of Great Start

Mary Mackrain, Consultant,
Dept. Health & Human Service



Increasing Social and Emotional Outcomes in Part C Through: Cross System Promotion, Prevention and Linkage to Intervention

Noel Kelty, PhD, Director, Office of Great Start/ Early Childhood Development and Family Education

Mary Mackrain, MEd, IMH (IV), MDHHS Consultant and Maternal and Child Health Director, Education Development Center

July 13, 2022





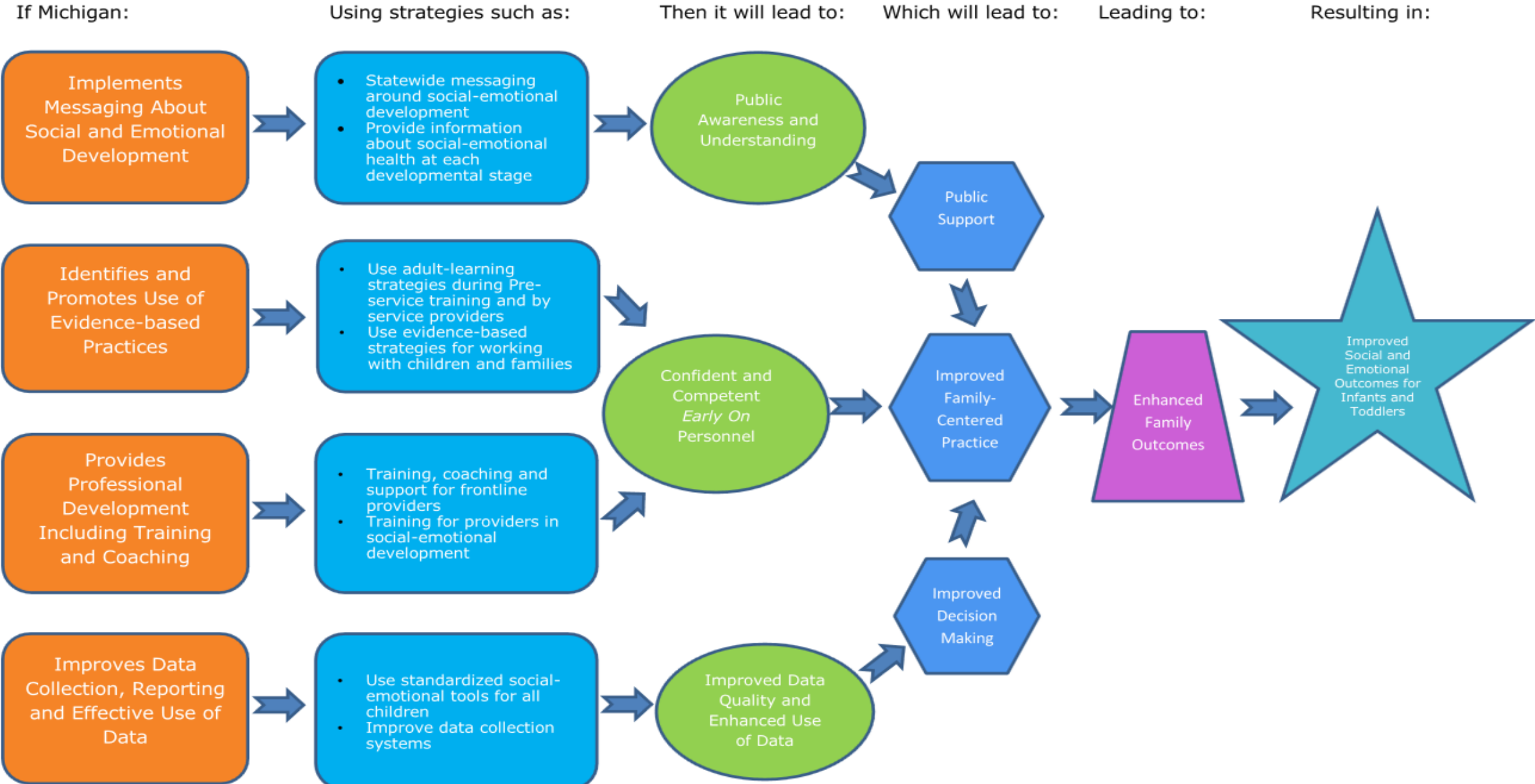
Relationships Matter

**SSIP Focus-
Part C Child
Outcome:**

Indicator 3A

Positive social-
emotional skills
(including social
relationships)

