YMCA Infant and Early Childhood Mental Health Consultation Learning Journey

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Introduction

Welcome to this comprehensive overview detailing YMCA of San Diego County (YMCA) learning journey in the implementation of Infant and Early Childhood Mental Health Consultation (IECMHC). Within these pages, you will find an insightful exploration into the YMCA endeavors, ranging from the inception of behavior support services to the reviewing of training materials, workflow, logic models, evaluation efforts, and the invaluable lessons learned along the way.

As an organization committed to nurturing the holistic development of children, YMCA embarked on a transformative path to enhance its support systems for early childhood mental health. This document serves as a testament to that journey, offering a detailed account of the milestones achieved, challenges encountered, and the evolution of strategies employed.

We recognized the need to document our journey to share our experiences and insights related to the planning, launching and implementation of IECMHC. The content here is primarily intended to inform others who may be interested in partnering with us to expand the reach of IECMHC or those considering incorporating a consultation model into their existing services. As an organization committed to improving the quality of life for all families, we aim to collaborate with entities that dignify and honor the strengths, assets, and expertise that all families inherently have.

Join us as we explore the YMCA journey in IECMHC – a journey fueled by passion, driven by purpose, and dedicated to the well-being of our youngest generation and the communities we serve.

History

YMCA Childcare Resource Service (YMCA CRS), a Social Services arm of the YMCA of San Diego County (YMCA), has over 40 years of providing services for children, families, and early childhood education providers. The IECHMC work described throughout this document is currently housed under YMCA CRS, which has provided services related to supporting in the managing of children's behavior in a variety of settings and using various models over the last 18 years. The initial Behavior Support Services work was previously sub-contracted to YMCA CRS under Family Health Centers – Central and East Regions of San Diego under Health Development Services (HDS), for Behavior Levels 1 and 2. In 2019, the contract ended, and the Behavior Support Services team had an opportunity to pivot the model to support the Early Childhood Mental Health Continuum of Care Services. Under the direction of the YMCA CRS leadership and their research related to preschool expulsion, the opportunity to transition to an Infant and Early Childhood Mental Health Consultation model began. Also in 2019, YMCA received a 5-year grant from the federal Children's Bureau to strengthen community collaborations to prevent the entry

of families into the child welfare system in San Diego County, which included dedicated funding for Infant and Early Childhood Mental Health Consultation.

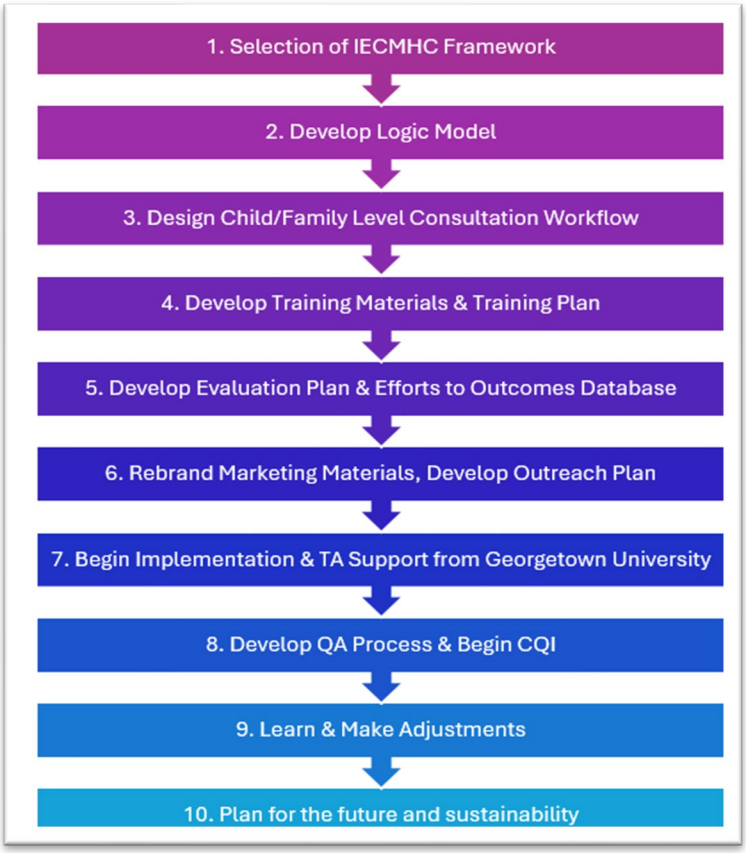
Infant and Early Childhood Mental Health Consultation (IECMHC) Now

The YMCA currently provides IECMHC services to children and families ranging in ages from 0-8 years old throughout San Diego County. IECMHC is grounded in the Infant and Early Childhood Mental Health Consultation model based out of Georgetown University Center of Excellence. IECMHC works from the evidence-informed perspective that collaborating with the adults in a child's life to help nurture and grow their parenting and child caring skills can result in significant and long-lasting positive impact on the child and the larger family system. It is for this reason that we do not work directly with the child who is referred to services and collaborate instead with their caregivers and early educators, teachers or early childcare providers. We maintain a reflective and collaborative stance, recognizing that caregivers are the experts on their child. With the support of the IECMH Consultant, we develop shared goals and create a trusting space for open discussions. Together, we work to enhance caregiver capacity to manage parenting and early childhood stressors. The IECMH Consultants are our specially trained and skilled staff responsible for implementing the intervention. The IECMHC work includes observing the child's natural environment, facilitating reflective conversations with all adults in the child's life, collaborating on the development of a behavior support plan, and supporting the implementation of that plan across home, school and early childhood education (ECE) settings.

In San Diego County, child and family level IECMHC has been available at no cost to families, schools or ECE providers since 2020. Preliminary evaluation findings have shown that our service influences significant gains in protective factors including family functioning/resilience, nurturing and attachment, social supports, caregiver/practitioner relationship, and concrete supports. Nationally, IECMHC has been shown to improve social emotional competence, reduce challenging child-level behavior, reduce rates of suspension/expulsion, improve parent/child relationship, result in parents missing fewer days of work, decrease teacher stress rates, decrease teacher turnover, improve staff interactions, and improve school climate.

