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## Pennsylvania's Infant and Early Childhood Mental Health Consultation Program 2021-2022<sup>1</sup> Annual Report

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### IECMH Consultation in Pennsylvania

[Infant and 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.

The Pennsylvania Office of Child Development and Early Learning (OCDEL) has supported access to mental health consultation for early child care and education programs since its pilot year in 2006. The goals of the Pennsylvania IECMHC program are to:

- reduce the number of children expelled from child care due to behavior concerns,
- increase caregiver understanding of social and emotional development and its impact on educational success, and
- link and bridge systems and services on behalf of a child, family, and program.

**Through a reflective, collaborative, problem-solving and capacity building relationship, mental health consultation encourages adults to build strong relationships with infants and young children, so they feel safe, supported, and valued.**

The IECMH Consultation program provides a variety of supports to early childhood system partners on behalf of OCDEL, including child-specific mental health consultation, virtual office hours consultation, professional development, as well as the piloting of a classroom/programmatic consultation approach.

The IECMH Consultant team consists of 29 consultants as of June 30, 2022, and will add a School Age Mental Health Consultant to provide virtual consultation support to school age child care programs in fiscal year 2022-23. Consultants are regionally based across the commonwealth to serve and support child care programs participating in Keystone STARS and PA Pre-K Counts, including center, family, and group-based care.

<sup>1</sup> This report includes programmatic data, updates and areas of impact between July 1, 2021, and June 30, 2022.

## Child Specific IECMH Consultation

Infant/Early Childhood Mental Health Consultation (IECMHC) has emerged as an effective strategy for supporting young children's social and emotional development and addressing challenging behaviors in early care and education settings<sup>2</sup>. Early childhood mental health consultation aims to strengthen the capacity of staff, families, programs, and systems to promote positive social and emotional development as well as prevent, identify, and reduce the impact of mental health problems among children from birth to age six<sup>3</sup>. IECMHC involves a professional consultant with infant/early childhood mental health (ECMH) expertise working collaboratively with early care and education staff, programs, and families. Consultation focuses on enhancing the quality of young children's social and emotional affective environments, as well as the needs of individual children. In contrast to direct therapeutic services, which may label a child, IECMHC offers an indirect approach to reducing problem behaviors in young children and, more broadly, promoting positive social and emotional development.

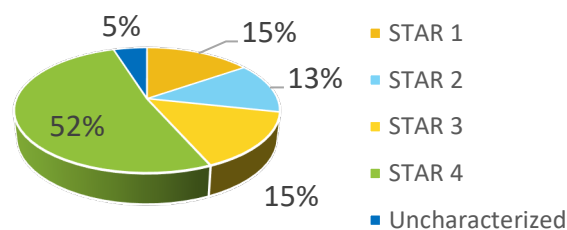
### Program Reach

- 603 child-specific cases<sup>4</sup>
- At least 1,206 educators impacted<sup>5</sup>
- 4,338 children impacted in classrooms where IECMH consultation occurred<sup>6</sup>
- 324 early learning programs in 52 out of 67 counties

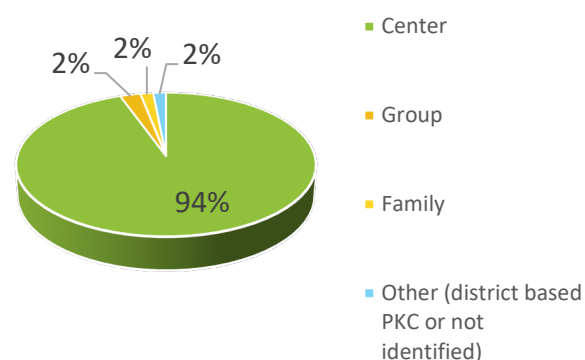
### Demographics of Programs Served

Over several years, the IECMHC program historically receives more requests for consultation services from STAR 3 and 4 programs. With 7,071 licensed child care programs in Pennsylvania, sixty-seven percent of those programs are at the STAR 1 and 2 level. Program leadership has identified the need to engage more of these programs in mental health consultation supports by strategically messaging to communities where STAR 1 and 2 providers operate.

### Request by STAR Level (n= 603)



### Early Learning Program Type



<sup>2</sup> Gilliam, W.S., & Shahar, G. (2006). Preschool and child care expulsion and suspension: Rates and predictors in one state. *Infants and Young Children*. 9:228-245.

