

A GRASSROOTS APPROACH TO CHANGE: 2012 LEAGUE COMPETENCIES & ENDORSEMENT ACTIVITY SUMMARY

Created over a 10-year period by professionals from multiple disciplines and backgrounds and launched in 2002, the MI-AIMH Competency Guidelines® and the MI-AIMH Endorsement® have had a significant impact on policies, practices, higher education, training and research promoting infant mental health. By 2012, fourteen states and one large children’s agency have entered into licensing agreements with MI-AIMH to adopt the competencies as standards for culturally sensitive, relationship-focused practice in the infant and family field and to recognize professional competency through endorsement. The following chart offers specific examples of the impact that the use of the Competency Guidelines® and the Endorsement® has had on the promotion of infant mental health, for individuals and systems, in Michigan and participating states.

	POLICIES	PRACTICE	HIGHER ED
MICHIGAN	<p>Michigan Medicaid requires every provider of community mental health home-based IMH services for the 0-3 population to be endorsed at Level II, minimum, Level III, preferred, in order for program to receive Medicaid reimbursement. The CMH agencies must support staff to participate in specialized IMH training, and make provisions for reflective supervision (RS) as required for endorsement.</p> <p>Impact: A systematic plan for recognition of competency is linked with \$\$ for program revenue.</p> <p>Impact: Individual CMH agencies in Detroit/Wayne County award stipends (\$3,000) when staff earn endorsement.</p> <p>Impact: Employers list endorsement as “preferred” or “required” in new job postings for positions in CMH agencies; promotion to supervisory positions linked to professional competency.</p> <p>Impact: # individual community mental health professionals in Detroit/Wayne county CMH agencies endorsed = 45</p> <p>Impact: # individuals throughout Michigan, across all levels and disciplines, endorsed = 500</p>	<p>All community mental health home-based program staff in Michigan must serve the full age range (0-18 years), including children 0 -3 and families from an IMH service model.</p> <p>Impact: Agencies that did not previously serve children 0-3 years of age and families for home-based services required to expand their services in to serve this age group.</p> <p>Impact: Community mental health system develops new guidelines for access criteria for children 0-3 and their families to better assure enrollment in IMH home-based services.</p> <p>Impact: Detroit-Wayne County Community Mental Health Agency invests \$1 million annually, beginning in 2007, to expand number of IMH programs in CMH agencies across the county; IMH staff providing IMH services expands to 50 practitioners across county; System allocates \$\$ each year for IMH practitioner training and reflective supervision in each agency to meet the criteria as specified in the MI-AIMH Endorsement.</p>	<p>Wayne State University establishes a dual title degree in infant mental health for graduate students in social work, education & nursing,, extending the Graduate Certificate in Infant Mental Health.</p> <p>Michigan State University program aligns interdisciplinary graduate program in Infant Studies to reflect the competencies.</p> <p>UM “mini-courses” in School of Social work offered to introduce graduate students to infant mental health practice.</p> <p>Madonna University, Dept. of Psychology, offers Infant observation course and an IMH specialization, as well as individual and group reflective supervision specific to their observations and direct services to families.</p> <p>Impact: Universities in Michigan develop specialized programs and individual courses that introduce graduate students in psychology, early childhood, nursing, family studies, and social work to the field of infant mental health, expanding and preparing the work force to promote and/or provide infant and early childhood mental health services.</p>