Adapting the model to fit the needs, context, and available resources within our organization and county takes time. Figure 1 details the sequence in which the ECMHC program was developed and implemented.

Timeline of IECMHC Journey (Figure 1)



**Review additional details below in order of numbered items listed in the IECMHC Journey Figure 1*

1. Selection of IECMHC Framework

The YMCA leadership team reviewed various Infant and Early Childhood Mental Health Consultation models and conducted literature reviews and comparison analysis to find the model that fits the YMCA early childhood mission, vision, values, and strengths. The following models were reviewed for consideration:

Child First: Child First is a two-generation, home-based mental health intervention for the most vulnerable young children (prenatal through age five years) and their families, who have current or past Child Welfare Services involvement. It is designed for young children who have usually experienced trauma and/or have social-emotional, behavioral, developmental, and/or learning problems. Most live in environments where there is violence, neglect, mental illness, substance abuse, or homelessness. The goals of Child

First are to help them heal from the effects of trauma and adversity; improve child and parent mental health; improve child development; and reduce abuse and neglect.

The Early Childhood Consultation Partnership (ECCP): The ECCP was created in 2002 as Connecticut's statewide early childhood mental health consultation system, a program funded by the Connecticut Department of Children and Families that provides early childhood mental health consultants to offer assistance and coaching to early education and early childhood education providers wherever request has been made. The program is freely available to all early education and early childhood education providers, both public- and private-funded, throughout the entire state of Connecticut.

Georgetown University Center for Child and Human Development, Center of Excellence for Infant and Early Childhood Mental Health Consultation (IECMHC CoE): The Georgetown University IECMHC model is a prevention-based approach that pairs a mental health consultant with adults who work with infants and young children in the different settings where they learn and grow, such as early childhood education , preschool, home visiting, early intervention and their home. Rather than using a prescribed training/intervention package, IECMH consultants draw upon their clinical skills, mental health training and knowledge of evidence-based strategies to help identify individual and/or program needs and address them collaboratively through the caregivers they support. The consultant's role is distinct from and complementary to a continuum of early childhood supports and services, such as early childhood education quality coaches, nurse consultants, or Pyramid Model coaches.

The Georgetown University Center for Child and Human Development, Center of Excellence for Infant and Early Childhood Mental Health Consultation (IECMHC CoE) Model was selected as it was most aligned with our organization's values and strengths; appeared to have opportunities for continued sustainability and the implementation model felt congruent with our historical practices related to behavior support services.

2. Theory of Change and Logic Model Development

We began the development of the logic model (Figure 2) by identifying the issues we were seeking to solve through situational analysis, root cause analysis and then mapping an outcomes chain. These were all developed in partnership with Harder and Company Community Research (Harder+Co) with review and approval from Abt Associates and the Children's Bureau. The guiding theory of change is that ***if we increased caregiver protective factors, via increased family strengthening and support services made***

available through improved assessment, referral coordination, will lead to decreased likelihood of child maltreatment and entry into Child Welfare Services.

The logic model served as a roadmap for program implementation, learning and evaluation. It provided the YMCA IECMH team with a shared understanding of the intervention's requirements (Georgetown Model), flexibility to make adjustments as necessary, and a framework to monitor both successes and challenges. It also helped in identifying resource needs and defining each team member's role.

Logic Model (Figure 2)

EARLY CHILDHOOD MENTAL HEALTH CONSULTATION LOGIC MODEL

INPUTS	ACTIVITIES	OUTPUTS	SHORT-MID TERM	LONG TERM
• Staff • Frameworks/ Practice (Infant Mental Health Principles & Competencies, Consultation Essential Elements, Strengthening Families Framework) • Professional development (curricula, frameworks, best practices, supervision, reflective practice, competency development, etc.) • Data management system (ETO, CIE), Behavior Tracker • Time and capacity for data analysis and continuous quality improvement • Community relationships • Funding • Program supplies/ materials	**Child/ Family Consultation** • Intake • Screening and assessments • Observation • Support Plan • Collaborative Meeting • Individualized Intervention • Referrals for further Evaluation • Linkage to Services • Staff Training and Supervision (consultants) • Training • Supervision	**Child/Family** • 150 served (participant demographics- child and adult) • 100% rates of concerns identified, and referrals provided • 150 screening/ assessments completed • 150 Support Plans created • Participation and completion rates (dosage, frequency, duration of engagement) • 150 resources/ referrals provided (and outcomes of those referrals when available) • 100% of staff trained • 100% staff participate in supervision	**Caregiver and Family Impact** • ncrease caregivers' knowledge, skills, and self-efficacy to support child's positive behavior • By increasing caregivers' reflective capacity, we are promoting their ability to be responsive and consider the meaning of behavior. • Fostering positive adult-child relationships • increase of protective factors **Child Impact** • Increase in social emotional competence and self-concept • Decrease in challenging behaviors • Experience less unplanned, disruptive placement moves • Increased staff capacity to provide ECMHC	• Families and caregivers experience sustain protective factors thereby increase family well-being and reducing risk factors for child maltreatment.

Theory of Change: Increased caregiver protective factors, via increased family strengthening and support services made available through improved assessment, referral coordination, will lead to decreased likelihood of child maltreatment and entry into Child Welfare Services.

Target Population: children 0-5 and their caregivers (including families, defined broadly, and early care and education providers).

3. Child and Family Level Consultation Workflow

Upon selecting the IECMHC Model, we then focused on one level of service and chose to begin with Child and Family Level Consultation with the idea the other levels would be established in future years. The varying levels of IECMH Consultation are Programmatic, Classroom and Child and Family with an additional connected level being Systems Wide

Orientation Consultation. See below for the Georgetown University descriptions of the types of consultation.

