

# **2014 League of States Activity Summaries**

## **Culturally Sensitive, Relationship-Focused Practice**

### **Promoting Infant Mental Health**

#### **A GRASSROOTS APPROACH TO CHANGE**

Since 2007, infant mental health associations who are aligned with one another through the licensing of the *Michigan Competency Guidelines*® and *Michigan Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health*® have prepared annual activity summaries. These summaries offer specific examples of the impact that the use of Competency Guidelines® and the Endorsement ® has had on the promotion of infant mental health principles and practices on individuals, institutions, communities and systems across participating states. This year we expanded the summaries to highlight the relationship between infant mental health and other 0-3 and family programs; sustainability efforts; funding; in-service training and higher education; community collaboration; policy development and systems change; and reflective supervision/consultation. Taken collectively, the summaries represent what is possible when practitioners work collaboratively with policy makers and research faculty, creating a context for change in the lives of infants, toddlers, families, and communities through the promotion of infant mental health.

What follows are activity summaries from participating associations in Alaska, Arizona, Colorado, Connecticut, Indiana, Kansas, Michigan, Minnesota, New Jersey, New Mexico, Oklahoma, Rhode Island, Texas, Virginia, West Virginia, and Wisconsin.

Join us in noticing and celebrating the extraordinary work that has been carried out in  
each infant mental health association in 2014.

## **Alaska – Ak-AIMH**

**Fit Between IMH and other 0-3 Programs:** IMH practices are being integrated into Early Intervention Programs in the state of Alaska.

**Sustainability:** We have 4 endorsed professionals. There is one Level II provider and three Level III providers. All four individuals received training from MI-AIMH in reviewing endorsement applications. The Level III endorsed individuals have also received training in reviewing and scoring exams. AK-AIMH is looking forward to building our potential pool of reviewers as we move towards the start of our official endorsement system. AK-AIMH has received funding from the Alaska Children's Trust to purchase the Easy System. MI-AIMH was very generous in letting AK-AIMH use their Easy System to review the applications of the four individuals sitting for the September exam. Our board has established an Endorsement Committee that will be responsible for governing the policies and procedures of the Endorsement process.

**Funding:** In December, 2013 the State of Alaska's Early Childhood Comprehensive System funded AK-AIMH to purchase the Endorsement® license from MI-AIMH. Funding for AK-AIMH comes through membership fees and grants.

**Training:** The State of Alaska's Early Intervention/Infant Learning Program is currently sponsoring 14 individuals working in Part C programs to participate in a year long course in the Neuro-relational Framework taught by Dr. Connie Lillas through the University of Alaska Anchorage. Topics are related to the Competency Guidelines® and meet requirements toward Endorsement®.

**Community Collaboration:** AK-AIMH participated in the organization of the annual Early Childhood Mental Health Conference. The conference is a collaborative effort between the State of Alaska, The Alaska Mental Health Trust Authority, the University of Alaska Anchorage, School of Social Work, Anchorage Community Mental Health Services and AK-AIMH. CEU's were available at the conference. AK-AIMH joined with the Alaska Association for Play Therapy and the Alaska Counseling Association to plan the annual Our Alaska Lives Conference. AK-AIMH board members presented workshops at the conference.

**Policy Development/Systems Change: (See Funding, Training, and Reflective Supervision)**

**Reflective Supervision:** In the last year of a 3-year grant cycle, the State of Alaska continues to support the provision of Reflective Supervision for 3 mental health agencies in AK's larger population centers- Anchorage, Fairbanks and Juneau. For the last 3 years, these grants have provided funding for IMH practitioners to receive 40 hours of RSC toward their endorsement from MI-AIMH Endorsed Level IV providers via internet technology as there are no Level 4 clinical providers in the State. The State of Alaska continues to explore options to deliver RSC to Head Start programs through additional grants. The University of Alaska Anchorage (UAA) has become a supporter of RSC to students and professionals. The Social Work department has started an early childhood consultation project providing mental health consultation to Head Start programs in rural areas throughout the State. Beginning in January 2015, the Master's Early Childhood Special Education Program (EC/SE) at UAA will integrate RS into the program for students during their practicum experiences. The State of Alaska's Part C program and the UAA Master's EC/SE are collaborating to implement a 2-year

project with Connie Lillas, PhD. Dr. Lillas is teaching her Neurorelational Framework to 3 teams of ILP providers in three different geographic locations in Alaska. As part of this project, Dr. Lillas is training/mentoring 3 Level III Endorsed practitioners to provide RSC to the participants once they begin to implement the framework with children and families. The goal is to build community trans-disciplinary teams to have a common approach when working with children and families. AK-AIMH efforts are continuing to have positive influence on supporting IMH professionals by organizing RSC groups via internet. These have been ongoing now for over 2 years. It also appears that our Level III Endorsed members are providing RSC within their home communities in Sitka, Fairbanks and the MatSu in both ILP's and with independent practitioners. There is much enthusiasm from our IMH communities and a sense of accomplishment as we become more able to meet requests for RSC.

## **Arizona - ITMHCA**

**Fit Between IMH and other 0-3 Programs:** *Best for Babies* is a program that educates all parties involved in the dependency system on the unique needs of infants and toddlers in out of home and in home dependencies. This includes a multidisciplinary group in public and private agencies as well as foster parents. Early Intervention providers in the Easter Seals agencies incorporate IMH principles and practices in their work with children and families. IMH principles and practices are being infused throughout some Arizona tribes--courts, social services/behavioral health, child care/Head Start. Child Care Mental Health Consultants and Child Care Health Consultants use IMH principles and practices in working with child care settings to assist teachers, parents and children to provide appropriate social emotional environments in child care. Home Visiting program staff receive training in IMH principles and practices, with practical tips for working with parents and children. Baby CASA Forums are held twice a month to both educate and support CASAs involved with dependency cases for children 0-5.

**Sustainability:** In Arizona, IMH-E® is gaining visibility among practitioners. There is still work that needs to be done to engage policy makers, programs administrators, funders. ITMHCA is moving toward recruitment of a paid Executive Director, working on a part-time basis to start. The ED will manage grants to provide training and RS, as well as court potential funders to maintain the position. IMH-E® has been presented at multiple meetings and conferences during which a Powerpoint is shared among interested speakers to increase the reach of people educated about Endorsement®.

**Funding:** Funds currently come from membership dues (\$35/year), endorsement fees, community training tuition, and Institute registration. A graduate student is writing a grant proposal for a class assignment that may garner new funding for the organization.

**Training:** Arizona State University continues its Master of Advanced Study in Infant Family Practice. This MAS IFP program was designed to reflect the competencies and graduates about 20 each year. Students are placed in community internships in the Phoenix metro area from which some get jobs. Southwest Human Development continues the Harris Training Program in Infant and Early Childhood Mental Health. There are both one and two year programs. The 2-year program is for mental health clinicians working within an IMH model of service. Community Colleges in various counties also include IMH courses.

**Community Collaboration:** ITMHCA sponsors competency informed, IMH related trainings at least quarterly in both central and southern Arizona. A northern training group is starting up this fall. The Arizona Department of Health, using federal MIECHV funds, contracts with IMH endorsed professionals to provide training and reflective supervision to 40 home visitors this fiscal year, statewide, to recognize their IMH expertise via Endorsement®. MIECHV funds will also provide targeted trainings in the upcoming fiscal year, statewide, for home visitors around topics related to IMH principles and practices, regardless of their work toward IMH-E®. ITMHCA held its Annual *Risk to Resilience Institute* in September, 2014. Multidisciplinary presenters provided a broad array of information to nearly 300 people from around the state and country.

**Policy Development/Systems Change:** Best practices for infants and toddlers in the courts are gradually being implemented statewide (ie., placement decisions, parent-child coaching for visits, encouraging foster parents to fall in love with kids, timely access to needed services, child-parent psychotherapy, trauma therapy for parents). *First Things First* is developing a Professional Development Registry. IMH trainers will be able to register as trainers and participants will track trainings by age group (0-3), topic (competencies), trainer, date to be used in compiling their IMH-E® Portfolio.

**Reflective Supervision:** Several IMH-E® (III) professionals are listed on the ITMHCA.org site as qualified and available to provide regularly scheduled, IMH informed RS/C for individuals or groups via face to face, phone, or skype-type sessions. Some agencies (behavioral health, crisis nursery, home visiting) have contracted with endorsed professionals to provide RS/C groups for staff. The MIECHV contract includes RS/C as needed for home visitors in order to meet requirements for Endorsement®.

## **Colorado – CO-AIMH**

**Sustainability of Endorsement/Association:** All of the members of the CoAIMH Executive Board are being encouraged to work toward Endorsement® over the next year.

**Funding:** The Endorsement® Coordinator support is funded by CoAIMH; funds are generated from CoAIMH’s trainings. Targeted groups from EE, EQ, Home Visitation, general funds (Early Childhood specialists) have a portion of their funds set aside to support the Endorsement Coordinator as well as the costs pertaining to applying for endorsement.

**Training (Higher Education):** Higher education is now embedded within the EQIT curriculum which can be taken for college course credit and meets course requirements for Early Childhood teachers. Many of the competencies from the Competency Guidelines® have been embedded into Higher Ed special Education Coursework as well.