Michigan Part C State Systemic Improvement Plan (Indicator 11) – Theory of Action



**Social and Emotional
Consultation and
Coaching**

**Mental health statewide
adoption of eDECA
system**

**MI Department of
Education and Health
and Human Services
Interagency agreement**

**Part C Training & TA System
& State Coordinating Body**

**Leveraging Existing Systems Efforts to Test the
Theory**

Core Activities for SSIP Pilot Efforts

Promotion

- Messaging Campaign:
- Distribution of MI-AIMH Social Emotional and Developmental Wheels
- Joint development of 0-8 Parent Guide for Social Emotional Health

Prevention

- Integration of ***social emotional standardized assessment*** and online data system
- Birth to Three ***Pyramid Model Training enhanced with Infant Mental Health Components, DECA and Pyramid Model Strategies*** and coaching
- ***Community of Practice*** for Coordinators and ***Office Hours*** for front-line providers
- Developing: Parent/Child Interaction work

Intervention

- Eligibility criteria within Part C for mental health

Planning

- Using Parent Driven Results to Bring About Change
- Enhances ease of talking about social emotional health with families

Promoting Social and Emotional Strengths for Infants

A strong social and emotional foundation is critical for all children's learning and success in life. The Devereux Early Childhood Assessment (DECA) provides information to help promote children's social and emotional strengths and reduce behavioral concerns. The table below shows the DECA results for **Sally Barry** based on a rating conducted by **Tricia George** on **06/07/2017**.

DECA Protective Factors	Strength	Typical	Area of Need
Initiative		X	
Attachment/Relationships			X

Our program recognizes the importance of children's social and emotional health and works to strengthen three protective factors associated with resilience: initiative, self-regulation, and attachment/relationships. Scores in the strength range indicate that a child is showing many positive behaviors in this area and these behaviors should be encouraged. Scores in the typical range indicate that a child is displaying behaviors that are common at this age and these behaviors should be continually supported. Scores in the Area of Need range indicate that a child is not displaying these positive behaviors as frequently as desired and a plan should be put into place to build skills in these areas.

Based on the rating results displayed, recommended strategies have been identified.

Devereux Early Childhood Assessment for Infants

Child's Name: Barry, Sally Program: MDCH Rater Name: George, Tricia
 Gender: Female Site: TEST SITE for ORIENTATION Relationship to Child: Teacher
 Birth Date: 06/16/2016 Group: Amv Adama Caseload Date of Rating: 06/07/2017
 Age at Rating: 0 Years 11 Months Rating Period: Pre

Item Ratings by Scale

Initiative

1 try to do new things?	0-Never
3 imitate actions of others?	2-Occasionally
5 keep trying when unsuccessful?	2-Occasionally
7 show interest in what others are doing?	3-Frequently
9 notice changes in surroundings?	3-Frequently
11 adjust her/his energy level to the type of play?	2-Occasionally
13 act happy when praised?	3-Frequently
15 explore surroundings?	2-Occasionally
17 express her/his dislikes?	3-Frequently
19 reach for a familiar adult?	4-Very Frequently
20 respond to her/his name?	4-Very Frequently
21 keep trying to obtain a toy?	4-Very Frequently
22 reach to another child's cry?	4-Very Frequently
26 act in a way that make others smile or show interest?	4-Very Frequently
27 easily go from one activity to another?	4-Very Frequently
28 seek attention when a familiar adult was with another child?	3-Frequently
29 look to a familiar adult when exploring her/his surroundings?	2-Occasionally
30 enjoy being around other children?	1-Rarely