> ***Programmatic Consultation:*** The primary focus of programmatic consultation is the overall quality of the program or agency and/or assisting the program to solve a specific issue that affects more than one child, staff member, and/or family. This type of ECMHC is typically provided to program staff and administrators.
>
> ***Classroom Consultation*****:** Consultation to teachers about the overall approach to supporting young children social emotional development and effectively addressing young children's challenging behavior. Classroom consultation focuses on issues that impact more than one child or family. In classroom consultation the consultant and the teachers may explore a variety of issues including, but, not limited to: teachers' approach with children; teachers' relationships with each other; teachers' ideas about discipline and behavior; how trauma and toxic stress impacts young children and their families; transitions from one activity to the next; routines; etc.
>
> ***Child or Family-Centered Consultation:*** The primary goal of child or family-centered consultation is to address the factors that contribute to an individual child's (and/or family's) difficulties in functioning well in the early childhood setting. This type of ECMHC is typically provided to staff and families and is often initiated by concerns about an individual child's problematic behavior.
>
> ***Systems Wide Orientation Consultation:*** Is best described as the work that occurs within and across systems, integrating mental health concepts and supports into environments where infants and young children spend time in ways that respect their cultures.
>
> The IECMH Consultants work in multiple systems including the Early Childhood System and the larger system of care or influence on a child and family. It's important for IECMH Consultants to understand the full system of care and landscape in which the child they are supporting is involved and that they maintain awareness of inequities within the systems in which IECMHC occurs and consider these contexts when seeking to understand factors that promote or hinder the process of change.

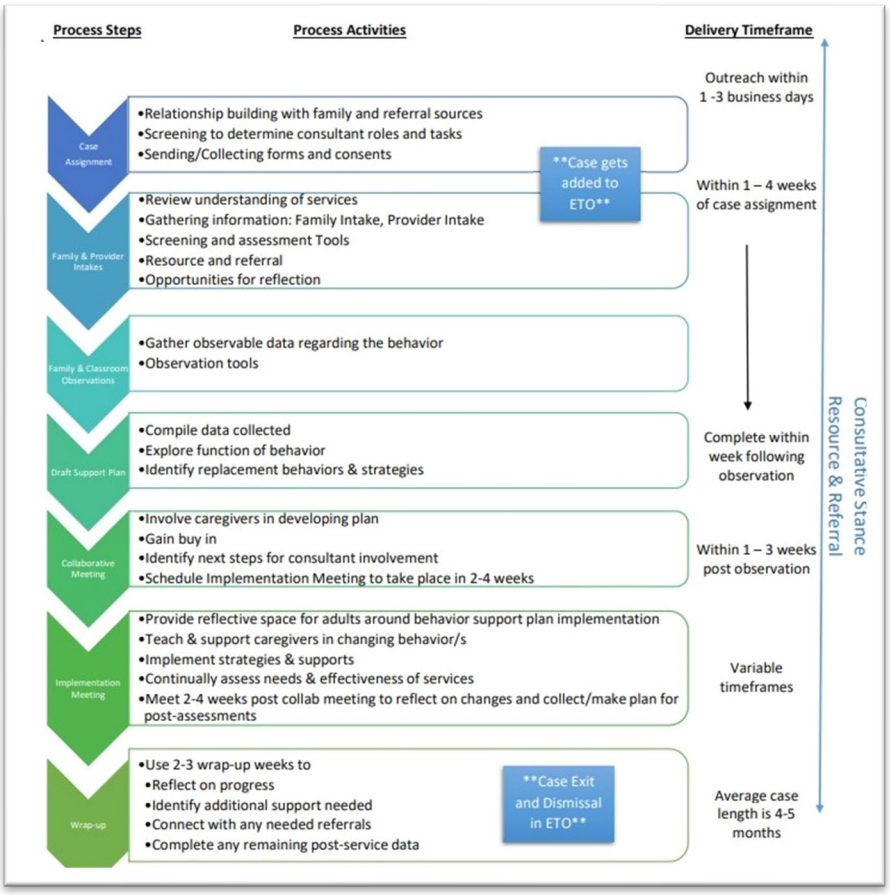
In the journey to begin mapping out the level of service and process for implementation, the YMCA developed the IECMH Child & Family Level Consultation Workflow, a comprehensive document that provides the IECMH Consultant with a step-by-step intentional implementation process, as well as accompanying tools that support the life of a case with a family from the point of case assignment through post assessment collection and the conclusion of services. As a tool, it creates structure around aspects such as dosage, frequency of interactions, and length of service. Additionally, it supports

discussions related to phase of treatment, challenges/barriers to progress, and ensuring fidelity to quality assurance standards. The workflow also helps inform caseloads by providing clues when families may transition out of services. The workflow is also a beneficial tool for supervision, as it allows discussions about the stages the participants are in, troubleshooting challenges, and ensuring fidelity to quality standards. However, it's important to view the workflow as a guiding document that is adaptable rather than a rigid task sheet to be completed. A visual of our Workflow At-A-Glance for how the workflow is structured is below (Figure 3).

The workflow is not seen as a complete or finished document. We have continued to inform it through experience, data collection, and continuous quality improvement.

The workflow also contains an appendix with helpful documents including topics like; Explaining Consultation Forms, and Tips Around Self-Disclosure to support alignment of learning and guides for continued best practice.

Workflow at-A-Glance (Figure 3)



4. *Training Plan, Training Materials and IECMH Competencies*

The initial team of IECMH Consultants included 2 BA Level staff and 1 MA Level staff that had previously worked as part of the Behavior Support Services team under the Healthy Development Services (HDS) contract for the YMCA for several years prior to transitioning to IECMHC. This allowed for a deep knowledge of the current Behavior Services provided in San Diego and existing relationships that supported with strengthened referral pathways between HDS and the YMCA. Additionally, the YMCA hired a leader with deep Early Childhood roots and experience in IECMH and upon that leaders transition out, a decision was made to transfer the full leadership of the program under a leader who had deep knowledge and experience within HDS, Preschool Administration and Early Childhood expertise. This supported in ensuring the program, which was in its early development, had leaders with foundational knowledge and program implementation experience. While transitions can be inevitable, there were intentional decisions made to support the new IECMHC program, regardless of turnover, and to ensure there was consistency, practice-based knowledge and experience present to support the team.