**Community Collaboration:** Some of the community collaboration projects include: Project Launch, Early Intervention, Home Visiting Program at CMH, EQIT.

**Policy Development/Systems Change:** Project Launch, Early Intervention, Home Visiting Program at CMH, EQIT. Colorado’s Office of Early Childhood created a new position this year, the Director of Early Childhood Mental Health. Jordana Ash, past Co-AIMH Board President and a prime mover for the Endorsement® system, successfully interviewed and was hired for the position. Systems that don’t typically consider themselves as providers of “mental health” are incorporating IMH principles and practices into their training/ professional development and encouraging staff to work toward Endorsement®.

**Reflective Supervision:** There is currently a project underway to broaden the Colorado Reflective Supervision (CORS) Registry to build capacity for Levels I and II through distance supervision to provide support in rural areas. This will better ensure that those listed are committed to the organization and currently meet qualifications. Co-AIMH leaders are in collaboration with the CDE coaching consortium to train Reflective Supervisors. We hope to infuse this within the system to strengthen the connections between systems.

## **Connecticut – CT-AIMH**

**Fit Between IMH and other 0-3 Programs:** We have collaborated with the Connecticut Pyramid Model (CPM) initiative on a Peer Learning Pilot specific to social emotional development through *Campaign for Grade Level Reading* and NCCP. CT-AIMH is exploring how CPM training and service interface with the criteria for Endorsement® at multiple levels and where the “gaps” might be.

**Sustainability:** This year we applied for and were successful in receiving a grant to hire our first Executive Director (ED), Heidi Maderia. CT-AIMH will combine the position of ED with that of the Endorsement Coordinator, making it a full time position. The CT-AIMH Board of Directors created a Fund Development Committee and met with key state agency representatives to encourage interest in CT-AIMH activities/staffing.

**Funding:** CT-AIMH sought and successfully received funding through the Casey Family Programs to provide IMH training to Child Welfare staff. The newly created Office of Early Childhood allocated funding through our Child Health and Development Institute to provide IMH training to childcare programs and to pediatricians. We also have continued to receive funding from the Child Health and Development Institute and State Head Start Collaboration Office. Membership fees contribute to support for CT-AIMH; membership is increasing. Attendance at our Fall 2014 conference was the largest to date.

**Training:** CT-AIMH began to discuss competency-based training and including IMH in their curriculum with one of Connecticut’s state universities. CT-AIMH endorsed its first Level IV (Research/Faculty) Infant Mental Health Mentor this year.

**Community Collaboration:** CT-AIMH staff/members are working with local Head Start communities to identify partners and to promote IMH principles and practices, the use of the Competency Guidelines® and Endorsement® process. CT-AIMH represented in the CT Alliance for Early Childhood and the state Child Welfare/Head Start Collaboration.

**Policy Development/Systems Change:** CT-AIMH has supported legislation to enhance Child Welfare referrals to Part C as well as to enhance Part C’s attention to social/emotional development. We have also hosted a forum for infant/early childhood people to give input to the state children's mental health plan under development through legislation. Feedback was given to the draft Children's Mental Health Plan that would call for more detail regarding direct prevention services with families of very young children. CT-AIMH and the Competency Guidelines® are part of CT's Children's Mental Health Plan was released October 1, 2014.

**Reflective Supervision:** CT-AIMH is offering reflective consultation to child welfare and community partners (4-6 groups per year) that are funded with Part C, Head Start Collaboration, and Casey Family Programs. The original group of Endorsees in CT continue to meet monthly in order to receive reflective supervision.

## **Indiana – IAITMH**

**Fit Between IMH and other 0-3 Programs:** The Indiana Association for Infant and Toddler Mental Health held its 15<sup>th</sup> Annual Conference in August. The theme was: Infant Mental Health in Early Intervention. About 100 professionals participated and received continuing education on this topic. Our keynote speaker was Maureen Greer, former Indiana Part C Coordinator and currently involved in the Part C Coordinators Association. The IAITMH surveyed Part C Coordinators about eligibility, assessment and intervention options for children with social and emotional, behavioral, or mental health concerns in Part C. The results of the survey are being developed into an article. Members continue to work with several groups related to continuing education activities for Early Intervention professionals including First Steps (Part C), Healthy Families, and Child Care. This includes regular participation in planning and presenting at annual and semi-annual conference. For example, Association members provide a required introduction to infant mental health principles and practices for Healthy Families.

**Sustainability:** The Indiana Division of Mental Health and Addiction is supporting IAITMH with funding to coordinate endorsement activities and training events. Having a dedicated staff member has increased our visibility at conferences. We hope this will also improve our participation in the Endorsement® process. Our website ([www.iaitmh.org](http://www.iaitmh.org)) was updated allowing us to institute use of the EASy. All persons endorsed at Levels 3 and 4 were invited to participate in training to serve as reviewers and mentors. We had 100% of invited providers indicate interest. We also have a facebook page that we will be replacing our newsletter with along with having more content available on the website. This is great progress.

**Funding:** See reference to Division of Mental Health and Addiction Funding in Sustainability and ECCS funding in Reflective Supervision.

**Training:** We are involved with the Indiana Professional Development Network seeking to increase opportunities for early care and education professionals in the state in regard to training and higher education.

**Community Collaboration:** Board member Dr. Matthew Galvin identified a business leader with connections to the field of marketing. We are meeting with this individual and others in order to identify innovative methods to market the Endorsement® and increase connections for our association in general.

**Policy Development/Systems Change:** IAITMH Board members continue to be active with Indiana's LAUNCH grant, serving on the Leadership Team and in other ways. We are working with our Indiana partners related to the Early Learning Council and also to revise the Indiana Foundations (birth to 5 materials for Standards). We will be participating in a program for high level DCS staff through a partnership with Indiana University faculty in the Child Protection Section/Department of Pediatrics. As part of the INPDN, we are participating in Technical Assistance from the ZTT Policy Network.

**Reflective Supervision:** Indiana State Department of Health and Department of Child Services: Through our partnerships with *Sunny Start*, Indiana's Early Childhood Comprehensive System Grant, we submitted and were approved for new funding focused on Toxic Stress in birth to three. We have created and piloted with Indiana's Project LAUNCH community 10 PowerPoint presentations related to the topics of toxic stress and trauma. Narrations are being developed to use in the online module versions in collaboration with the Indiana

Association of Child Care Resource and Referral. We are ready to begin online reflective supervision groups. Support to work toward eligibility for Endorsement® is a component of the grant.

## **Kansas - KAIMH**

**Training:** The 2014 Annual Kansas Association for IMH Conference was held on May 1<sup>st</sup> and 2<sup>nd</sup>. Over 150 people attended an in-depth training by Dr. Tina Payne Bryson, co-author of *The Whole Brain Child*. Dr. Bryson presented on the neurobiology of early childhood and emphasized the importance of relationship-focused practice. About half of the attendees were not current members of KAIMH, so many people were also introduced to the benefits of the association. Over 150 professionals were able to receive high-quality training related to providing relationship-based services to young children and their families.

To expand the reach of the association's ability to connect with members in all areas of our state, KAIMH has launched a monthly CEU training to benefit our members. For a small fee, members can sign up to participate in a monthly continuing education opportunity in which they will watch a video on a topic related to Infant Mental Health, read an article, and call in at a specified time to participate in a discussion that is facilitated by a KAIMH education committee member, board member, or staff person. Topics for upcoming trainings include cultural diversity, attachment, and trauma. This is only open to members of KAIMH to encourage professionals to join the association.

**Sustainability of the Association:** The KAIMH Board established the Alice Eberhart-Wright Visionary Award to honor one of the mothers of KAIMH, Alice Eberhart-Wright. The award was presented to its namesake, Alice Eberhart-Wright in recognition of her outstanding achievements and significant contributions to the field of infant and early childhood mental health. Alice Eberhart-Wright has been dedicated to supporting the social, emotional, and mental health of infants, young children and their families throughout her lifetime. The award will be given annually at the KAIMH Spring Conference to someone who represents the mission of KAIMH and illustrates passion, creativity and best practices in their work supporting infant and early childhood mental health. This award can serve as a motivator for others in the field to continue the story of KAIMH and Alice's work.

**Funding:** At the 2014 Spring Conference, KAIMH launched a Virtual Walk-a-thon Fundraiser called Baby Steps, for the month of May. Participants signed up to walk and get donations for KAIMH. People were also encouraged to walk to improve their health and reduce their stress. Participants who raised at least \$30 received a t-shirt and the three people who raised the most also received gifts cards and books. The top donor raised \$225 for KAIMH. We hope to make this an annual fundraiser as a way for members and friends to support KAIMH.