Attachment/Relationships

2 respond when spoken to?	1-Rarely
4 enjoy interacting with others?	2-Occasionally
6 enjoy being cuddled?	2-Occasionally
8 show affection for a familiar adult?	3-Frequently
10 seek comfort from familiar adults?	2-Occasionally
12 act in a good mood?	3-Frequently
14 make eye contact with others?	3-Frequently
16 calm down with help from a familiar adult?	2-Occasionally
18 smile back at a familiar adult?	4-Very Frequently
23 smile at familiar adults?	4-Very Frequently
24 respond positively to adult attention?	4-Very Frequently
25 act happy?	4-Very Frequently
31 show pleasure when interacting with adults?	2-Occasionally
32 act happy with familiar adults?	2-Occasionally
33 accept comfort from a familiar adult?	2-Occasionally

Suggested Home Strategy for: Initiative

Initiative is the child's ability to use independent thought and action to meet his needs. There are many ways infants show us they are developing initiative every day, such as cooing, sharing a smile and reaching for a toy.

Home Strategy

- (A) **Use Songs, Rhymes and Finger Plays.** Interact with your infant using songs, rhymes and finger plays. "Pat-a-cake, pat-a-cake, baker's man..."
- (B) **Create a Comfort Zone.** Have places to be comfortable and sit with your infant to cuddle, soothe and talk with them. "Mica. Look at your brother Devin, he is pushing a truck."
- (C) **Involve Infants in your Daily Routines**—for example, washing laundry. Allow them to feel different textures, such as bumpy towels or smooth sheets. Talk about what you do together. "Ooh...this towel feels warm and soft. Let's touch it."
- (D) **I Can Play.** Provide toys and materials that can be used in many different ways; for example, bowls for stacking, a shopping bag and blocks for dumping and pouring or a bin of sudsy water and cups for pouring and play.
- (E) **Safety Check-up.** Do a review or observation of your home so your infant can explore and learn safely.

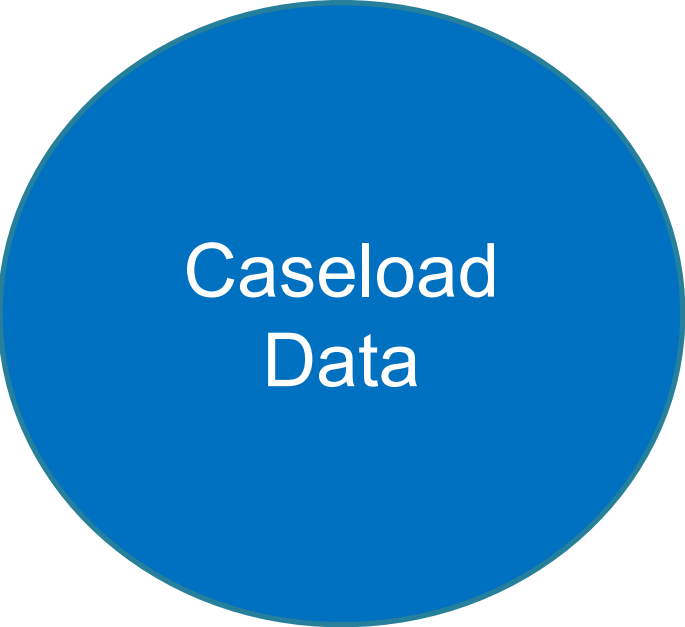
Suggested Home Strategy for: Attachment/Relationships

Attachment/Relationships is the child's ability to promote and maintain mutual, positive connections with other children and significant adults. These emotional bonds that develop in early childhood can be observed as infants calm with help, share smiles and cuddles with familiar adults, and begin to express and cope with an array of emotions.

Home Strategy

- (A) **Respond Quickly.** Promptly pick up your infant after a nap. Gently hold and talk to them as they continue to wake. "Lakeisha, Daddy is here, you slept a long time. You must feel very rested."
- (B) **Provide a Safe Base.** Gently touch or pick up your infant when unfamiliar adults are around. This helps reassure them they are safe.