For our incoming IEMCH Consultants, we have a variety of onboarding and training materials to help ground them in their new role and build belonging within our team. The IECMH Consultant Onboarding Plan includes program specific learning objectives, in addition to the other training needs at the start of employment. Following this initial wave of training, the Consultants are supported through the IECMHC specific Training Plan, a series of both synchronous and asynchronous self-paced learning. Each training presentation goes in-depth into one of the items on the Workflow and includes useful examples, visuals, and considerations for each of the topics addressed. For instance, the training presentation on "Drafting the Support Plan", includes case vignettes, exploration of pre-assessment information as it relates to goal setting, developing appropriate goals for this level of care, examples of Specific, Measurable, Achievable, Relevant, and Time-Bound (SMART) goal writing, etc. While the Workflow is the "WHAT" of the work, the IECMHC Training Plan supports the "WHY" and the "HOW." There are reflective questions woven throughout to nurture a consultative approach to learning and integration of the materials. Ongoing support and training consist of 1:1 supervision, reflective group spaces, team culture building and shared learning around the IECMH Consultation Competencies, this level of ongoing support serves as a deeper dive into how we have operationalized IECMH Consultation at the YMCA. It's a time to create dialogue, support curiosity around the workflow and our program implementation. It has also been used as a time to identify opportunities for growth and set goals.

The IECMH Consultation Competencies and IECMHC Self-Assessment provided by Georgetown University Center of Excellence for Early Childhood Mental Health

Consultation can be helpful resources in understanding training and competencies needed to support this work.

Throughout the past 5 years we have had very little staff turnover. The team has maintained a transdisciplinary composition. The BA level staff on the team have prior experience in direct behavior support with children, and/or previous preschool teaching experience. The MA level staff are in varying degrees of BBS licensure. Training needs have varied though it has felt a primary importance to bring in staff who have a foundation in 0-5 knowledge and approach. Having a diverse team has also allowed us to lean into individual strengths and generalize skill sets. For instance, those more trained in classroom assessments can help to build out program tools and increase team alignment, while those trained in adult mental health diagnoses may help the team to better reflect on the potential impacts on relationships and the child. Having a transdisciplinary team has also allowed us to consider triage in regard to the varied levels of need we see at referral.

5. *Evaluation Plan & Efforts to Outcomes Database:*

As part of the Partners in Prevention (PiP) grant funded project, the YMCA in partnership with Harder and Company Community Research (Harder+Co) developed an evaluation plan that would support understanding the impact of IECMHC Implementation. The evaluation plan was approved by the PiP Project's funder, Children's Bureau and Abt Associates, the evaluation technical assistance provider. In conjunction with the development of the evaluation plan, the YMCA worked closely with our internal Research and Evaluation team and Harder+Co to design the Efforts to Outcomes (ETO) database used to collect client-level data securely. We mapped the IECMH Consultation Workflow to the ETO database building in the family intake tool, assessments, case notes etc. as "touchpoints." These touchpoints then have associated reports, which allowed us to use quality assurance (QA) and continuous quality improvement (CQI) methods to iterate and ensure quality of our efforts. We also wrote an accompanying Data Dictionary for staff that reinforced the IECMH Consultation Workflow. Together these tools support in ensuring the fidelity of the work in addition to ongoing reflection, case conversations, CQI Meetings and QA protocols.

A few examples of the questions we seek to answer at the end of this grant (September 2024) are listed below along with the data source and our measure established to capture the information (Figure 4 & 5).

Process Evaluation (Figure 4)

Research Question	Area	Source & Location
To what extent is the target population being reached and participating and receiving the ECMHC intervention as intended?	Reach	ECMHC Data - ETO -Behavior Consultation: Demographics Flat File
How many families are enrolled in ECMHC?	Reach	ECMHC Data - ETO -Behavior Consultation: Enrollment Standard Reports OR Demo Flat File
How many families are served by each ECMHC piece?	Reach	ECMHC Data - ETO -Behavior Consultation: Counts - Assessment & TouchPoints Report AND/OR TouchPoint Flat File for each TP
What were the implementation drivers, barriers, and solutions to implementing the ECMHC component of the project?	Implementation, Barriers/Drivers, Solution	CQI sessions

Outcome Evaluation (Figure 5)

Research Question	Type of Research Question	Source & Location	Measure
What effects did the ECMHC consultation have on Increasing caregivers' knowledge, skills, and self-efficacy to support child's positive behavior?	Confirmatory	ECMHC ETO Data - Behavior Consultation: TouchPoint Flat File Ax TOPSE	TOPSE items
	Confirmatory	ECMHC ETO Data - Behavior Consultation: TouchPoint Flat File AX PSF-2	PFS-2 items
	Confirmatory	ECMHC ETO Data - Behavior Consultation: TouchPoint Flat File Ax PSS	DECA-C
What effects did the ECMHC consultation have on increasing child's social and emotional competence and self-concept?	Confirmatory	ECMHC ETO Data - Behavior Consultation: TouchPoint Flat File Ax DECA-C	DECA-C
What effects did the ECMHC consultation have on decreasing a child's challenging behaviors?	Confirmatory	ECMHC ETO Data -Behavior Consultation: TouchPoint Flat File Ax: DECA-C	DECA-C
	Confirmatory	Qualtrics Export	Post Impact Survey

6. Marketing Materials & Outreach Plan

To support access to our IECMH Behavior Consultation Program, we keep both an updated website and flyer in both English and Spanish. The flyer directs those interested in services to complete the Service Request form. Once completed, staff reach out within 3 business days. The marketing for our services has come primarily through relationships with partner agencies and engaging in opportunities to cross-share program and referral pathway information. Our staff participates in spaces where resource and referral needs might present and elevates opportunities to partner or present our program information either in person or via zoom. Various YMCA initiatives and outreach events like the ones held as a part of Mental Health Awareness Month provide additional opportunities to share program information with the community. Schools and Early Care and Education settings, who have benefitted from our services in the past, continue to send referrals regularly. Our waitlist indicates that there is a high need in our community for services like ours, and reason for additional funding and relationships/partnerships that help to create sustainability around Infant and Early Childhood Mental Health Consultation.

As a team that believes in equity and our role in it, it is continually important to us to reach the underserved areas of San Diego. Half of the team is Spanish-speaking and able to bring their cultural and linguistic skillset and passion to the Spanish-speaking San

Diego community. Our Outreach Plan continues to include finding culturally responsive and creative ways to engage our BIPOC communities. We still do not see our BIPOC San Diego population significantly represented on our waitlist and know there is more that we can do as a team to outreach to more of the community and address any barrier to services that might exist.