<sup>3</sup> Kaufman, R., Perry, D., Irvine, M., Duran, F., Hepburn, K., & Anthony, B. (2012). *Creating Practice Based Principles for Early Childhood Mental Health Consultation Services*. Georgetown University Center for Child and Human Development.

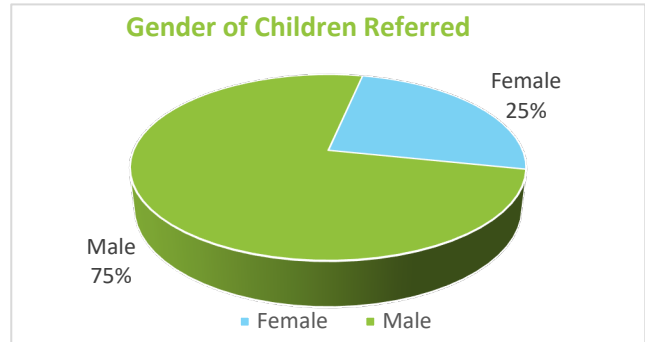
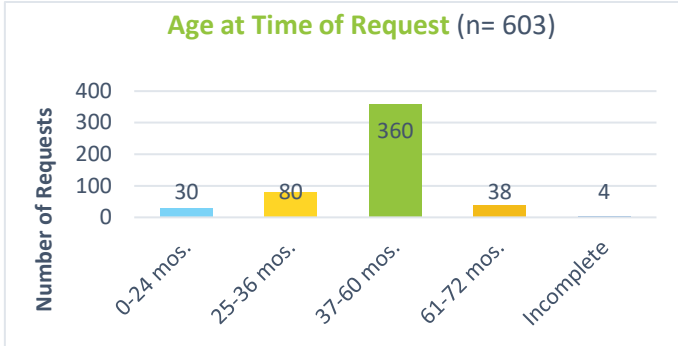
<sup>4</sup> Includes cases considered active any time between July 2021 and June 2022.

<sup>5</sup> Based on a minimum of a 2-person teaching team in each classroom.

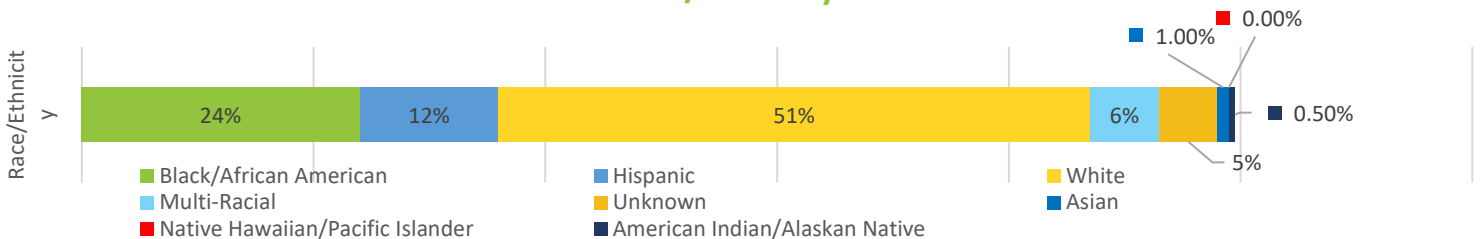
<sup>6</sup> Based on maximum number of children in each classroom as noted by provider.

## Demographics of Children Served

IECMH Consultation data continues to reveal that IECMHC services are requested more on behalf of male gendered children and primarily for children between 37 and 60 months of age. The race/ethnicity breakdown of children served through consultation services is comparable to the overall racial makeup of Pennsylvania’s children under five years of age.<sup>7</sup> However, research tells us that young children of color, primarily male children of color, are disproportionately expelled or suspended<sup>8</sup>. OCDEL and program leadership recognize the need to expand the reach of the consultation services to additional early childhood education settings because African American or biracial families who partially identify as African American are disproportionately served in low-quality child care<sup>9</sup>. It is also a goal of OCDEL to increase quality of child care at STAR 1 and 2.