	ASSOCIATION DEVELOPMENT	PRACTICE	HIGHER ED/PROFESSIONAL DEVELOPMENT
WISCONSIN	<p>Wisconsin Alliance for Infant Mental Health (WI-AIMH) begins under an existing umbrella organization - 2001</p> <p>WI-AIMH leads a state wide effort to develop an IMH plan involving public and private sectors from across disciplines - 2002-2003</p> <p>IMH Plan identified in Governor's Kid's First Agenda; leads to increased awareness of IMH among State Departments - 2004</p> <p>Secure funding for various IMH activities from a variety of state agencies- 2005 - present</p> <ul style="list-style-type: none"> -MH consultation -Reflective supervision groups - Pyramid Model implantation <p>WI-AIMH becomes own independent 501 C 3 non-profit organization-2010</p>	<p>WI-AIMH receives Public Health Early Childhood Comprehensive System Development Grant and funds are used to develop an integrated early childhood system integrating IMH practices into day to day activities of providers working with infants and young children - 2008 - present</p> <p>Wisconsin receives a technical assistance grant to implement Pyramid Model with WI-AIMH serving as a lead in development - 2009</p> <p>Part C ARRA: funds secured to support Pyramid Model implementation and IMH training (2010 & 2011)</p> <p>Wisconsin State Child Care: implementing a quality rating system (Young Star). "Points" gained through social-emotional competence. Aligning Level I competencies with Registry Infant and Toddler credential. (2011)</p> <p>Integrating reflective practice into home visiting sites with senior consultants providing mentorship to consultants in training (2012)</p>	<p>University of Wisconsin offers a two credit video course on IMH - 2005</p> <p>Mental Health Block Grant and Children's Trust Fund allocate funding to purchase the Competency and Endorsement from Michigan - 2007</p> <p>University of Wisconsin: establishes a post graduate Infant, Early Childhood and Family Mental Health Certificate Program with 2 tracks Advanced Clinical Practice and a Foundations aligned with competencies at Level II and Level III providing intensive, year-long training for infant and family professionals from multiple disciplines across state (2010)</p> <p>Department of Children and Families: used Competency Guidelines® to develop a training plan for home visitors; will support and require reflective supervision with the intention of requiring endorsement for home visitors and supervisors to assure work force development and quality. (2011)</p>

	TRAINING	REFLECTIVE SUPERVISION	ASSOCIATION DEVELOPMENT
ALASKA	<p>AK-AIMH has organized its first cohort of 6 IMH practitioners from across the state to be endorsed at Levels 2 and 3 through MI-AIMH in March, 2013. Currently there are no IMH practitioners in AK who have been endorsed through MI-AIMH or a League state.</p> <p>The State of Alaska is supporting grants in the largest three communities (Anchorage, Juneau, Fairbanks) to provide the “learning network” activities of providing training around ECMH issues and interventions. The State supports the annual statewide ECMH Institute which attracts 150-200 participants each year and additionally provides training internally and externally upon request. AK-AIMH is involved in the planning of the Institute around inclusion of the IMH Competencies.</p> <p>AK-AIMH members presented at the Alaskan Lives Conference and will be a partner with the AK Play Therapy Association, AK Counseling Assoc. and AK Marriage and Family Therapy Assoc. in future years.</p>	<p>The State of Alaska is supporting the facilitation of three Reflective Facilitation groups in Anchorage, Juneau and Fairbanks. These groups are intended for providers from a variety of disciplines who are interested in endorsement. The goal is to help build the infrastructure in the state for the provision of RS by local experts.</p> <p>In addition to recipients of the State grants, AK-AIMH is working with infant mental health professionals who fall outside of the grant parameters (independent practitioners) and/or catchment areas by organizing 2 RSC groups via teleconference and Skype with L4 endorsed practitioners from outside the state.</p>	<p>AK-AIMH is working with the State of AK on the transfer of the license for the competencies to AK-AIMH. The competencies were purchased by the State in 2010 on behalf of the AK-AIMH but the transfer process has been delayed.</p> <p>After a lengthy wait, AK-AIMH received 501(c)3 status from the IRS. Unfortunately the IRS will not allow AK-AIMH to engage in endorsing practitioners at this time and is encouraging a separate endorsing entity under a 501(c)4 or 501(c)6. AK-AIMH continues to work toward the goal of implementing the competencies and purchasing the endorsement but will have to extend the previous timeline of acquisition. AK-AIMH has sought legal opinion on how to proceed and is making efforts to work with the IRS determination to plot a course of action that includes endorsement. This IRS decision may impact other potential League states in the future.</p> <p>As far as governance, the board has increased its number of directors from 9-12 members. A website has been established and one of the current main goals of the association is to increase membership and fundraise.</p>