A few other ways we engage in Outreach are by presenting at conferences and writing social media and blog posts for the YMCA's social media accounts. See below for a few of the examples of our work:

- ***Conference Presentations:***
  - Chadwick Center for Children and Families at Rady Children's Hospital-San Diego Child and Maltreatment Conference: "Infant and Early Childhood Mental Health Consultation – Building Capacity and Equity." Presented by the YMCA and SDSU Center for Excellence in Early Development.
  - Birth of Brilliance Conference: "Making sense of children's behavior: A Consultative Approach." Presented by the YMCA
  - California Mental Health Advocates for Children and Youth: "How are the Children? – Promoting Child Wellbeing through Supporting Caregivers" Presented by the YMCA
- ***YMCA Blog Posts:***
  - Program Spotlight: Behavior Consultation
  - Children's Mental Health

7. Technical Assistance Support from Georgetown University

In early 2020, we connected with Georgetown University and began receiving monthly Technical Assistance (TA) support from Kadija Johnston, LCSW. Kadija Johnston is a clinical social worker who has been a practitioner in the field of infant and early childhood mental health since 1985. She is the past Director of the Infant- Parent Program at the University of California, San Francisco where she pioneered an approach to IECMHC that serves as a model for other organizations, locally, nationally, and internationally. Currently, Ms. Johnston is on faculty at Georgetown University's Center for Child and Human Development contributing her expertise and experience in early childhood mental health consultation to the SAMHSA supported Center of Excellence in ECMH Consultation and the National Center for Health, Behavioral Health and Safety. Source

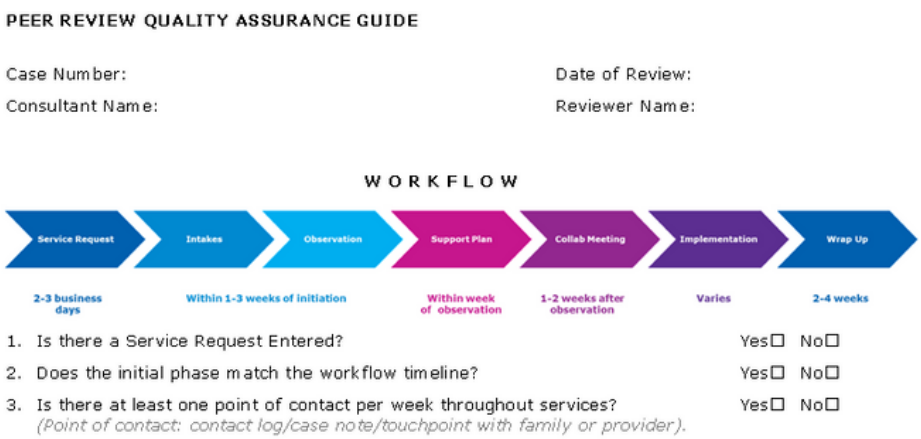
The TA support during the onboarding of a new IECMH Clinical Program Director was a welcomed support to the transition and a needed space to wrestle with ideas related to scope of practice, multidisciplinary teams, and program development. It continues to be a space to bounce off ideas and understand IECMHC implementation grounded in the Georgetown University Model. TA support is provided ongoing for 1 hour per month and

both the IECMH Clinical Program Director and IECMH Program Manager participate. There is currently no charge for participation in TA support.

8. *Quality Assurance Process & Continuous Quality Improvement (CQI) Approach*

Upon implementation of IECMHC, a Quality Assurance (QA) process was needed to ensure the data entered into the newly designed Efforts to Outcomes (ETO) database was accurate and aligned with the IECMHC Workflow and Data Dictionary developed. IECMHC Program Manager worked closely with the YMCA's Research and Evaluation team to develop the process for QA, which included data cleaning like missing demographics or identifying incomplete touchpoint entries etc. The QA process is completed monthly by all IECMHC staff with the IECMH Program Manager serving as lead while on the process side while the IECMH Clinical Program Director plays a role in understanding any challenges and barriers to data collection and entry. The QA process is currently expanding to include a new protocol on QA for Peer-to-Peer Chart Reviews. This new process will empower Consultants to work together on reviewing each other's cases, ask questions about the processes and identify strengths and opportunities for growth for each Consultant. Below is an example of the peer chart review guide (Figure 6).

Peer Chart Reviews (Figure 6)



PEER REVIEW QUALITY ASSURANCE GUIDE

Case Number: Date of Review:

Consultant Name: Reviewer Name:

WORKFLOW

Service Request | Intakes | Observation | Support Plan | Collab Meeting | Implementation | Wrap Up

2-3 business days | Within 1-3 weeks of initiation | Within week of observation | 1-2 weeks after observation | Varies | 2-4 weeks

1. Is there a Service Request Entered? Yes☐ No☐
2. Does the initial phase match the workflow timeline? Yes☐ No☐
3. Is there at least one point of contact per week throughout services? Yes☐ No☐
   (Point of contact: contact log/case note/touchpoint with family or provider).

Regarding Continuous Quality Improvement (CQI) processes, the IECMHC team had the benefit of working with a thought-partner and external research evaluator, Harder+Co, mentioned above. They have supported data collection and quality improvement processes in a way that helped to bring the IECMHC story to life and provide a method for bringing the data back to the Consultants through bi-annual CQI Sessions.

CQI sessions were planned collaboratively with the IECMHC leadership team and Harder+Co. The planning process is outlined below:

- Harder+Co and ECMHC Leadership to meet at least 1 month prior to planned CQI session for prep meeting.
- Prep meetings began with reflective questions from Harder+Co around the current strengths, challenges and common themes coming up for the IECMHC team with Harder+Co supporting in identifying the areas for celebration and opportunities from growth from the qualitative conversation. Prep meetings also focused on deciding what targeted questions/consideration to pose to the larger IECMHC team, what data to pull and what areas to elevate and highlight for the team.
- Calendar invitations would then be sent out to the IECMH Consultation team and Harder+Co would send any materials needed ahead of time.
- CQI sessions took place via zoom, opening with a warm activity to help orient the staff into the conversation and value leading with relationships. Following that, a presentation of the current data was reviewed, with a pause for thoughtful considerations around cultural implications. Harder+Co took time in each CQI meeting to hold space around the dangers of bias and had so much ethical intention in their care for the people beyond the numbers.