## Child Race/Ethnicity



## Educator Perception of Expulsion Risk

The practice of expulsion and suspension from early learning settings negatively impacts both children and families. Children lose chances to learn, develop relationships with peers and adults, and practice the very skills they may most need, including social and emotional skills. When children experience expulsion or suspension, they experience harmful effects on development, education and health and tend to view themselves, and the school environment, in a negative way<sup>10</sup>. Families whose child(ren) are expelled or suspended, lose access to supports for their child, feel increased stress, including financial challenges, as they search for alternative care, and in some cases, may even experience employment loss.

<sup>7</sup> Annie E. Casey [Kids Count Data](#) Child population by race and age group in Pennsylvania, 2019

<sup>8</sup> Gilliam, W., Maupin, A., Reyes, C., Accavitti, M., & Shic, F. (2016). Do Early Educators’ Implicit Biases Regarding Sex and Race Relate to Behavior Expectations and Recommendations of Preschool Expulsions and Suspensions?. Yale Child Study Center.

<sup>9</sup> Pennsylvania Department of Human Services “[Racial Equity Report 2021: Leading the Fight for Justice, Equity and Opportunity for All People](#)”.

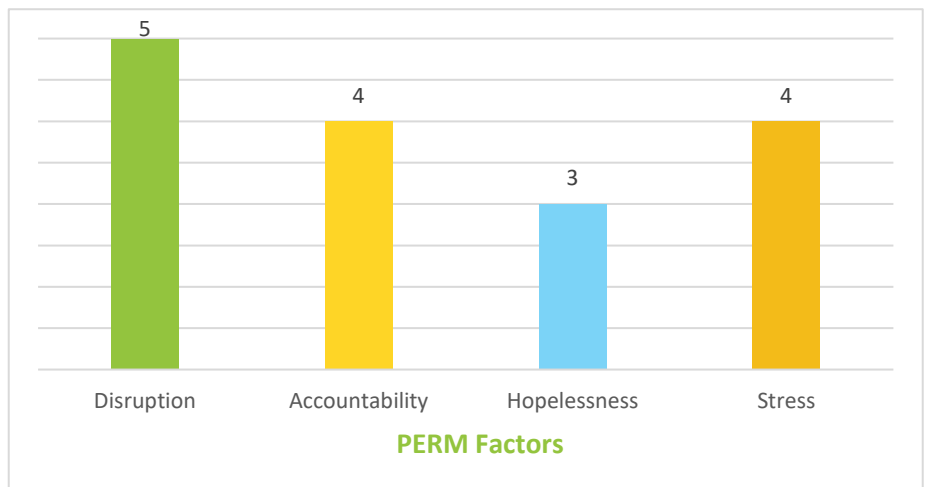
<sup>10</sup> “[Understanding and Eliminating Expulsion in Early Childhood Programs](#)” from the National Center on Early Childhood Health and Wellness

Early childhood programs state a variety of reasons for expelling a child. Key research has discovered four factors related to teacher perceptions of preschoolers’ challenging behaviors that may impact teachers’ beliefs regarding the suitability of expulsion as a viable disciplinary option. These four factors encompass:

- 1) the degree to which a child’s behaviors create disruptions in the classroom,
- 2) the degree to which those behaviors may pose a risk of injury for which the teacher might be accountable,
- 3) the degree to which these behaviors are associated with increased teacher stress, and
- 4) the degree to which the teacher may feel hopeless that anything can be done to improve the behaviors.<sup>11</sup>

The IECMHC program began implementing the Preschool Expulsion Risk Measure (PERM) in 2017. The PERM is used as a screener for determining expulsion risk and the need for prevention services, such as IECMHC, as well as a tool consultants can use to better understand decision factors that influence expulsion and suspension practices in the early learning environment. The

chart provides the average PERM scores for each factor as indicated on the Request for Service form (scale: 1 [low] to 5 [high]). Pennsylvania educators are, on average, perceiving a moderate to high degree of expulsion risk across the PERM factors when requesting consultation services. The educator’s perception of expulsion risk as related to classroom disruption aligns with the number of requests made for externalizing behavior concerns, such as aggression (21%) and self-regulation (60%) across the 2021-2022 program years.