## **Michigan- MI-AIMH**

**Fit Between IMH and other 0-3 Programs:** Competency-Based IMH Training: MI-AIMH sought and received a total of \$ 110,000.00 from the Detroit/Wayne County Community Mental Health Agency, the Flinn Foundation, and the Michigan Department of Community Health to plan and provide IMH trainings to IMH practitioners in Detroit and across the state. The training for Detroit/Wayne County included a 3-day *Introduction to Infant Mental Health*, as well as several individual, 6-hour trainings with faculty from Michigan and other states, e.g. Connie Lillas on the Neurorelational Framework, Michigan trainers on Therapeutic Use of Videotaping in I-ECMH Home Visiting, Typical & Atypical Development Birth – 6, etc. The Flinn Foundation training, in partnership with the MDCH, was a 10-day, 10-module training intended for mental health practitioners at Levels II and III, including 4 hours of topic-focused training by IMH mentors (40 hours total) and a 2-hour meeting for reflective group consultation following each didactic training experience (20 hours total). Modules from this training have been and will be replicated in other parts of the state and in other league states in the coming year.

**Sustainability:** Endorsement: MI-AIMH engaged in a 4-month strategic planning process to determine new directions for the organization. As a result, the MI-AIMH Board of Directors approved of the development of a national and international organization, the *Alliance for the Advancement of Infant Mental Health*, with a new infrastructure that over time will be separate from *MI-AIMH*. It is anticipated that division into a national organization will be a way to sustain the growth of the league and out of state endorsement efforts, successfully seek funds to sustain what we have built, and protect the quality of the Endorsement® system through training and technical assistance across the league states.

MI-AIMH: MI-AIMH has a particularly creative membership base. The products developed by members in partnership with MI-AIMH staff have helped support MI-AIMH. This past year is no exception with the development of two new learning tools: a second reflective supervision DVD and a Baby Bench Card. Older products continue to generate revenue for MI-AIMH, especially the Baby Stages social and emotional development wheels, the IMH starter kits, the Fatherhood wheels, and *Relationships First*. The *Infant Mental Health Journal* is another source of revenue. All of these products support MI-AIMH staff who oversee the Endorsement®. MI-AIMH launched a web-based membership database to more efficiently manage membership records, contact information, Endorsement® renewals, and the IMH Faculty Registry.

**Funding:** MI-AIMH hired a Development Officer, part-time, in June, to raise funds, write grants, and develop marketing plans for MI-AIMH products to develop and sustain the *Alliance* and MI-AIMH.

**Training:** MI-AIMH staff are working with IMH staff from the University of Michigan's Department of Psychiatry, Department of Psychology and School of Social Work to develop an IMH Post-Graduate/non-credit training program that meets many of the criteria for the competencies and Endorsement®. MI-AIMH staff participate in Wayne State University IMH Advisory Board providing consultation on curriculum from the Dual Title program and its relationship to the Competency Guidelines® and Endorsement®. MI-AIMH staff are working with faculty from Eastern Michigan University to develop a qualitative evaluation for outcomes specific to reflective supervision and the Flinn Foundation training grant. The materials have been shared with other league states as they build capacity in providing RS/C toward earning Endorsement®. Faculty from

Michigan State University, Eastern Michigan University, and Wayne State University successfully earned the MI-AIMH Endorsement® Level IV (R/F), strengthening our working relationship through their commitment to the competencies and endorsement process. Endorsed faculty from these universities created an Infant Toddler Research Corridor that promotes research with IMH principles and practices in mind; this is a very significant step for IMH practice. Faculty from Eastern Michigan University, Wayne State University, the University of Michigan, and Grand Valley State offered seminars and/or brief courses specific to IMH which students and visitors registered for. All courses are competency-based and linked to criteria toward Endorsement®.

**Community Collaboration:** MI-AIMH staff planned and coordinated IMH trainings with a variety of organizations across the state, including association chapters, educational systems, community mental health programs, Head Start/Early Head Start, Statewide IMH Collaborative, Great Start Collaborative in Northern Michigan, to name a few. All of the trainings met criteria toward Endorsement®. MI-AIMH partnered with the Merrill-Palmer Institute/Wayne State University to co-sponsor 2-training days, linked to the Competencies®, with national presenters, Marva Lewis, PhD “Shooting Down the Elephant: Legacies of Historical Trauma on Practitioner-Client Relationships” and Deborah Harris, LMSW, IMH-E®(IV-C) “Shelter From the Storm: Supporting Infants and Toddlers Exposed to Domestic Violence”.

**Policy Development/Systems Change:** MI-AIMH staff and members represent IMH principles, practices and the competency-based Endorsement® process on the following committees: The MCVVEE Home Visiting stakeholder and competencies committees, Early Care and Education committee, Early Intervention Higher Education and Credentialing committees, Early Childhood Advocates group. As a result, many have integrated the Competencies® into their plans and are more invested in the promotion of IMH. MI-AIMH members worked in partnership with the Michigan Department of Human Services on a joint policy regarding the importance of infants’ attachment relationships when decisions are made about removal to foster care or permanent homes. In addition, the state agency and MI-AIMH announced best-practice recommendations for reducing the effects of separation that can be particularly traumatic for infants and toddlers in foster care, as well as the provision of services by IMH specialists as needed.

**Reflective Supervision:** MI-AIMH staff planned and coordinated reflective supervision/consultation training for those providing RS/C in the states. Bill Schafer, PhD provided two, 4-session group trainings during the year, supporting the development of reflective capacity among IMH Specialists and Mentors supporting Endorsement® in the state. MI-AIMH staff developed a 3-hour training, “Explorations in Providing Reflective Supervision/Consultation,” offered by IMH Mentors in 3 different locations across the state for endorsed practitioners providing RS/C to others. This will be repeated and expanded in 2015 and meets MI-AIMH’s requirement for a minimum of 3 hours of training related to the provision of RSC for annual renewal of Endorsement® of those who provide RSC to others.

## **Minnesota - MAIECMH**

**Fit between IMH and other 0-3 programs:** The Minnesota Department of Health (MDH) partnered with MAIECMH to provide three trainings with topics related to working with adolescent parents and working with parents who have a mental illness. One training was offered in the metro area and two in Greater Minnesota; 50-70 participants attended each training. Trainings were free for participants and came through Home Visiting funds.

The Minnesota Department of Human Services (DHS) and the Minnesota Department of Education are now represented on the MAIECMH Board. Among opportunities for collaboration is the development of a crosswalk with the Center for Professional Development. This combines the IMH Competency Guidelines® with the educational professional development system in order to promote the IMH competencies and the Endorsement® process. MAIECMH-sponsored trainers will be encouraged to go through the registry process and be approved as a trainer so that trainings can be promoted as satisfying professional development criteria for early care and education providers, including Parent Aware. The Children's Youth and Family Consortium of the University of Minnesota is also represented on the MAIECMH and MACMH boards. There is discussion about the possibility of co-sponsoring professional development opportunities.

A survey soliciting input on the multidisciplinary training needs for professional development resources most relevant across the state in terms of topics, audiences, locations, and training formats was distributed statewide. 575 multidisciplinary practitioners responded with more than 200 people taking time to fill out narrative answers. ECSE and early intervention comprised the largest share of respondents. The training needs identified included engaging and working with parents, especially families experiencing challenges such as parental mental illness; working with children and families in the context of trauma; the need for a developmental lens; promoting healthy parent-child relationships/infant and early childhood mental health; and working collaboratively across systems. Feedback is being used to develop MAIECMH Training Services; our initial MAIECMH-sponsored training is scheduled in November and is titled, *Before the ABCs: Promoting Self-Regulation for School Readiness*.

MACMH and MAIECMH have applied for a grant with the Minnesota State Arts Board to develop an early childhood version of Fidgety Fairy Tales. Currently directed at school-age levels and taking fairy tales to demystify mental health issues for children and adults, the focus in the infant and early childhood versions would be on promotion of healthy social-emotional development and the importance of adult understanding of the causes of behavior, in order to help parents, caregivers and teachers consider different approaches in their response. The working title is *Nifty Nurture-y Rhymes: The Early Childhood Musical*. A number of statewide early childhood programs were surveyed about their interest in having such a resource available to their communities; approximately 30 agencies responded affirmatively and the Initiative Foundation is giving \$500 to start the work, with a follow up conversation with them to receive feedback.

**Sustainability of endorsement/association:** MAIECMH is considered the "early childhood division" of the Minnesota Association for Children's Mental Health (MACMH), and as such shares 501C3 status and a fiscal host. One of the MAIECMH co-chairs represents MAIECMH on the MACMH Board of Directors. MAIECMH Competency Guidelines® and Endorsement ® are being incorporated into the following initiatives: The

University of Minnesota Infant and Early Childhood Mental Health Certificate Program, Minnesota Dept. of Health Family Home Visiting Program MIECHV-funded Reflective Supervision Mentoring and Training and Infant Mental Health Consultation, The Minnesota Coalition of Home Visiting Programs, The DHS/CEED development of an infant/toddler credential for early care and education providers.

**Funding:** We are developing MAIECMH Training Services as a funding source for sustainability (see also "Fit between IMH and other 0-3 programs"). We are also working with parent organization, MACMH, to fund an administrative assistant position for 10 hours/week beginning in 2015. Members' dues and endorsement fees are currently MAIECMH's only source of income. We operate as a volunteer-run organization, but are hoping to change that with the development of a funding source.