Harder+Co CQI Meeting Agenda Examples (Figure 7)

A benefit of participating in CQI sessions as a full team supported the IECMH Consultants in being able to visualize their impact and directly supports their feelings of efficacy and impact, this leads to combating things like burnout that are a part of all person-centered work. The data also allows them to see the areas for greater impact or growth. For example, seeing which zip codes, ethnicities, and languages are represented, or not, can help to create innovation and energy around outreach and accessibility.

We have felt first-hand the importance and transformative process of integrating data both qualitative and quantitative into all levels of the program in an intentional and reflective way, and how that translates to our IECMH Consultants and the ways in which services are provided.

9. Lessons Learned

- *Covid 19- Impacts:* In response to the COVID 19 pandemic, the IECMHC Program made a huge and responsive shift to virtual services. The Consultants were faced with the challenge of keeping up with this high relational and reflective work through the new avenue of telehealth. This required innovation and creativity to create access between Consultants, providers, and families. This time also corresponded with the shift from paper to electronic charting.

- *Assessments:* Early on the team made a switch from the DECA to the DECA-C. The DECA-C included a few questions related to dangerous propensities that the team expressed concern over whether or not those questions were appropriate for this level of care. Harder+Co supported data collection and review of these specific questions and found that the questions were relevant for a significant number of families. Rather than omit the vulnerable questions or change assessment measures, the team was provided with reflective space and training to support building comfort around asking difficult questions. Additionally, in terms of assessments, we are continually exploring the various tools available to determine what pre/post assessments might be added to our service delivery model as we continue to grow and evolve in response to the needs of our families and consider different data collection opportunities.

- *Implementation:* The adoption of Early Childhood Mental Health Consultation meant the team pivoted away from the 1:1 behavior support service they had been providing into work with the caregivers, teachers and ECE providers. This shift in modalities brought with it additional training needs around adult learning styles, reflective practice and revisiting the understanding of our services within the community.

- *Staff Qualification and Competencies:* We have learned more about the varying levels of staff education and experience needed to complete this work. We have staff from a variety of backgrounds with the majority being in the field of Early Childhood Development, Social Work or Psychology. We currently employ Bachelor's level, Master's level and Clinical Licensed Staff to support our IECMH Consultation program. We have found the varying levels of education and experience support in providing a truly holistic support model that can be tailored to each family's needs and preferences. In addition to education and experience, we find the IECMH Consultation Competencies provided by Georgetown University Center of Excellence for Early Childhood Mental Health Consultation a useful tool in understanding the Consultants strengths and abilities to support the fidelity of this work.

- *Contract and Program Management:* On the Administrative side, this work takes fiscal commitment and ongoing funding. Because we are currently funded through various funding sources (Private, State, Federal and In Kind) to offer the IECMHC services across San Diego County without any cost to families, early childhood education providers or schools, we do see interest and need without the barrier of cost to these groups (waitlist). Sustainability of the program to remain no cost means additional advocacy, sharing of learnings and data outcomes are needed to ensure continued future funding. We have heard from many families, teachers and early childhood education providers about the benefits of IECMHC and that there was a lot of ease in accessing the service but some concern around the waitlist. As one of 3 IECMHC Providers in San Diego we seek to build more capacity of other Organizations to do this work and support from funding sources to continue this work.

- *Service Delivery Dosage:* A key question we have in our evaluation plan is related to the amount of time it takes to facilitate the IECMH Consultation Program. The program was always intended to be a brief intervention, but we wanted to await post evaluation outcomes to determine guidance around dosage and service delivery implementation. Currently, the service takes approximately 4-5 months to complete. Most families participate in the Family Intake, Initial Assessment Phase, Observation and Behavior Support Plan of the IECMHC Workflow. A continued challenge is balancing the waitlist with the Consultant's caseloads. On average each Consultant holds approximately 10-15 cases and an average of 2-4 new cases per month.

10. Impact

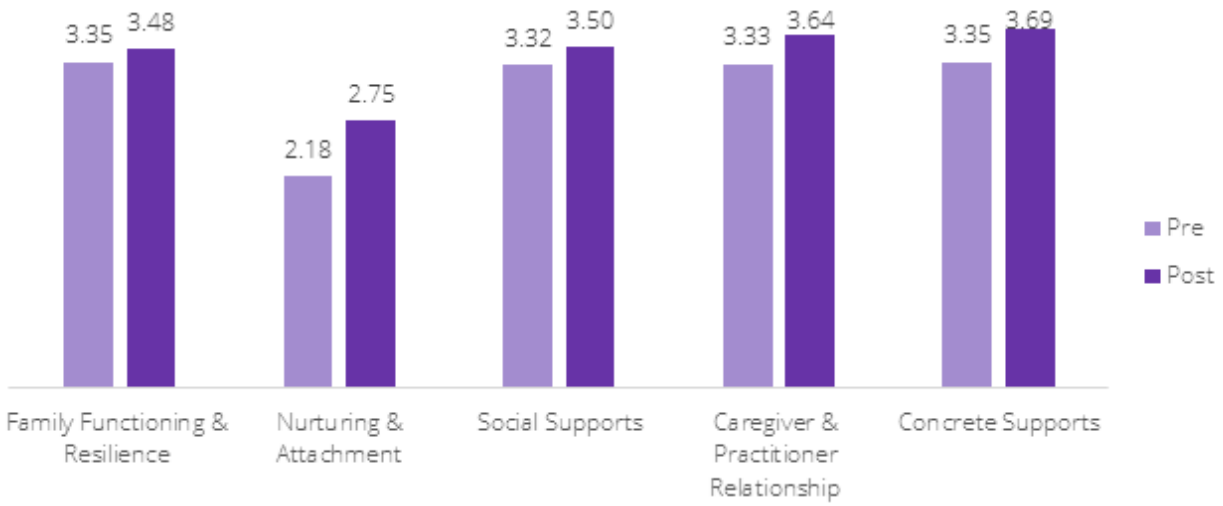
At the close of our 5-year Partners in Prevention Grant that funded our journey into ECMHC services, we were able to take a step back to analyze and make meaning of the data regarding impact. As a reminder, we developed questions at the beginning of our learning journey that would help us later speak to impact: What effects did ECMHC have on increasing caregivers knowledge, skills, and self-efficacy to support child's positive behavior; What effects did ECMHC have on increasing child's social and emotional competence and self-concept: and what effects did ECMHC have on decreasing a child's challenging behaviors.