	TRAINING	PRACTICE	REFLECTIVE SUPERVISION
ARIZONA	<p>ITMHCA has an active training calendar, scheduling one to two training sessions per quarter.</p> <p><u>Impact:</u> Additional early childhood practitioners, including child care providers, home visitors, and mental health clinicians receive specialized training.</p> <p>ITMHCA sponsored a 2-day training on using the DC: 0-3r. Twenty-nine clinicians attended the interactive sessions conducted by Debbie Reno-Smith. A follow-on group meets every other month to keep skills sharp.</p> <p><u>Impact:</u> Clinicians working with I/T have gained valuable diagnostic skills.</p>	<p>Infant Mental Health Endorsement Competencies are included in review and adoption of work force competencies for early childhood system providers, specifically child care and home visiting workers (including those funded under the MIECHV federal grant).</p> <p><u>Impact:</u> The Arizona system of care promotes competence in infant mental health principles and practices for the professionals who specialize in infant-family practice.</p>	<p>The recognition of and need for Reflective Supervision for practitioners in the early childhood system is gaining ground. Program Requests for Proposal at state and organizational levels are including requirements for consultants to provide RS and for programs to offer RS to employees.</p> <p><u>Impact:</u> Employee retention will improve with the support provided thru Reflective Supervision; quality of work for I/T and families will improve not only due to staff consistency but also staff quality.</p>

	POLICIES	PRACTICE	HIGHER ED
<p>COLORADO</p>	<p>The Colorado Division of Behavioral Health strongly recommends that any professional holding the state-funded position of Early Childhood Specialists achieve Endorsement at L3 or higher.</p> <p>Impact: Creates an expectation of competency and expertise within a state division</p> <p>Impact: Dollars allocated by state for IMH training, supervision and Endorsement to build capacity to work within established guidelines and meet criteria for endorsement</p> <p>Impact: First state sector to identify Endorsement as an important system for establishing competency, and thus serve as an example for other state departments whose professionals serve the infant/family clients.</p>	<p>Cadre of Reflective Supervisors is established and a registry with guidelines and contact information is published on the CoAIMH website.</p> <p>Impact: Access to reflective supervisors is supported through the organization which is seen as a central location for information, training and support</p> <p>Impact: Practitioners further develop their skills and competency through reflective supervision which eventually leads to a greater pool of Endorsed individuals providing high quality IMH services to children & families.</p>	<p>The competencies were taken into consideration in the development of our state's P-3 Early Childhood Educator standards and competencies plan. The plan was crossed walked to existing systems to show alignment between the two sets.</p> <p>Impact: Visibility to the existence and scope of the competencies for key early childhood state partners.</p> <p>Impact: Having the competencies used as part of the foundation of core knowledge and standards in an overarching document that will be used across the state for professional development allows for infant/family mental health practices to have early inclusion and validity. Teachers, providers and administrators referencing the P-3 plan will have a shared theoretical framework that addresses quality infant-family practice.</p> <p>Impact: The newly rolled out P-3 system will include IMH promotion and prevention practices and increase the competency of professionals who specialize in infant-family services.</p>