**Training (Higher Education):** A group of cross-disciplinary faculty and staff from colleges and universities representing the MnSCU, University of Minnesota, private college/university systems, and the Minnesota Association for Infant and Early Childhood Mental Health (MAIECMH) has been meeting for over a year to discuss the need for integrating current advances in neuroscience and infant and early childhood mental health (IECMH) into pre-service education and training. The identified goals of the group include: 1) Young children and their families will receive evidence-informed, relationship-based prevention and intervention services from practitioners competent in meeting the unique relational and developmental needs of very young children, their families and caregivers, in order to promote healthy social and emotional development, the foundation for all learning; and 2) expand capacity by graduating more students in a variety of disciplines, with knowledge and experience. The group is soliciting funding two 2-day symposia inviting 35 higher education faculty across disciplines to focus on current research, theory and practice in the field of infant and early childhood mental health. Funding will come from a variety of sources; currently funding has been committed by MN DHS and the Harris Center for Infant Toddler Development at the U of Minnesota. Strategies include the following: Faculty will participate in facilitated cross-disciplinary conversations to integrate learning into their current knowledge base, participants will receive concrete materials and will develop strategies for embedding what they have learned at the symposium into their current course syllabi. "Core chunks" that can be used by faculty from different schools – Power Point, video, etc. – mini-lectures --will be developed ongoing and made available on the MAIECMH website. Between the two symposiums, faculty will participate in an on-line professional development community designed to sustain and advance their learning.

Faculty will understand the process for endorsement through Minnesota Association of Infant and Early Childhood Mental Health and will receive a template to determine what competencies in infant mental health their programs are currently providing and where the gaps exist.

Faculty members from each college will be supported to outline their college's infant mental health pathways so that an aggregate of all infant mental health training in Minnesota can be compiled and made available on the MAIECMH website to students interested in pursuing further training in infant mental health. An online IMH certificate program is being developed by the Center for Early Education and Development (CEED) and will meet the knowledge content for Level 2 endorsement. The first cohort is being funded by Title Five and will target child welfare professionals. MN-DHS has funded CEED to develop an Infant and Toddler Credential with a target completion date of 10/31/2014. The primary target audience is child care providers, but will be available to others including foster parents and child welfare.

**Community Collaboration (see also "Fit between IMH and other 0-3 programs"):** Currently MAIECMH has representation on a number of statewide initiatives: Minnesota Department of Education advisory group to revise the Core Competencies for early care and education providers, Task force to revise the screening standards for Minnesota Child Protection division of Department of Human Services, Task force for Collaborative Infant Mental Health Programming in Greater Minnesota--stakeholders representing the U of Minnesota, MnSCU system, other pre-service learning groups to establish multidisciplinary core curriculum in infant/early childhood mental health

**Policy Development/Systems Change (see "Community Collaboration, training, and fit)**

**Reflective Supervision:** Christopher Watson of CEED, in collaboration with the League of States, is researching elements and outcomes of reflective supervision/ consultation. CEED is also developing an outcome measure for the MN-MDH MIECHV-funded reflective supervision mentoring and IMH consultation to home visiting programs. MAIECMH-endorsed practitioners continue to provide reflective consultation for Parent Aware coaches (quality improvement in child care) and to advocate for continued funding for RS as the project expands.

## **New Jersey – NJ-AIMH**

**Fit Between IMH and other 0-3 Programs:** This year, the field of infant and early childhood mental health took a large leap in our state due to the provision of a grant project administered by Montclair State University. The *Keeping Babies and Children in Mind: Infant and Early Childhood Mental Health Training Project* is an initiative of the Center for Autism and Early Childhood Mental Health at Montclair State University, funded through the Department of Children and Families from a Social Service Block Grant issued from the federal government for Superstorm Sandy recovery. This project provides seven 3-hour sessions of infant and early childhood mental health training to all professionals who work with infants, children and families from birth through age eight in the 10 counties designated as most effected by Superstorm Sandy. As a part of this contract, this training project aims to prepare at least 500 professionals to apply for Level I and Level II of the NJ-AIMH IMH Endorsement by the end of the grant (6/30/15). The NJ-AIMH is subcontracted to provide technical assistance to this project around Endorsement, and support those 500 or more professionals in their Endorsement applications. The grant will also subsidize the NJ-AIMH membership fees and Endorsement Processing Fees up to \$100 for any Endorsement candidate who completes at least 19 of the 21 hours of training offered by this series. In addition, the NJ-AIMH is very involved with the establishment of the CSEFEL Pyramid Model as a state-wide model for infant, toddler, preschool, and early elementary school practices.

**Sustainability of Endorsement/Association:** Our Association has had a strong 'rebirth' over the past two years, largely due to the introduction of the Endorsement® to our state. As of this report, we have 105 active members. Our membership fees are low compared to other typical professional membership fees, and we are enjoying a large amount of visability through the *Keeping Babies and Children in Mind* project in 10 of the 21 counties in the state. The Endorsement® system has been embraced by stakeholders in the Department of Education, the Department of Children and Families, and the Department of Health, and initially funded by the interdepartmental New Jersey Council for Young Children. Competencies are being announced for trainings within the childcare, early intervention, and doula/childbirth/lactation professional fields. We also plan to launch three regional centers in the North, Central, and Southern regions of the state to increase our statewide reach to encourage sustainability in all regions.

**Funding:** This year, our Association has been significantly supported from a subcontract from federal money from the Social Service Block Grant for Superstorm Sandy recovery efforts, through the New Jersey Department of Children and Families, Office of Early Childhood. In addition to this subaward, we are funded by our membership dues and Endorsement ®fees. We are reinstating our 501c3 status, which lapsed in 2013, and plan on instituting an annual fundraiser in 2015 after the official non-profit status is confirmed. Additionally, we are instituting a yearly commitment of \$250 for each of our twelve Board members in personal donation, fundraising, or in-kind donation, which will guarentee consistent revenue of approximately \$3,000 per year. The Center for Autism and Early Childhood Mental Health at Montclair State University continues to offer in-kind office space and administrative support for our Association, helping to keep overhead costs low.

**Training (Higher Education):** The CAECMH offers a graduate certificate in Infant and Early Childhood Mental Health which meets requirements for all competencies in Theoretcial Foundations, provides 25 hours of reflective supervision throughout the certificate, and provides direct service experience with the birth to three

population under supervision. New Jersey has also received a Race to the Top Early Learning Challenge grant and is establishing Training Academies located at Rutgers and two regional community colleges to promote best practices in early childhood education from pregnancy through age 8, including infant and early childhood mental health. Our Association will be working to partner with the RTT-ELC to offer the support that we can provide to both their trainers and the families with whom they work.

**Community Collaboration:** The NJ-AIMH is reaching over 1,000 community based professionals through the *Keeping Babies and Children in Mind* project. We have also presented at many community level conferences in the state, including New Jersey First Steps, the New Jersey Association for the Education of Young Children, the Child Care Resource and Referral Agencies, and the Project LAUNCH Breastfeeding Summit. We plan to join with the New Jersey Counseling Association and the New Jersey Association for Social Workers to increase our outreach to mental health professionals in our state.

**Policy Development/Systems Change:** As stated elsewhere in this report, there is a statewide acceptance of the Endorsement® process and our Association, including the state Departments of Health, Education and Children and Families. New Jersey has three statewide initiatives that promote infant and early childhood mental health including Race to the Top, Project LAUNCH, and Help Me Grow, all of which are partnering with our Association to promote a culture of infant and early childhood mental health in our state. The NJ-AIMH has a presence on the New Jersey Council for Young Children, the statewide Pyramid Model Partnership, the Project LAUNCH planning group, and plans to partner with the RTT-ELC Training Academies. We are building our Level IV-Policy endorsees, all of whom have worked in the state to promote infant mental health for many years.

**Reflective Supervision:** As part of the *Keeping Babies and Children in Mind* grant project, participants are receiving 24 hours of reflective supervision over one year. Many of our currently Level IV-C endorsed professionals are providing this supervision. The NJ-AIMH plans to begin to offer supervision groups in the three regions of our state to increase the access for professionals to reflective supervision. The kick-off to this initiative will be a conference on Reflective Practice that is connected to our Annual Membership Meeting scheduled for November 14, 2014.

## New Mexico – NMAIMH

**Fit Between IMH & Other 0-3 Programs:** The infant mental health competencies are imbedded within the designated NM state level competencies for Developmental Specialists (1, 2, 3). Developmental Specialists (DS) have been trained to work in early intervention (0-3) programs in New Mexico. DSs' are required to complete a Professional Development Plan. Study goals from IMH are choices that are incorporated in the plan. The Children, Youth and Families Division (CYFD) sponsored trainings that address IMH competencies in 2014, not only to State Home Visiting programs, but also to other professionals providing IMH services around New Mexico.

The New Mexico Division of National Association for the Education of Young Children has incorporated an Infant Mental Health Track in the annual conference. Three endorsed members of the NMAIMH provided training sessions during this year's conference.

**Sustainability of Endorsement/Association:** Membership: New Mexico has decided to modify the requirement of membership for those pursuing Endorsement®. Instead, membership in the organization is strongly recommended. Recently, endorsement application and submission fees were increased to support ongoing activities of the Association.