Ending data showed that we had been successful in providing ECMHC services to over 200 families and their early education providers. Through QA sessions with the Consultant team, we have been able to deep dive around factors like race/ethnicity, San Diego zipcode, average age of referral, patterns related to engagement, service dosage, and post assessment collection. Feeding this data back into the team's reflection space allows

us to creatively explore ways on increasing access and continually improving the services to be responsive to our community.

Key findings indicate that Infant and Early Childhood Mental Health Consultation (IECMHC) service strengthened parental knowledge, provided families with practical tools to reduce childhood behavioral challenges, and transformed the IECMHC system countywide. These findings demonstrate the potential of IECMHC as a promising practice in the wholistic support of young children and their adults. Families who completed the pre-post assessment tools showed significant increases in their protective factors, specifically in the nurturing and attachment domain and the concrete supports domain **(Figure 8)**. This indicates that the IECMHC services helped caregivers understand and build their nurturing and attachment skills and also helped them access concrete support to address their families' needs. Children also showed improvement in protective factors such as attachment, self-control, and initiative. We know that increasing family protective factors is one of the most critical strategies for buffering the potential impacts of these and other maltreatment risk factors. One parent explained, "[Consultant] was great in connecting me to the right programs and always checking in with us. Providing helpful tips and examples. Really just wanting to help me with my son and I really appreciate it."

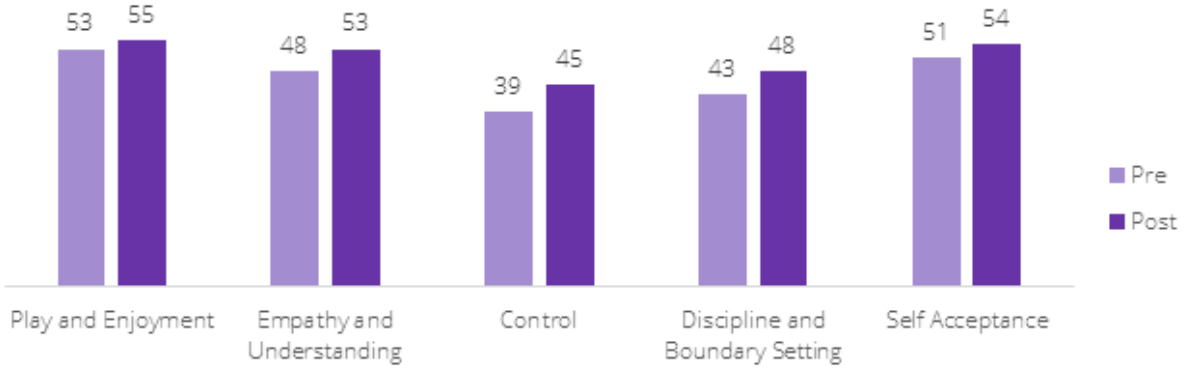
Changes in Caregiver Protective Factors (n=31) (Figure 8)



Caregivers also showed significant increases in their self-efficacy, the belief in their ability to perform the behaviors required to produce a desired outcome and an important determinant of behavior change. Specifically, caregivers improved their self-efficacy in the domains of play and enjoyment, empathy and understanding, control, discipline and boundary setting, and self-acceptance (**Figure 9)**. One parent shared, "It has given us

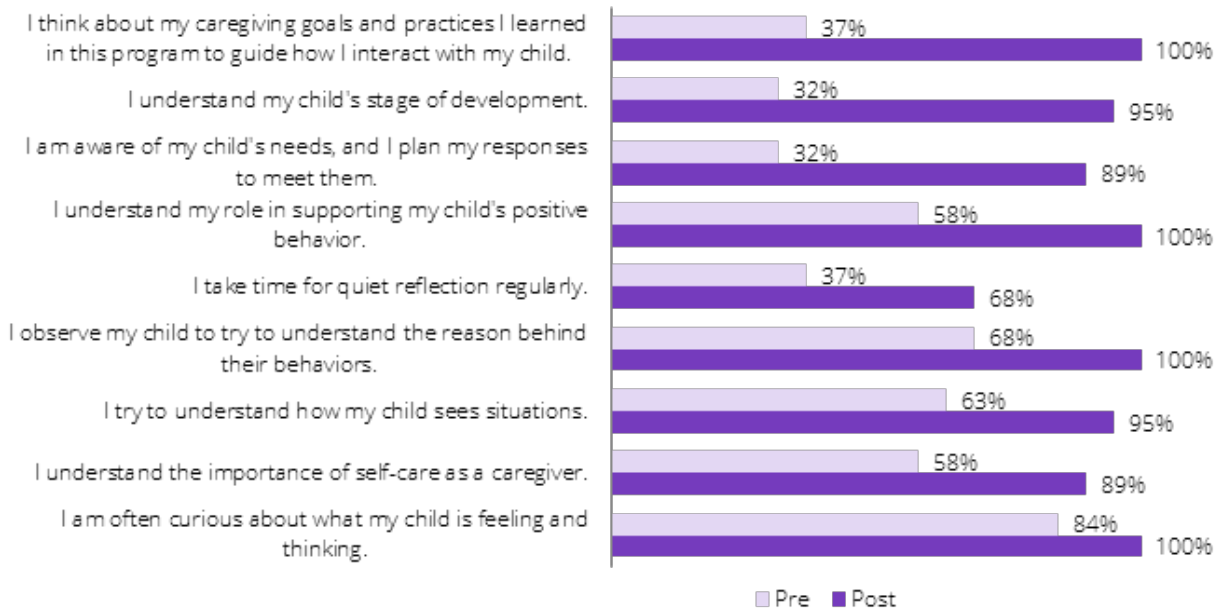
reassurance we are on the right path, and peace of mind that we have a plan to support our child!"