<p>COLORADO</p>	<p>The Colorado Division of Behavioral Health strongly recommends that any professional holding the state-funded position of Early Childhood Specialists achieve Endorsement at L3 or higher.</p> <p>Impact: Creates an expectation of competency and expertise within a state division</p> <p>Impact: Dollars allocated by state for IMH training, supervision and Endorsement to build capacity to work within established guidelines and meet criteria for endorsement</p> <p>Impact: First state sector to identify Endorsement as an important system for establishing competency, and thus serve as an example for other state departments whose professionals serve the infant/family clients.</p>	<p>Cadre of Reflective Supervisors is established and a registry with guidelines and contact information is published on the CoAIMH website.</p> <p>Impact: Access to reflective supervisors is supported through the organization which is seen as a central location for information, training and support</p> <p>Impact: Practitioners further develop their skills and competency through reflective supervision which eventually leads to a greater pool of Endorsed individuals providing high quality IMH services to children & families.</p>	<p>The competencies were taken into consideration in the development of our state's P-3 Early Childhood Educator standards and competencies plan. The plan was crossed walked to existing systems to show alignment between the two sets.</p> <p>Impact: Visibility to the existence and scope of the competencies for key early childhood state partners.</p> <p>Impact: Having the competencies used as part of the foundation of core knowledge and standards in an overarching document that will be used across the state for professional development allows for infant/family mental health practices to have early inclusion and validity. Teachers, providers and administrators referencing the P-3 plan will have a shared theoretical framework that addresses quality infant-family practice.</p> <p>Impact: The newly rolled out P-3 system will include IMH promotion and prevention practices and increase the competency of professionals who specialize in infant-family services.</p>
	<p>TRAINING</p>	<p>REFLECTIVE SUPERVISION</p>	<p>COLLABORATIONS</p>

	TRAINING	FUNDING	ASSOCIATION DEVELOPMENT
TEXAS	<p>TAIMH has developed a training series that is being duplicated throughout the state. The training is based on our curriculum: <i>Teaching and Training in Child Care on Infant Mental Health</i>. The curriculum is being used to train child care providers and has been adapted for CPS staff as well. The trainings have typically been offered through a grant, so they have been free to participants but they cost approximately \$300/person for a group of 30. Each trainee receives 24 hours of training (offered in a series—usually six 4-hour trainings), free CEUs, a notebook with handouts, one year membership with TAIMH and endorsement fees are covered if they choose to apply. The training covers about 80% of the competencies for endorsement and teaches participants about IMH in a relationship-based way.</p> <p>Impact: A systematic way to comprehensively train individuals on infant mental health.</p> <p>Impact: Individuals are incentivized to apply for endorsement.</p> <p>Impact: More and more agencies and individuals are learning about the endorsement system and TAIMH.</p>	<p>TAIMH has been successful in being funded by several different foundations in Texas, both for operational funds and for training. Most of the grants were secured with economic and statistical arguments about the importance of investing in very young children and their families. TAIMH executive director, Susan Craven, applied and was asked to be featured on the Laura and John Arnold Foundation Giving Library. The Giving Library allows donors from around the country to compare and contrast organizations in order to pick the best fit for their financial support.</p> <p>Impact: TAIMH has exposure to donors and foundations across the country.</p> <p>Impact: Training grants allow TAIMH to maximize its impact in communities without depleting general operating funds.</p>	<p>TAIMH now has active chapters in Houston, San Antonio, Lubbock, Austin, Fort Worth and Corpus Christi. Houston and San Antonio just finished their paperwork this fall. Each of the chapters is run a little differently, but each chapter meets at least quarterly and provides free training and CEUs. Two of our chapters also hold their own conference and bring in speakers from around the country. Each chapter has at least 20 members and also has representation on the TAIMH Board of Directors.</p> <p>Impact: More professionals can access high-quality infant mental health training and networking.</p> <p>Impact: TAIMH has more exposure around the state to gain more members and more influence in the field of early childhood in Texas.</p> <p>Impact: TAIMH can promote and support many more events and policy movements with expanded support across the state to help with logistics, fundraising and information gathering.</p> <p>Impact: TAIMH can keep a more statewide perspective with board members representing different communities and cultures in Texas.</p>