### Impact of Consultation on Early Childhood Environments

The ability to evaluate the outcomes of IECMHC during the 2021-2022 fiscal year continued to be significantly limited by the impact of the COVID-19 pandemic, as consultation services have begun to resume on site in early learning programs. The volatility of the early childhood education workforce is a barrier to the completion of pre/post outcome measures, as staff turnover is reported on a consistent basis. Program staff implement pre and post consultation outcomes as able, and program leadership anticipates qualitative outcomes reporting to resume in FY 2022-23. The outcomes utilized measure the following:

- Scientifically anchored practices that support children’s social emotional development<sup>12</sup>,
- Changes in perceived child strengths and difficulties<sup>13</sup>, and
- Job stress of early childhood professionals<sup>14</sup>

<sup>11</sup> Gilliam, W. & Reyes, C. (2018). Teacher Decision Factors That Lead to Preschool Expulsion: Scale Development and Preliminary Validation of the Preschool Expulsion Risk Measure. *Infants & Young Children*. 31(2), 93–108.

<sup>12</sup> Kaufman, R. & Perry, D. (2009). Issue Brief: Integrating Early Childhood Mental Health Consultation with the Pyramid Model. Technical Assistance Center for Social Emotional Interventions. University of South Florida.

<sup>13</sup> Goodman, R. (1997). Strengths and Difficulties Questionnaire (SDQ) [Database record].

<sup>14</sup> Curbow, B., Spratt, K., Ungaretti, A., McDonnell, K., & Breckler, S. (2000). Development of the child care worker job stress inventory. *Early Childhood Research Quarterly*, 15(4), 515–536.

While the program cannot report a change in pre/post outcome measures across 2021-22 given the residual impact of the COVID-19 global pandemic, the IECMHC Program can provide an update on progress toward the program goals set forth by OCDEL.

***Goal 1: Reduce the number of children expelled from child care due to behavior.***

Over the course of the 2021-2022 program year, 8% (n= 21) of children supported through consultation services were formally reported as expelled by the program or family member/guardian following the initiation of IECMHC, a 4% increase from the 2019-2021 biannual report. Thirteen additional children (5%) were expelled; however, consultants were able to assist the child/family in a transition to a new early learning program to better meet their needs. While the rate of expulsion after initiation of consultation remains low, it is not known how many children are suspended or expelled before consultation is sought across the early childhood system globally. It is helpful to note that fifty-four percent (n=137) of consultation cases during the program year closed with a positive outcome of Goals Met or Referral Eligible.

In 2013, the program began collecting outcomes data for children who were waiting for consultation (n=101), as demand is often larger than the supply of staff. During the program year, 14 children (14%) were expelled from their early learning program before consultation could begin, however 24% of the children waiting for consultation services were reported to have had improved behavior and the program no longer required consultation services at the time a consultant became available. Generally speaking, and supported by research, there is high likelihood that many soft expulsions are occurring across the early childhood education system, where exclusionary practices create an environment that is no longer welcoming to a child/family.

***A 'soft' expulsion could look like...***

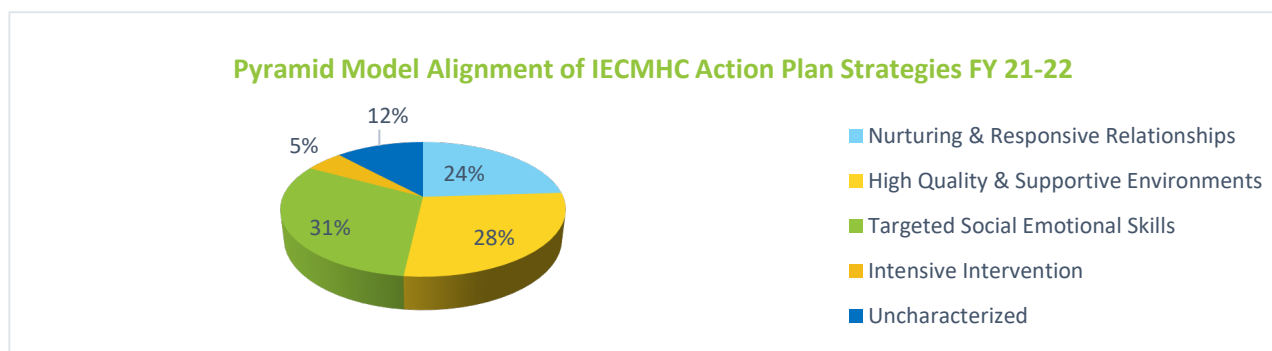
***Asking a family member/guardian to pick their child up early because of behavior issues, requiring them to leave or miss work frequently.***