Changes in Parenting Self-Efficacy (n=25) (Figure 9)



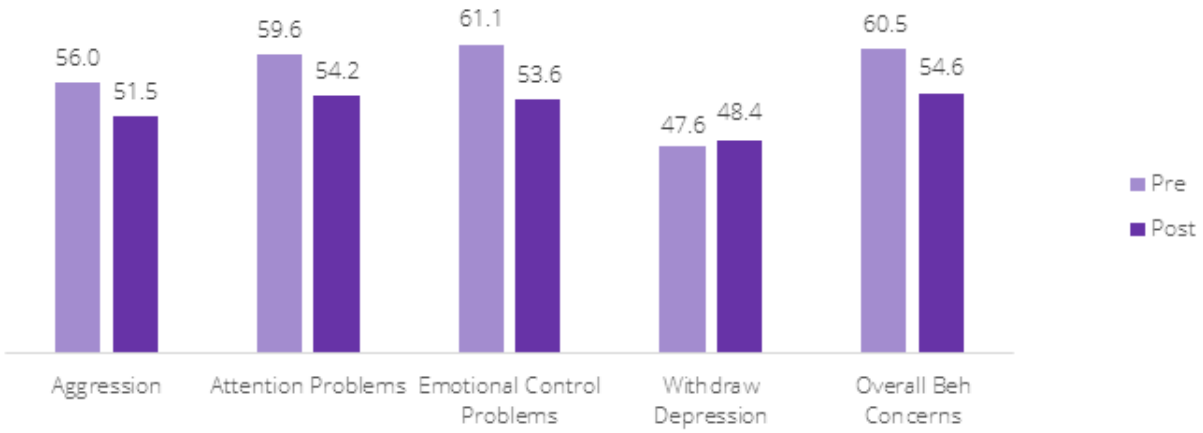
Based on results of a survey conducted at the beginning and end of services, caregivers reported high levels of improvement in their knowledge, attitudes and behavior around child development and parenting strategies. **Figure 10** shows the pre and post levels of agreement to a series of statements around parent impact of the IECMHC services. One parent explained, "This experience has made me a better person. It has taught me to think twice before reacting and to try to understand why my child is reacting the way he is." Another shared, "I think it has been a positive experience because it adds more tools and knowledge for us to fall back on in the future if anything similar comes up."

Change in Parent's Knowledge, Skills, and Behaviors (Figure 10)



In addition to increasing protective factors, children whose families participated in the IECMHC services demonstrated decreases in aggression, attention problems, emotional control problems and their overall behavioral concerns **(Figure 11)**. For instance, one parent shared, "[Child] has shown a lot of emotional maturity these last few months and interpersonal growth at home and in school." Another parent explained, "Positive behavior change in [child] when we focus on highlighting the positive behaviors she does and also when validating her emotions. As a family we feel to have more control and knowledge as to how to better handle tantrums." Overall, 77% of children whose caregivers completed the tool exhibited a decrease in at least one behavioral concern domain.

DECA-C Data for Child Behavioral Concerns (n=22) (Figure 11)



Future Plans

With Child and Family level Consultation services well into its 4th year we have made informed modifications and adjustments that support this part of this work feeling clear and in a good place as an established service model. This stability supports and positions us in a strong place to start the buildout of our Classroom and Programmatic level models, outlined below.

- *Classroom Level IECMH Consultation:* Classroom level support is intended to work directly with the teachers to foster an environment that promotes children's social–emotional health and well-being. Consultation enhances teachers' and providers' abilities to address behavior they find challenging or concerning. Through reflective conversations with the consultant, teachers and providers consider the meaning of young children's behavior and how their own experiences and beliefs impact the way they respond to children. Using a strength-based approach, consultants guide teachers and providers to develop classroom management and relationship-building strategies to improve their caregiving practices and build their confidence in working with all children and families. Classroom level work does not require focus around a specific child or behavior.

- *Programmatic IECMH Consultation**:*** Programmatic level support is intended to help foster a culture that promotes staff development and supportive relationships. Programmatic support includes collaboration with program leaders and staff to develop inclusive and equitable policies and procedures that reflect a commitment to serving all children and families. Consultation may involve training for staff and/or families on supporting children's social, emotional, and behavioral health and fostering healthy relationships between young children and the adults who care for them. Reasons for programmatic support might include targeted support around discipline policies, new teacher onboarding, team culture, and best practices.

- ***Clinical Consultation Planning***: New Grant Funding has provided us with opportunities to add to our team two new Clinical Consultant positions. Our Clinical Consultants will help us to respond to the higher level needs we are seeing from families and early childhood education providers when it comes to mental health and overall wellbeing. The clinical consultants will also offer additional consultative support to the rest of the team in the form of mentoring, training opportunities, and a triaged approach to service delivery. With the support of the Program Director, the Clinical Consultant team will be tasked with the building and roll out of Classroom and Programmatic level IECMHC.

- ***IECMH Systems:*** As one of only 3 providers of IECMH Consultation in San Diego, the YMCA participates in many ECMH systems building efforts across San Diego, Statewide and Nationally to support the advocacy, expansion and support of an ECMH System of Care. In this next year we plan to continue to participate, lead and be integral supporters in the following countywide ECMH related efforts: County of San Diego Children, Youth and Families -Behavioral Health System of Care Council (CYFBHSOC) and ECMH Subcommittee, Strategic Behavioral Health Initiative (SBHI) Advisory Committee, Child and Family Advisory Strengthening Board - Child and Family Well-Being Workgroup (CFWB), SAMHSA Project LAUNCH & IECMHC San Diego Grantees Collaborative and Centralized Intake System Home Visiting Pilot Agency Workgroup.

- ***Centering Relationships and Partnerships:*** We strongly believe our relationships have supported us with continuing to drive forward the importance of Infant and Early Childhood Mental Health. We look forward to continuing being in deep relationships with San Diego State University – Center for Educational Excellent, Neighborhood House Association, American Academy of Pediatrics, Rady Children's Hospital, San Ysidro Health, and ECS Para Las Familias. Additionally, we continue to partner with so

many schools, preschools and early childhood education providers in San Diego County and look forward to deepening partnerships and relationships as we expand our services into Classroom and Programmatic Consultation.

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