--	--	--	--

	COLLABORATION	REFLECTIVE SUPERVISION	FUNDING
IDAHO	<p>AimEarlyIdaho is working with a multi-agency group to crosswalk the training from the Center on the Social and Emotional Foundations for Early Learning (CSEFEL) (focused on promoting the social emotional development and school readiness) with the Infant Mental Health Competencies. Alaska has given us a copy of their draft crosswalk (thank you Alaska!).</p> <p>Impact: Encourage and support child care providers to work towards endorsement.</p> <hr/> <p>AimEarlyIdaho sponsors an infant and early childhood mental health track during the bi-annual Early Years Conference. This year we are also hosting a noon panel to update participants about infant mental health programs, education, etc.</p> <p>Impact: Reinforce the importance of infant and early childhood mental health and network with other professionals.</p>	<p>Endorsed members continue to provide reflective supervision via Skype, telephone, and face-to-face across the state.</p> <p>Impact: Support development of skills toward endorsement.</p> <hr/> <p>AimEarlyIdaho has a contract with a regional Migrant/Seasonal Head Start program to provide reflective supervision. This is a new home visiting program in which we have also provided reflective practice training.</p> <p>Impact: Support the home visitors to understand and practice infant mental health and guide them in their pursuit of endorsement.</p>	<p>Idaho Head Start Collaboration supported AimEarlyIdaho in bringing a speaker to Idaho to present on Infant Mental Health in 3 locations across the state.</p> <p>Impact: More than 180 professionals attended the courses and we were able to increase our membership by 40 individuals.</p>

	COLLABORATIONS	TRAINING	RESEARCH
INDIANA	<p><u>Head Start</u>: Head Start financially supported our Annual Conference, titled Infants and Young Children and the Courts. In addition to HS, we partnered with the newly formed Indiana Chapter of Conciliation and Family Courts. Funding supported the annual conference, two additional conferences, and fact sheets on court systems.</p> <p>IMPACT: Over 100 people attended the first conference. Fact Sheets will be on the website and the two additional conferences should impact another 100 to 200 people in other parts of the state. We are continuing to work with the IACFC group.</p>	<p><u>Early Childhood Mental Health Intensive</u>: This partnership with Division of Mental Health and Addiction provides 48 hours of face to face training in infant/early childhood mental health for child and adolescent trained community mental health professionals along with some supervision. DMHA is now supporting the 3rd cohort of this program.</p> <p>IMPACT: We now have 22 additional providers at CMHC across the state who have at least baseline training in I/ECMH. There are 18 enrolled in the 2012-2013 cohort. We are working to support those that have received this training and supervision to explore their eligibility for Endorsement.</p> <p><u>Indiana State Department of Health and Department of Child Services</u>: Through our partnerships with Sunny Start, Indiana's Early Childhood Comprehensive System Grant, we have completed several new training efforts and received support for eligible providers to participate in Endorsement. Training was provided to a group that works with pregnant and parenting teens and to home visitors.</p> <p>IMPACT: We continue to work with those eligible for Endorsement to complete their application. Training sessions were developed and can be used with other groups. Trainers for these groups were selected from our emerging leaders, resulting in some mentoring for those individuals.</p>	<p>We received funding from ISDH Sunny Start to conduct a survey/ environmental scan of IMH and the Child Welfare system. Four vignettes were developed to represent common experiences of young children who have court involvement. Email requests were sent to representatives of state agencies including First Steps, Head Start, Bureau of Child Development, Department of Child Services, Division of Mental Health and Addiction, and to other involved partners including foster care agencies, CASA and Guardian Ad Litem representatives, and individual mental health professionals. Just over 150 people completed the Survey Monkey study. Results indicate good knowledge in some areas; need for additional training in others.</p> <p>IMPACT: We understand more about how our DCS and other workers think about trauma experiences in infancy and early childhood. This will serve as a good starting point for future discussion.</p>