The Board determined that full-time online students take advantage of the Student Membership Rate as long as they can substantiate their full-time registration at an accredited online school, until the Training Committee has time to review the matter in depth. Ongoing membership outreach has resulted in the addition of new members from State and Higher education agencies to the NMAIMH Board.

**Funding:** NMAIMH continues to receive funding from state department sources and private foundations. Association trainings and fees related to Endorsement® provide addition financial resources.

**Training (Higher Education):** AA and BA level courses are being offered to students and professionals who are interested in pursuing content and competencies in very early child development (birth – three years of age). Family Infant Toddler professional pathway courses are designed, with IMH competencies incorporated, to meet the needs of these students and professionals (Home Visitors/ Developmental Specialists/ Social Workers/ Therapeutic Specialists (OT, PT, and SLP). The courses are offered face-to-face and through distance learning. The Association sponsored 2 statewide trainings during 2014.

**Policy Development/Systems:** The NMAIMH is exploring ways to continue to support the strategic plan. We are in focused discussions about how to move the mission of the association forward. (See also Fit Between IMH & Other Birth to 3 Programs)

**Reflective Supervision:** The NMAIMH, with the help of the NM Department of Health funding, continues to provide Reflective Supervision throughout the state for the third year. At this time the Association is supporting four groups moving towards Endorsement® with 16 members getting approximately 50 hours of supervision monthly. The Board agreed that there is a need to reach out to others who can provide Reflective Supervision as there are more people applying for endorsement looking for RS/C groups-at both Level 2 and Level 3/4 clinical. Although it is difficult to reach the outlying areas in New Mexico these groups are centrally located in both urban and rural areas to enhance potential membership. Each face-to-face group provides consultation, relationship building and networking for the development of the NM workforce.

## **Oklahoma – OK-AIMH**

**Fit Between IMH and other 0-3 Programs:** The OK Head Start Collaboration Office and OK-AIMH recently partnered to support a pilot in EHS and 3-year old classrooms to support weekly early childhood mental health consultation and reflective consultation for Early Childhood Education providers.

**Sustainability of Endorsement/Association:** Currently Fundraising for Endorsement Coordinator/ED, Planning Training for cadre of Reflective Consultants.

**Funding:** ODMHSAS continues to provide funding to support Endorsement® and has written reflective supervision/consultation into grant proposals. OK is writing for additional MIECHV funding and may include IMH as a focus area. More discussion with OSDH Family Support and Prevention will address linkages and potentially include RSC as well.

**Training (Higher Education):** Working with BA, MFT, and PhD programs at Oklahoma State University to embed Competencies® in curriculum and create IMH tracks in degree programs. Current Early Childhood Professor offers stipends for those seeking Endorsement® through her position as IEC Fellow. Board Member of OK-AIMH (Harris Fellow from Tulane) Tessa Chesher is currently securing funds to focus half time at OU on IMH training/education for Pediatrics.

Not Higher Ed, but State Court Improvement Program has engaged OK-AIMH in IMH/Child Welfare focused training for 5 regional court trainings involving 650 multidisciplinary court personnel. Response to this training has been very positive. OK-AIMH expects continued training relationship with the courts. UCO has an infant mental health course annually. Smart Start, Oklahoma's Professional Development Work Group, has had various early childhood competencies cross walked and Endorsement® has been included. OK-AIMH has a seat on this work group. In addition, OK-AIMH offered Circle of Security, Infant Massage and DC:0-3R training over the summer to professionals across disciplines to support workforce development around IECMH. These trainings were linked to the competencies.

**Community Collaboration:** IMH is a Priority Area in Tulsa Co. Child Protection Coalition. The Coalition has secured funding for training in CPP, and has been forum for Presiding Juvenile Court Judge to champion Safe Babies Court Team. Local funders (5) have secured funding to initiate SBCT. Smart Start Canadian County has engaged ODMHSAS and OK-AIMH in efforts to create more awareness around IMH in this community.

**Policy Development/Systems Change:** Currently in midst of child welfare (CW) reform under the Pinnacle Plan. State CW is struggling to implement resulting recommendations, but SBCT is coming soon, and will provide additional support/technical assistance on many of the issues that CW is struggling with, in particular, multiple placements and infrequency of visitation. ODMHSAS and OSDH as co-leads for IECMH are providing oversight of the state's IECMH Strategic Plan and Framework under which future projects will be aligned. Oklahoma has a state Project LAUNCH grant in which Endorsement®, reflective supervision/consultation and training in IMH has been written. ODMHSAS and OHCA are collaboratively overseeing Medicaid and recently requested consultation around rule changes related to 0-3 Psychotherapy re: appropriate relationship focus and provider qualifications. ODMHSAS received an IDTA grant to address

family drug court issues and is choosing to focus on ages 0-12. This will provide an opportunity to include potential policy changes which specifically support families with infants and young children.

**Reflective Supervision:** Currently planning intensive training in RC/RS with Janet Dean and OK-AIMH leadership that will be modeled after Learning Collaborative structure. This core group of 10 supervisors will lead groups with a 2nd tier of professionals who are seeking RS and have potential to be next cadre of providers if given this professional development opportunity. OK-AIMH plans to make significant use of videotape of the 10 core providing RS/C to their groups.

## **Rhode Island – RI-AIMH**

### **Fit Between IMH and other 0-3 Programs:**

Early Childhood Mental Health Consultation: During the past 5 years, RI has provided intensive Mental Health Consultation over a 12-month period to help 85 child care programs improve classroom quality and respond to and reduce behavior problems. The program evaluation shows a statistically significant improvement in classroom quality and improvement in expulsion rates, although average quality scores are still too low and expulsion rates are still too high. State leaders plan to re-design mental health consultation and incorporate it into the new statewide Center for Early Learning Professionals/Technical Assistance Center developed with Race to the Top – Early Learning Challenge funds.

Home Visiting: RI has had a newborn home visiting program, First Connections, for more than 25 years to provide immediate follow up with families after the birth of a child who screens positive for developmental risk. In 2008, RI won a federal Evidence-Based Home Visiting grant to bring the Nurse-Family Partnership (NFP) program to the state. The NFP program was launched in 2010 with funding from three state agencies. RI has been successful in winning two competitive MIECHV grants (one in 2011 and one in 2012) to expand access to evidence-based home visiting for vulnerable families with infants and toddlers, including NFP, Healthy Families America, and Parents as Teachers and to create a Home Visiting Network to share best practices. Workforce knowledge and competencies are being developed for the home visiting role; discussions have begun about how to integrate IMH competencies into this framework.

Child Welfare: In May 2013, RI held a statewide summit focused on Young Children in the Child Welfare System that was attended by more than 300 people, including the Governor and key legislative leaders. RI has won two competitive Early Childhood – Child Welfare grants from ACF to improve connections and enrollment of vulnerable young children in high-quality early learning programs. Further, child welfare is working to embed professional development opportunities for staff specifically targeting infant/early childhood mental health principles and practices.

Early Intervention/Part C : In RI, the Early Intervention programs serves more infants and toddlers than any other publicly-funded early learning program with 3,967 children receiving services in 2012 (12% of the total population of children under age three). Children in the four core cities, where the majority of children living in poverty reside, participate at a slightly higher rate (12%) than children in the remainder of the state (11%). RI has a cross-departmental, public-private Task Force actively working to improve implementation of the “CAPTA mandate” that all young children under age three who have been maltreated are referred to Early Intervention. As of November 2013, RI is changing eligibility criteria for the Early Intervention program and it will be important to ensure that children with multiple risk factors for developmental delays can be served by the program.

**Sustainability of Endorsement/Association:** In June, 2013, RIAIMH partnered with Bradley Hospital and RI DCYF to begin to address professional development gaps with respect to infant/toddler mental health by purchasing the Michigan Early Childhood Mental Health Competency Guidelines® that 1) provide a framework of knowledge, skills, and reflective practice requirements for the early childhood workforce and 2) generate a basis from which to establish quality standards for professional development opportunities. RIAIMH is working

with State and private foundations to seek funds to purchase the MI-AIMH Endorsement System (IMH-E®), including start-up technical assistance and administrative support, to create a viable system in RI to support infant/early childhood professional competencies.

**Strategic Planning.** In September, 2014, RIAIMH initiated a strategic planning process to address creation of an effective structure to maintain RIAIMHs current activities and prepare for expansion of influence across state programs and service sectors with respect to professional development, policy and advocacy initiatives. This process is designed to address board structure and governance, sustained funding, and reach into the community. The use of the Competency Guidelines® and proposed purchase of the Mi-AIMH Endorsement® is part of the planning process.

**Funding: (See Sustainability above)**

**Training (Higher Education):** Infant & Toddler On-Line Course: An online course was developed in RI, entitled, “Foundations for Infant/Toddler Social Emotional Health and Development: Provider Modules.” This course augments work completed by The National Infant and Toddler Child Care Initiative at Zero to Three. The Foundations course includes 16 computer-based learning modules in 3 sections: 1) Infant/Toddler Development; 2) Key Relationships for Infant/Toddler Development; and 3) Supporting Infant/Toddler Development: Approaches to Celebrating and Individualizing Care. The RI Department of Children, Youth and Families has offered this course to 200 child welfare staff and partner agencies. This course is being considered for required foundational training for the home visiting network (Department of Health) and Early Intervention (EOHHS).