The IECMHC program provides each participating early childhood program and family member/guardian with a post consultation survey to gather qualitative data related to their experience. Eighty percent (80%) of program respondents reported the child's experience in the early learning setting had improved with consultation support to adult caregivers. Family member/guardian response to the same question yielded 86% concurrence they strongly agree/agreed their child's experience had improved because of consultation. Additionally, 77% of program respondents reported they could identify strategies to be used to build positive relationships with family members (or guardians), a strategy linked to the reduction of expulsion and suspension practices. These data points appear to correspond with the rates at which children, supported through consultation services, were maintained in the early learning setting.

***"Having a neutral 3<sup>rd</sup> party observe and support the classroom teachers was so helpful. I appreciated the consultant's kind and warm demeanor. This, along with how available the consultant was, made communicating with her an easy task. I felt comfortable knowing that there was an outside perspective looking out for the wellbeing of my child."***  
**-Parent**

*Goal 2: Increase caregiver understanding of social and emotional development and its impact on educational success.*

Consultation is driven by collaborative action plans and strategies grounded in The Pyramid Model<sup>15</sup>, a conceptual framework of evidence-based practices for promoting young children’s healthy social and emotional development. Eighty-three percent of IECMHC action plan strategies aligned with the promotion and prevention tiers of the framework and focused on nurturing and responsive relationships, high quality and supportive environments, and targeted social emotional skill building. Historical program evaluation efforts have illustrated that following consultation services, early childhood educators show an increase in Pyramid Model practices that support healthy social and emotional development.<sup>16</sup> The chart, *Pyramid Model Alignment of IECMHC Action Plan Strategies FY 21-22* (below) illustrates where action plan strategies align with the Pyramid Model for Promoting Social Emotional Competence in Infants and Young Children.



The IECMHC Program Feedback Survey provides program staff with an opportunity to share how mental health consultation services impacted their professional practices and relationships with the children and families they serve. Key IECMHC program goals are to build the knowledge, skills, and competencies of program staff in the support of young children’s social emotional development. For the 2021-22 fiscal year, 64 responses were secured: a 37% response rate. Survey results indicate:

- 89% of respondents strongly agreed/agreed they could identify strategies to use to build positive relationships with children.
- 81% of respondents strongly agreed/agreed their understanding of the meaning behind the child's challenging/puzzling behavior increased.
- 82% of respondents strongly agreed/agreed their ability to respond to challenging/puzzling behaviors in nurturing and positive ways increased.
- 81% of respondents strongly agreed/agreed they learned more strategies to promote children’s social emotional development.
- 81% of respondents strongly agreed/agreed they learned several strategies that can be used to design classroom environments, schedules, and routines to prevent challenging behaviors.
- 82% of respondents strongly agreed/agreed their ability to recognize every child’s strength and potential has increased.

<sup>15</sup> Hemmeter, M.L., Ostrosky, M., & Fox, L. (2006). *Social and emotional foundations for early learning: A conceptual model for intervention*. *School Psychology Review*, 35, 583-601.

<sup>16</sup> Davis, A. & Perry, D. (2016). *Pennsylvania Early Childhood Mental Health Consultation Project: External Evaluation Report*. Georgetown University Center for Child and Human Development. Washington D.C.



Program leadership projects the potential to report pre/post evaluation outcomes for the reduction of educator job stress and educator perception of a child’s strengths and difficulties at the end of FY 2022-23, following the stabilization of consultation services and the early childhood education environment in the post pandemic recovery period.

*Goal 3: Link and bridge systems and services on behalf of a child, family, and program.*

IECMH consultants help facilitate links to appropriate services for children who need them and provide information to practitioners and families about community resources. Of the 603 children provided IECMH consultation during 2021-22:

- 86 referrals for children and their families to community-based resources for more intensive services.
- Of those referred, 16% of referrals were accepted for service, with 28% pending approval as of June 30, 2022, and 8% were not pursued due to family member/guardian decision.
- 23% of referrals were for children’s mental health services.
- 52% of referrals were to Early Intervention (12 to EI 0-3 and 33 to EI 3-5).