	TRAINING	REFLECTIVE SUPERVISION/CONSULTATION	ASSOCIATION DEVELOPMENT
MINNESOTA	<ul style="list-style-type: none"> • Partnered with state association of family & early educators to provide of 8 workshops on parental mental health and the social-emotional development of children in 8 locations around MN for multidisciplinary audience • Endorsed members are offering trainings to expand awareness of infant mental health and related topics, e.g. training series on <i>Family Home Visiting in the Context of Risk: An Integrated Learning Series about Trauma and its Implications for Home Visiting</i> presented live and by ITV across state with facilitated regional small group follow-up • Infant and early childhood topics well represented in state children's mental health conference 	<ul style="list-style-type: none"> • Contracted with MN Dept of Health to help with federally funded expansion of their reflective supervision mentoring and IMH consultation to home visiting programs. • Updated "best practice guidelines for RS/C" 	<ul style="list-style-type: none"> • Developed association "guiding principles" • Representation to state efforts on behalf of infants, toddlers and families, e.g. "Prenatal to Three Advisory Group" • Endorsement system is being embedded in several state-funded initiatives, e.g. the Infant and Early Childhood Mental Health certificate program, and expanded reflective supervision/consultation initiative by MDH. • Continuing to explore funding options to support the Association which currently has no consistent funding stream

	POLICIES	PRACTICE	HIGHER ED
NEW MEXICO	<p>IMH Treatment Service Definition: New Mexico Children, Youth and Family Department approves new treatment service definition requiring endorsement at L3 or L4 clinical for independently licensed mental health professionals to bill to provide their services to non-Medicaid eligible infants and toddlers who meet a definition for Seriously Emotionally Disturbed or At-Risk for Serious Emotional Disturbance</p> <p>Impact: Established criteria for IMH work force to receive reimbursement for service provision to non-Medicaid eligible infants, toddlers and families</p> <p>Impact: Dollars allocated by state for IMH training for independently licensed mental health professionals to build capacity to work within established guidelines and meet criteria for endorsement</p> <p>Additional IMH service definitions are under development that will require L2 or higher endorsement and help establish a continuum of IMH care.</p> <p>Impact: The NM Children’s Behavioral Health system will provide quality preventive intervention and treatment services that are provided by competent, professionals who specialize</p>	<p>New Mexico Children, Youth and Family Department establishes new services within the mental health system for children 0-3 years and their families who meet the definition as Seriously Emotionally Disturbed or At-Risk for Serious Emotional Disturbance</p> <p>Impact: Services created that were not available previously</p> <p>Impact: Work force criteria established for independent licensed mental health professionals to receive reimbursement for services to non-Medicaid 0-3 and families</p> <p>Impact: Greater capacity to meet needs for IMH services with qualified mental health staff</p> <p>The training and technical assistance program for state-funded home visiting services uses the competencies as the framework for professional development.</p> <p>Impact: The NM system of care includes IMH promotion and prevention services that are provided by competent professionals who specialize in infant-family practice.</p>	<p>The competencies have been integrated into Associate- and Bachelor-level courses designed to be delivered through distance learning throughout the state to early childhood education practitioners who will or currently work in home-based settings with families of infants and toddlers.</p> <p>Impact: A more specialized infant-family work force is being established, using a shared framework that defines best/competent practice for working directly to support parent-infant/toddler relationships and optimal development in non-group care settings.</p> <p>Impact: State- and Federally-funded home visitors, IDEA, Part C Developmental Specialists, and Early Head Start Home-based teachers who take these courses have a shared theoretical framework that addresses quality infant-family practice.</p> <p>Impact: The NM system of care will include IMH promotion and prevention services that are provided by competent professionals who specialize in infant-family practice.</p>