**RIAIMH Conference:** RIAIMH has offered high quality full day conferences on a bi-annual basis geared toward cross-sector front line professionals working with infants, toddlers, preschoolers and families at risk for poor outcomes. For example, most recently (May, 2014) RIAIMH partnered with the RI chapter of the American Academy of Pediatrics to provide a conference entitled, “Early Brain and Child Development: Making Connections”, with Dr. Neil Boris as the keynote speaker. This was an important conference in that the 140 participants represented a wide array of the types of providers who routinely work with infants, toddlers and families at risk for poor outcomes. These included child welfare workers, early care educators, family court judge and legal personnel, pediatricians, social workers, psychologists, psychiatrists, early intervention providers, home visitors, and policy analysts. Together we learned to define toxic stress in early childhood and describe how relational neurobiology informs the understanding of toxic stress using the documentary film “Healing Neen” as a touchpoint, to describe how to use research on attachment to frame relationship assessment and intervention, to describe how interactive assessment and narrative interviews formalize treatment planning, and to describe the economic argument for early intervention.

**Rhode Island College**-undergraduate major in infant/toddler development. Initial courses are being taught as part of a major in early childhood development. RIAIMH is working with RIC faculty to include lectures on infant/toddler mental health.

**Community Collaboration:** TRI-lab. Brown University launched an innovative pilot program that brings together academic leaders, community professionals and students to engage with a complex social issue and develop and refine collaborative knowledge and potential solutions. The first TRI-Lab (TRI stands for Teaching, Research and Impact) began in 2013 with a focus on Early Childhood Development and is co-chaired by Elizabeth Burke Bryant from Rhode Island KIDS COUNT and Brown professor Stephen Buka. The effort is

attracting high level attention from the Brown administrators and the Brown Corporation. RIAIMH co-President, Aimee Mitchell, is actively involved with this project, which includes a focus on infants and toddlers at high risk.

**Successful Start**, RI's early childhood comprehensive systems initiative, is comprised of cross sector professionals in state and private settings, working for the health, education, and well being of children (0-8 years) and their families. In 2014, focus shifted to issues related to toxic stress and trauma informed care for vulnerable infants, toddlers and families.

**Policy Development/Systems Change: Zero to Three Infant/Toddler Policy Priorities Technical Assistance.** RI received a technical assistance award from Zero to Three supporting us to develop a clear and concise infant/toddler policy agenda with multiple stakeholders to help us knit together what is already going on, ensure that the needs of infants and toddlers (and families) are recognized, and identify/clarify key next steps for action. Rhode Island KIDS COUNT (lead organization on this grant) is planning to produce an Issue Brief with data and information on infants and toddlers in RI to be released at a Statewide Policy Roundtable in Fall 2014. A publication and event (which typically garner high levels of media coverage) may be an opportunity to release a shared, statewide infant/toddler policy agenda.

**Paid Family Leave:** In July 2013, RI became the third state in country to provide paid time off for parents to care for and bond with a new child (by birth, adoption or foster care placement) or to care for a seriously ill family member. The program is managed through the state's disability insurance program, managed by the RI Department of Labor and Training – an agency that has not been connected to early childhood development policy and programs. In other states, 80% of the claims are associated with a new child. Advocates are working to ensure equal access to the program for foster parents. This is a new program so significant outreach is needed to inform families, employers, and the public about the benefits for young children.

**Reflective Supervision: Under development.**

\*Some of the information provided was compiled by Leanne Barrett, RI KIDS COUNT, and other core team members, as part of RI's successful application for a Zero to Three Infant/Toddler Policy Technical Assistance initiative.

## **Texas - TAIMH**

**Fit Between IMH and other 0-3 Programs:** TAIMH works collaboratively with other agencies focused on 0-3. TAIMH received a contract from Health and Human Services to provide training on IMH, Social Emotional Development, and Family Engagement to all 33 MIECHV sites in Texas. TAIMH also received a grant to provide training incorporating IMH principles and practices to home visitors and child care providers in Dallas County. TAIMH is working with Parents as Teachers and Therapy 2000 (home therapy) to align the Endorsement® with their training and professional development programs. (See also Community Collaboration)

**Sustainability:** Endorsement® is growing in Texas! TAIMH set a goal for 40 home visitors to be endorsed. As of 9/14, we are on target to meet the goal. TAIMH has drafted a strategic plan for 2015-17; the plan specifically focuses on long-term sustainability. We will begin to look at offering tiered memberships to include training specifically targeted at different disciplines' CEU requirements (still focused on IMH). TAIMH will pilot webcasting regional trainings to other areas of the state in December 2014, and launch our online curriculum Oct/Nov 2014. All trainings will be linked to Endorsement competencies. TAIMH is currently working with a statewide home therapy agency to build in Competency Guidelines® and Reflective supervision at all staff levels. (See also Community Collaboration)

**Funding:** TAIMH is now the most stable financially as it has been since 2010. We have been successful in receiving operating grants to continue offering our training and advocacy efforts throughout the state. Additionally, TAIMH has received grants and contracts to train childcare and home visitor groups across the state. All training is linked to the Competencies® and would meet criteria toward Endorsement®.

**Training:** TAIMH will launch 10 online training modules in IMH principles and practices through Texas A&M University Agrilife Extension program. TAIMH is also on the University of Texas Dallas Advisory Board.

**Community Collaboration:** (New Collaboration for 2014) TAIMH has partnered with 3 local agencies in Dallas to bring attention to the importance of Early Childhood through 4 community events in 12 months. Using the *Raising of America* documentary series, TAIMH hopes to create meaningful dialogue that leads to meaningful action. TAIMH is a member of the Education Alliance for Young Children in Fort Worth and leads the subgroup on Professional Development. This group was formed through a League of Cities grant and is helping to support Early Childhood efforts across the city. TAIMH is also a member of the Texas Home Visiting Technical Institute Stakeholders working group, helping to identify training needs and competencies for home visitors. The intent is to link these competencies with the Competency Guidelines® and criteria for Endorsement®.

**Policy Development/Systems Change:** TAIMH is a part of the Governance Committee for the Educational Alignment for Young Children (EAYC) in Fort Worth. This group is focused on aligning systems to prioritize quality early learning experiences and promote smooth transitions across providers. A major pillar of the EAYC is workforce development. TAIMH is the co-chair of this committee. This group is working together to identify policy opportunities and needs at both a state and city level.

**Reflective Supervision:** TAIMH was able to include 24 hours of reflective supervision in the child care and home visiting training series (Dallas). TAIMH is working with Parents as Teachers to identify how to provide training and support to their reflective supervisors to improve quality of their reflective practice. Once PAT Reflective supervisors have been trained and are providing R/S as defined by the Endorsement, we hope to partner with their Reflective Supervisors to be offer in-person R/S in more locations across the state. TAIMH is also working with Theraplay 2000 to integrate Reflective Supervision into their agency at all levels.

## **Virginia- VAIMH**

**Funding:** Project S.E.E.D. (Social Emotional Education & Development) funded by Virginia Department of Social Services (VDSS) and the Virginia Department of Health (VDH) with Federal Early Childhood Comprehensive Systems (ECCS) grant funding, agreed to support 20 funded Endorsement® slots each year for the next 3 years covering all Endorsement® fees and 24 hours of group Reflective Supervision at levels I and II; and CSEFEL Infant and Toddler Pyramid Model training, individualized coaching and Learning communities offered to early childhood providers in 5 professional development regions in Virginia. Training assists in meeting many of the Endorsement® competencies for level I and some at level II.

Virginia Department of Health funded initial 3-year license for the EASy online Endorsement Application System after which the Virginia Association for Infant Mental Health (VAIMH) will pay the annual license fee. Since this is also Virginia's first year of endorsing candidates through Virginia, we will have an online record of all of our endorsed professionals and a much simpler process.

A 2nd meeting was held with the Department of Medical Assistance Services responsible for Medicaid in Virginia. We decided to first focus on ensuring we are fully maximizing the funding that is currently available under E.P.S.D.T. for infant and ECMH services. We determined we needed to provide case examples to DMAS of real children in Virginia (without identifying information) and the services needed & then the State E.P.S.D.T. Coordinator to crosswalk against the current billing codes. This will allow DMAS to see the type of services needed for children birth to five as well as allow providers to learn how they can be reimbursed for services. Will then partner with DMAS to train providers in Virginia. Working with the VAIMH and the Early Childhood Mental Health Advisory Board to identify the cases needed. A cover letter was written by the VAIMH President to accompany the case template form developed with DMAS for this purpose.

Reflective Supervision Collaboration with the Home Visiting Consortium using MIECHV funding, and ECMH funds provided by Department of Behavioral Health & Developmental Services Early Intervention, Virginia Department of Social Services Head Start State Collaboration Office and Virginia Department of Education Special Education (See Collaboration for more information).