Use of Data to Monitor and Inform Change



Group Profile Report

Record Form - Toddler 07/01/2021 - 06/30/2022 Parent Rating(s)

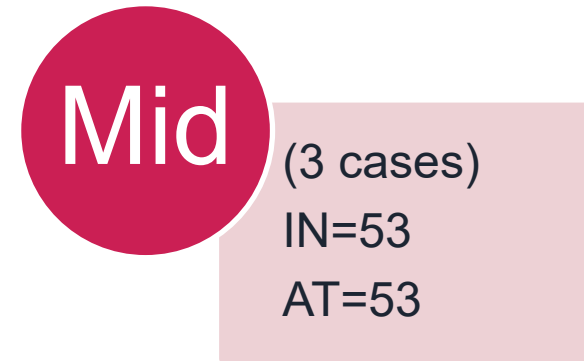
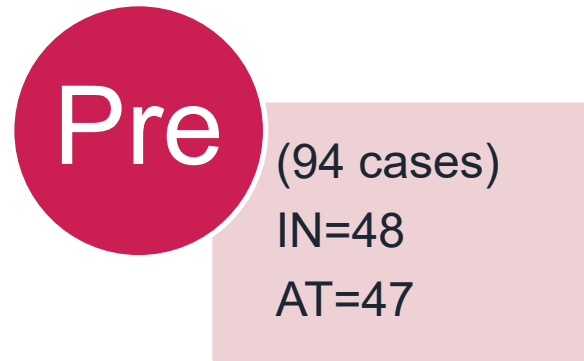
Program: Part C
 Teachers' Names:

Site name and clinicians name here

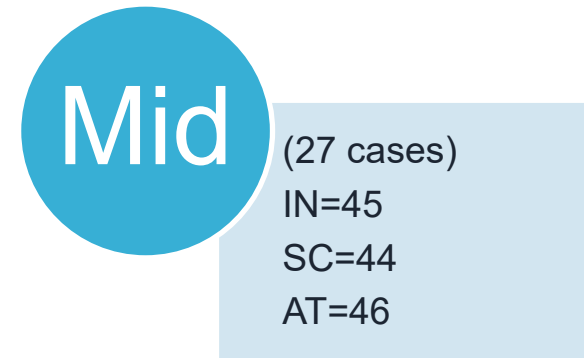
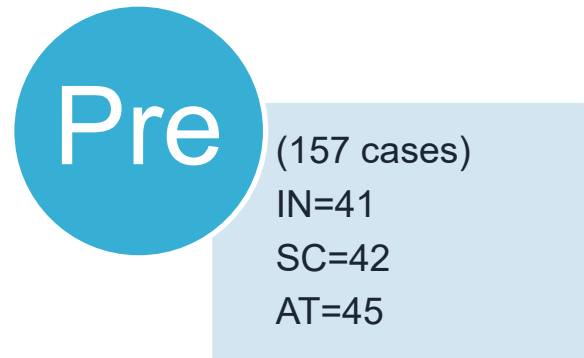
	Type Rating: Pre			Type Rating: Mid			Type Rating: Post		
	AR	IN	SR	AR	IN	SR	AR	IN	SR
Children's names listed here	53	54	64						
	56	50	53						
	59	54	45						
	55	29	53						
	47	42	47						
	56	32	47						
	56	57	53						
	34	42	32						
	41	38	38						
	59	60	45						
	55	45	38						
	56	72	66						

Example of Aggregate Data

INFANTS



TODDLERS



A Few Lessons Learned

- Enhance evaluation to look at satisfaction **and** change in practices
- Build capacity across the system to train and provide coaching on social emotional health through existing state efforts such as infant and early childhood mental health consultation, T/TA for Part C
- Build confidence of Part C coordinators to track and help service providers to use data as part of day to day practices to understand and use for improvement

Thank You!

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Questions

Answers

?

?

?

Padlet discussion/Reflection

Is there an IECMH initiative/project in your state that you'd like to share?

What is one thing you heard today that you'd like to explore in your state?

Are there any partnerships in your state that you'd like to make as a result of this webinar?



Closing

Contact Information:

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- Amy Hunter ah1122@georgetown.edu

Reminders:

- Webinar recording will be posted on the ECTA website
- Padlet site will remain open (copy URL)
- Registration for Webinar #2 IECMH practices and services (July 27th) is open <https://ectacenter.org/events/webinars.asp>
- Cross state-cohort TA application will be out soon.

Thank You!! 😊