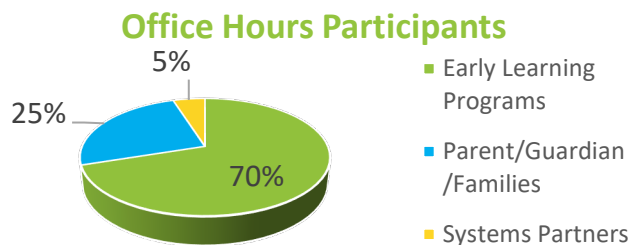
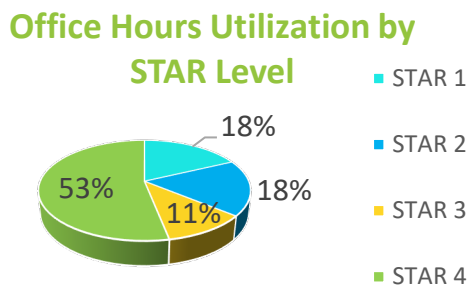
Virtual IECMHC Office Hours

During the depth and breadth of the COVID-19 global pandemic the IECMHC team began implementing virtual consultation support (Office Hours) to early childhood system partners and families across the Commonwealth. During FY 2021-22, 183 office hours appointments were held, pairing a mental health consultant with a family or system partner for in-the-moment, short-term, collaborative problem-solving consultative supports for concerns including, but not limited to, child social-emotional concerns, child behavioral or developmental concerns, well-being of teachers and caregivers, and partnering with families.

***Office Hours “simply gave me a new person who was open to listening to our concerns and talking through potential solutions. I will recommend this resource to families and coworkers who are going through similar situations.”***

***-An Early Childhood Educator***

The Office Hours approach increased engagement with STAR 1 and 2 programs, a group of programs that had historically been the minority in seeking and receiving consultation supports. As noted previously in this report, 28% of requests for the traditional model of IECMH Consultation had been from STAR 1 and 2 programs, however, virtual office hours utilization by these programs reached 46% through virtual office hours supports. Not only were early learning programs requesting this tier of consultation, but families were using this service (25% of calls) as well as other early childhood systems partners such as Early Intervention, Early Learning Resource Center staff, and home visiting programs. When registering for an office hours appointment, users indicate the age range of the child(ren) for which they were seeking support.



## IECMH Promotion and Messaging Efforts

The IECMH Consultation team continues to promote the consultation program, as well as shared common language about the importance of IECMH and relationships-focused practices within the early childhood system on behalf of OCDEL, which includes but is not limited to:

**Performed 345+ hours of outreach across the fiscal year** with child care programs, early childhood system partners and families around IECMH related topics, resource and referral, program promotion and professional development connections.

**Participated in regional Health and Safety Task Force** stakeholder meetings as needed and **responded to 24** Expulsion/Suspension Help Requests.

**Programmatic Communication Strategies** were continued, including an infant/early childhood mental health focused [public awareness campaign](#) and the monthly newsletter, [A Focus on Infant/Early Childhood Mental Health](#), which had **more than 1,800 subscribers as of June 30, 2022**.

## Opportunities for Program Growth and Informed Decision Making

As Pennsylvania communities continue to recover from the impact of the COVID-19 pandemic, the IECMH Consultation Program leadership, in collaboration with OCDEL, has identified the following opportunities to increase the reach of consultation services throughout Pennsylvania to better serve and support early childhood system partners and the children and families served:

- Offer Universal Consultation approaches to reach additional early childhood system partners, including statewide expansion of the Virtual Office Hours approach.
- Prioritize the development and pilot of a program/classroom consultation approach to supporting early learning programs who report multiple children with whom are found to have challenging behavior to assess the social/emotional climate, nurturing and responsive relationships, classroom environment, targeted social emotional strategies, family engagement, linkage to community supports and provide onsite support to teachers and program leadership to increase inclusionary practices.
- Continue the provision of Child-Specific Consultation as currently implemented.
- Expand mental health consultation supports to School Age Child Care (SACC) settings.
- Conduct program model and staff capacity building on IECMH consultation as a disruptor of inequity and disparities based on adults' various "isms"—from racism to sexism to classism—as well as implicit bias and as a service that promotes fair, positive, and equitable learning experiences for children and families.