An ECMH Institute established annually in May in recognition of Children's Mental Health Awareness month funded by DBHDS EI, VDOE. VDH, VDSS Head Start State Collaboration Office, registrations, Child Savers of Virginia. State ECMH Coordinator position continues to be fully funded by Early Intervention, VDOE and Project SEED. Virginia State Head Start Collaboration Office and Virginia Department of Education each provided additional one-time funds this year to assist with funding our efforts.

**Collaboration:** Virginia's first endorsement candidates were selected in April/May and started in June 2014! Each is assigned an Advisor who volunteered to do this from a mix of early childhood systems in Virginia & assigned a Reflective Supervisor endorsed via Michigan on behalf of Virginia. We have 24 people currently going through at levels I and II, and IV Policy. In addition, due to the availability of funding from Project S.E.E.D., members of the VAIMH, the ECMH Advisory Board and the ECMH Policy Work Group assisted in the development of a selection process for the 20 applicants that would receive the funding and also assisted during the selection meetings. **Project S.E.E.D.** (Social Emotional Education & Development) funds a total of 60 endorsement candidates at levels I & II over a 3 year period (20 per year) beginning with those selected this

year. The funding covers all endorsement fees including the application fee, portfolio review and 24 hours of group Reflective Supervision. **Healthy Families Virginia (HFV) Endorsement Pilot Project**-One HFV staff person is currently going through endorsement at the national, state, & local levels within one HFV program. The national TA provider, the State Training/TA Coordinator & the Executive Director over several HFV programs in northern VA are all pursuing endorsement at Level IV Policy. In addition, within one of the northern VA HFV programs, a supervisor is going through at Level II & a home visitor she supervises at Level I. Two of the staff are funded under Project S.E.E.D. Looking to see if this approach is more successful at supporting future HFV home visitors and supervisors as they pursue endorsement as well as fully integrate the endorsement into a system.

We are working with Kate Whitaker and Virginia's HF State Office to approve a Healthy Families Virginia Crosswalk of Required Training with the Competency Guidelines®. Work in progress but holds promise for assisting future HFV home visitors and supervisors in documenting more easily the training they receive through the HFV and HFA national training program and how to link to the Competency Guidelines® and the Endorsement®.

Reflective Supervision Collaboration with the Home Visiting Consortium- 32 Infant/Toddler Supervisors & Trainers will receive training beginning October 2014 on providing Reflective Supervision to their staff & other early childhood providers as part of a year- long training sponsored by the Home Visiting Consortium & the ECMH VA Initiative. Training will be provided by 2 national consultants (Dr. Doug Davies & Joan Shirilla) & trainees will be able to then provide Reflective Supervision in Virginia that meets requirements for the Infant Mental Health Endorsement. **Statewide IMH Competencies Training Project-The ECMH Policy & Endorsement Work Groups are partnering to identify training available in Virginia & online to help Level I&II endorsement candidates know where to go to get training. A template has been developed to be used to consistently collect the information needed now & for future training opportunities.**

**Policies/Infrastructure:** VAIMH leadership developed a White Paper for Virginia on Infant & Early Childhood Mental Health & why this is so important. We are using this paper in a variety of ways and for different purposes. Endorsement® is included in section on what we are putting in place to address needed supports & services in Virginia to support infants/toddlers & their families.

A decision was made to require Reflective Supervision for level I endorsement candidates under Project S.E.E.D. (See Funding for more information). Although only recommended under the Endorsement® requirements for Level I, we wanted to require it in order to receive the funding under Project S.E.E.D. for Endorsement® at Level I. In addition, it was decided to divide the funded slots for endorsement under Project S.E.E.D. by the 5 professional development regions identified for Virginia so we could grow the capacity for endorsement equally across the state in each of the 5 regions.

VAIMH leaders are working with the Department of Medical Assistance Services responsible for Medicaid in Virginia to look at ways to support reimbursement for Infant and Early Childhood Mental Health services and endorsed Infant Mental Health professionals as well as for expanding service options (See Funding section for more information).

VAIMH leaders working with Virginia Community Services Boards, partnering with the Child and Family Services Directors for the 40 Community Services Boards/Behavioral Health Agencies that receive state funding to provide mental health services in Virginia under the state Department of Behavioral Health and

Developmental Disabilities. Leadership developed a checklist that lists a variety of concrete options for ways they could support our ECMH Virginia Initiative with everything from providing free space for training or parent groups to providing additional ECMH services. Also did 2 presentations to group.

**Reflective Supervision:** Reflective Supervision Collaboration with the Home Visiting Consortium (See Collaboration section for more information) In addition, Dr. Doug Davies contracted to provide support to new Reflective Supervisors in Virginia as they provide RS to our new endorsement candidates.

VAIMH leadership decided to hold accepting applications for endorsement to 20 per year for the next 3 years in order to build capacity & the infrastructure to support a quality endorsement process for applicants & to purposefully identify key partners in assisting us in moving the endorsement forward in Virginia. As a result, several collaborations are in effect. See Collaboration Section for more information. Our new website is up and running: [www.ecmhva.org](http://www.ecmhva.org) which is recognized as the one place to go in Virginia for information on our state efforts, training opportunities, endorsement and VAIMH information, resources etc. In addition, we have funding to subscribe to Constant Contact as our method of communication with stakeholders in Virginia. Will use for newsletters, announcing training information under our funded projects, quick surveys etc.

## **West Virginia – WVA-ITMHA**

**Fit between Infant Mental Health and other 0-3 programs:** The early childhood systems of WV have been dedicated to improving the knowledge and skills of the work force related to social emotional development and competence. The WV Department of Education has been providing in-service training to preschool teachers and universal collaborative classroom staff on positive behavior supports since 2005. In 2010, WVDE and WV Birth to Three collaboratively made application for a grant from Technical Assistance Center for Social Emotional Interventions (TACSEI) to support the social emotional development of infants and toddlers in classroom settings and at home with their families. WV was the first state in the nation to implement the pyramid model practices in home-based settings. The grant was awarded and the pyramid model training has been provided to professionals from the following: WV Birth to Three (IDEA Part C), child care workers, Home Visitation Professionals, and Early Head Start/Head Start.

The Pyramid Model in West Virginia is practiced through three tiers. Tier One: Universal Practices - Identify and support early childhood providers in implementation of evidenced based practices that support all families in providing nurturing and supportive relationships and high quality environments. (Examples: universal developmental screening, providing families information on social emotional development and early literacy, identification of families at risk and provide linkages to community supports, developmentally appropriate activities and materials, support based home visiting, and welcoming classrooms, parent involvement, classroom expectations, etc.). Tier Two: Targeted Social Support - Support the implementation with fidelity of evidence based practices for children at-risk or who are experiencing developmental delays and their families through individual assessment, goal planning, intervention, data collection and progress monitoring. (Examples: coaching families, environmental arrangement, incidental teaching, visual strategies, friendship skills, problem-solving skills, emotional literacy, interest-based learning). Tier Three: Support the implementation with fidelity of intensive interventions for children with challenging behaviors using team approach. (Examples: Functional Behavioral Assessment and Positive Behavior Planning)

Infant Mental Health is also woven throughout the HFA program standards and Endorsement® is recommended for new hires. This is from our current standards: HFA employs an infant mental health approach in which services are relationship focused, strength-based (building on parental competencies), culturally sensitive, and are anchored to the parallel process during interactions with families. HFA home visitors develop healthy relationships with families and an alliance with parents to support them in responding sensitively in a nurturing manner with their young children.

**Sustainability of endorsement:** There is support in WV to not only implement the Endorsement® system but to sustain the system as well. The Association is currently looking at ways to support candidates as they continue through the Endorsement® process. The Competency Guidelines® and Endorsement® system have been of interest for many years and the state is committed to integrating the competencies into systems throughout West Virginia.

**Funding:** Initial funding for the newly established WV Infant Toddler Mental Health Association has been provided through the TEAM for WV Children, the WV Early Childhood Advisory Council and the Early Childhood Systems Grant. The Association has discussed a variety of other means to ensure continued funding for the endorsement process as well as supporting the functioning of the Association.

**Training (Higher Education):** The concept/theory of positive behavior support was developed by Dr. Donald Kincaid during his tenure with the Centers for Excellence in Disabilities with WV University. Therefore, there has been a long-standing focus on social emotional development. There has been some implementation of pre-service trainings through the institutions of higher education. It is believed that this has primarily occurred through schools of education. This training has focused on supporting individuals with challenging behaviors via a positive behavior support approach. WV Higher Education Institutions have also developed programs for developmental psychology, Behavioral Science, Social Work that prepare individuals to support children and families with social emotional needs. The Early Childhood Advisory Council Higher Education Committee is developing an Associate Degree in Applied Science with Emphasis in Early Childhood Education. Lastly, the state has purchased the Blackboard platform and are in the process of developing collaborative online training opportunities. This platform will be used to host training that will be relevant to the Infant Toddler Mental Health Association and Endorsement.

**Community Collaboration:** WV has a long history of collaboration across the early childhood systems. One example of this collaboration is the success of the state early childhood conference held each February, since 1998. Over the years this conference has grown and expanded from the traditional early childhood perspective to include higher education, school based practitioners and content focuses on a wide variety of topics supporting the menagerie of needs experienced by children and families. In addition, there are Early Childhood Collaboratives in many counties throughout the state. The groups are all very different but are made up of service providers and community members who care about and/or work with the 0-3 population.

**Policy development /systems change:** With the awarding of the TACSEI grant and state focus on social emotional development and supporting challenging behavior, there have been many discussions on the need for systems change to more effectively support children and families. Of course this includes ensuring that policies are developed to support the work necessary to address the needs of systems, practitioners and families. The identification of these needs is one of the reasons WV was prompted to explore the development of an Infant Mental Health Association and implement the use of core competencies to ensure high quality supports and services are available. The West Virginia Early Childhood Planning Task Force has released their draft Development Plan for West Virginia's Early Childhood System. The Goals contained in the draft Development Plan support a variety of ongoing efforts in West Virginia's Early Childhood System.

**Reflective supervision:** Reflective supervision is occurring in WV, on a small scale. The Home Visitation Program in WV has been implementing reflective supervision very successfully. The Home Visitation Program ensures weekly individual supervision with every home visitor and monthly with supervisors. The West Virginia Home Visitation program holds a quarterly Reflective Supervision meeting with Maternal Infant Health Outreach Workers and Parents As Teachers Parent Educators. The meeting is planned and facilitated by the Healthy Families State Leader. The group's purpose is to support and learn from each other as programs implement and strengthen reflective supervision practices. The program also has coaches who work individually with the program leaders in between the quarterly meetings.

While other early childhood partners are certainly aware of the concept, none are implementing, certainly not to the extent of the Home Visitation Programs. This is an area where great discussion has occurred, recognizing the need for professionals to have this opportunity to reflect upon their practices with families as well as building upon their skills. Great interest has been expressed to have trainings available across the early childhood system to build the level of skill in all partner programs.

## **Wisconsin – WI-AIMH**

**Fit Between IMH & Other 0-3 Programs:** From the inception of WI-AIMH the goal was not to create an additional silo, but rather to integrate infant mental health practices and principles into multiple systems and disciplines that support infants, young children and their families

**Sustainability: Endorsement:** Currently, there are 18 Endorsed® professionals and 20 in process. The numbers are slow, but there is a consistent increase in the number of Endorsed professionals. 2-5 applicants complete portfolio each deadline. Currently, there are 8 reviewers with plans for increasing the numbers and providing support/training for the new reviewers. Targeted Outreach/Support to encourage applications from state-funded home visiting staff and IMH consultants (with grant funding for fee waivers; Levels I-III), Registry Infant-Toddler credentialed Child Care providers, UW-Madison Infant, Early Childhood, and Family Mental Health Capstone Certificate Program Fellows and Mentors, WI-AIMH board members. Building capacity for professionals to provide/receive Reflective Supervision/Consultation (see below)

**Association Development:** Our association hired a new executive director, Lana Nenide. There has been some restructuring and growth of the agency. Our current positions include: Full Time Strategic Operations Manager; Full time Community Outreach; Half time Clinical Specialist; Increased Time for Administrative Assistant, Part Time Accountant. Board Membership increased from seven members to eleven members.

**Funding:** We receive funding from the WI Department of Children and Families, WI Department of Health Services, Race to the Top through CESA 11, Private Donations, Annual Conference/Training Institute, Training and Consultation Services, and Membership/Endorsement Fees:

**Training/Higher Education:** Our association has collaborations with UW-Madison Infant, Early Childhood, and Family Mental Health Capstone Certificate Program: 5<sup>th</sup> cohort of fellows started their 13 months study at the WI-AIMH Summer Institute in June of 2014. **Child-Parent Psychotherapy (CPP)** - Collaboration with UW-Madison Psychiatry, Children's Hospital Milwaukee, and the Department of Human Services to bring national trainers for 30 clinicians statewide to become trained CPP and build capacity for continued trainings with 2 in-state trainers. **Caring for (Young) Children Who Have Experienced Trauma** – Collaborating to adapt a National Children's Traumatic Stress Network curriculum to match development and needs of children birth through 5 (8-week series workshop for biological and foster parents), will provide workshops to pilot communities and train professionals to deliver curriculum in their local communities. **Pyramid Model** for social and emotional competence: training and implementation support for professionals and parents on evidence-based strategies to support social and emotional competence and reduce challenging behaviors

**Community Collaboration:** Outreach via newsletter, social media, listserv to share information, create networking opportunities, and raise awareness. Wisconsin also holds a state-wide Infant and Early Childhood Mental Health Conference. In 2014, the Conference had 220 participants, and offered 2 keynote addresses and 27 workshop sessions (90 minutes or 3 hours). WI-AIMH facilitated Parents Interacting with Infants (PIWI) groups in inner city Milwaukee in collaboration with SaintA- one of the largest providers of family-centered care, mental health and education services and the leader of trauma - informed care in our state. An article summarizing the experience was published in the Zero to Three Journal (July 2014). Examples of Collaboration with Individual Communities: Chippewa County—WI-AIMH staff worked with a multi-disciplinary group of community members to form an IMH task force and to host an IMH Summit which

generated Awareness Workgroups, Wauwatosa Public Health– WI-AIMH staff presented information to public health nurse group, resulting in a collaborative effort to include IMH materials in all new baby hospital packets, Central Wisconsin – Child caring – WI-AIMH staff presented a series of multi-disciplinary regional professional development events focused on the importance of early relationships, organized by regional resource and referral agency.

**Policy Development/Systems Change:** WI-AIMH facilitates Infant/Toddler policy group - charged with determining a number of key recommendations to build a coordinated and focused effort to improve outcomes for infants and toddlers in Wisconsin. WI-AIMH co-coordinates implementation of the Pyramid Model and currently has a voice at the following state level policy meetings: Governor’s Early Childhood Advisory Council- a group of private and public leaders from the for-profit, non-profit and government sectors charged with building a comprehensive strategic approach to address the needs of young children and families, Children and Youth Committee of the WI Council on Mental Health, Safe Schools Healthy Students State Advisory Team: Four-year project is designed to create safe, supportive schools and communities and mentally healthy students by implementing the Safe Schools/Healthy Students model in three selected Wisconsin communities and at a statewide level, Fulfilling the Promise Conference Advisory Committee: Planning committee for state-wide Home Visiting Conference, Early Learning Coalition: Group of influential Early Childhood Stakeholders in Wisconsin, Children’s Mental Health Matters Coalition: Promotes awareness of children’s mental health in Wisconsin, Wisconsin DEC Executive Board: State board for Council for Exceptional Children- Division of Early Childhood subdivision / state chapter, WI Trauma Informed Care Advisory Committee – creating guidelines for organizations to assess how their policies/practices align with TIC practices and methods for changing practices , Children’s Trust Fund Adverse Childhood Experiences and Trauma Workgroup – being a voice for the infant and early childhood mental health field with regard to spreading awareness about ACEs and responding to WI specific research findings, *Early Childhood Comprehensive Systems (ECCS)* - Supporting state early childhood agencies to integrate trauma informed and responsive systems of care; 6 Community Awareness Events across the state to promote fostering early social emotional development through systems of care; selection of 3 communities to receive targeted supports and professional development activities, Well-Being Specialty Court (i.e. Baby Court) Workgroup – design and roll-out a specialty court model that utilizes evidence-based practices to strengthen parenting and promote healthy development in infants, toddlers and preschoolers (age zero to five) in the WI child welfare and court systems. WI-AIMH Executive Director has addressed the Wisconsin legislative council’s committee on supporting healthy brain development. Some of the recommendations (Continuity of care, Pyramid Model implementation, information to parents on the importance of early years and first relationships) made it into the memo and will be considered in policy development. WI-AIMH is one of the key partners in bringing Neurorelational Framework (NRF) to Wisconsin. NRF will help families and professionals recognize the negative impact of toxic stress on brain develop while providing concrete solutions for providers and caregivers to effectively use relationship-based interventions to buffer the effects of stress. Using the NRF to help connect systems of care within a community to provide more effective and quality services to young children and their families.

**Reflective Supervision:** Wisconsin has continued integrating Reflective Practice into state-funded Home Visiting, expanded from 11 to 14 programs, statewide. Reflective Consultation to support Home Visiting Programs – direct service providers, supervisors, and administrators involved (over 160 staff). Mentorship from IMH-E (IV) Clinical for IMH Consultants to prepare for Level III and IV (11 consultants, 7 mentors). We are developing (with partners) a model for building capacity for reflective practice within a system: communicating

with new systems who have an interest in providing foundational RSC training/presentation to spread awareness, develop interest, and provide realistic expectations for individuals and organizations, and bringing in national experts such as Linda Gilkerson and Mary Claire Heffron (in collaboration with UW-Milwaukee Home Visiting and Child Welfare Training Partnership) using the FAN as an approach for Reflective Supervision/Consultation and working with families (70+ participants, with built in follow up supports for selected participants) as well as Barbara Stroud shedding light on culturally considerations for reflective practice (reaching over 200 professionals) .