	in infant-family practice.		
	COLLABORATIONS	PRACTICE	HIGHER ED
OKLAHOMA	<p>Ongoing partnership with Oklahoma City Community (OCCC) College to provide office space for OK-AIMH. Through this partnership Endorsement related training and support is provided to OCCC child development staff. With OCCC's vision of creating a village to care for families of promise, the possibility of developing additional relationships is possible.</p> <p>Headstart Collaboration: Discussions are currently underway with Headstart to support training of community partners, Endorsement and infant and early childhood mental health.</p> <p>State Medicaid: Discussions continue for appropriate services for 0-3, provider competency, and reimbursement.</p>	<p>Child Abuse Prevention Organization in Tulsa secured grant funded position to create an Infant Mental Health Community Consultant position in Tulsa serving to facilitate best practices in IMH across the systems. Areas of focus include Child Care, Primary Care, Child Welfare, Legal Community, Higher Education, and Mental Health Providers.</p> <p>Overall Impact: Full time position devoted to connecting initiatives that are operating in silos, or whose efforts are not coordinated with other parts of the system.</p> <p>Child Care Impact: Offering Child Care Directors interested in Endorsement an opportunity to receive Reflective Consultation.</p> <p>Child Welfare Impact: Engaging in review of core training curriculum to identify areas of competencies not addressed in current training.</p> <p>Mental Health Providers Impact: Currently training first cohort of 25 local providers in Child Parent Psychotherapy.</p> <p>Primary Care Impact: Initiated consultation with University of Colorado Children's Hospital to explore how they have embedded IMH practice into primary care setting in hopes of replicating aspects of this model in Primary Care in OK.</p>	<p>Higher Ed Impact : Currently developing a Master's Level IMH Certificate program through the combined efforts of Social Work, Human Relations, and Early Childhood Education departments at The University of Oklahoma. Similar process is underway with Oklahoma State University, who is interested in the development of a Doctoral Program for Marriage & Family Therapy with an emphasis track in Infant Mental Health.</p> <p>OSU OKC: They have a certificate of mastery in Infant and Toddler Care for child care providers. Classes for this certificate focus on children 0-3, such as social emotional development.</p>

	POLICIES	REFLECTIVE SUPERVISION/CONSULTATION	HIGHER ED
KANSAS	<p>IMH Treatment Service Definition: KAIMH has submitted a proposal for funding to the Kansas Early Childhood Comprehensive Systems Plan to support a statewide collaboration of agencies supporting infants, toddlers and families to address changes in Medicaid policies to include services for infants, toddlers and families. KAIMH will advocate for criteria to include the KAIMH Infant Mental Health Endorsement.</p> <p>Impact: Established criteria for IMH work force to receive reimbursement for service provision to non-Medicaid eligible infants, toddlers and families</p> <p>Impact: Dollars allocated by state for IMH training for independently licensed mental health professionals to build capacity to work within established guidelines and meet criteria for endorsement</p> <p>Impact: The Kansas children’s behavioral health system will provide quality preventive intervention and treatment services that are provided by competent, professionals who specialize in infant-family practice.</p>	<p>KAIMH is one of a collaborative of six statewide agencies to receive funding from the Kansas Children’s Initiative Fund (Tobacco Settlement) for an initiative targeting seven counties to improve services for infants, toddlers, preschoolers and families. The group is titled Kansas Early Learning Collaborative. One service provided by KAIMH is reflective supervision/consultation groups across the state. Reflective Supervisors are provided with training to support and enhance their skills as facilitators of Reflective Supervision/Consultation groups.</p> <p>Impact: Increased availability of reflective supervision groups for Endorsement applicants</p> <p>Impact: Increased professional development in reflective practice for participants and programs utilizing the Reflective Supervision/Consultation groups.</p> <p>Impact: Promotion of standard work force best practice criteria established though the Endorsement Competencies.</p> <p>Impact: Greater capacity to meet client needs for IMH services with qualified staffs</p> <p>Impact: Increased experience and skills for Reflective Supervisors</p>	<p>The Infant Mental Health Competencies have been integrated into Associate-level courses designed to be delivered through distance learning throughout the state to early childhood education practitioners who will, or currently work, in center and home-based settings with families of infants and toddlers.</p> <p>KAIMH collaborated with Kansas Child Care Training Opportunities to develop online courses aimed at L1 and L2 practitioners. Funding was obtained from a private foundation to support development.</p> <p>Impact: A more specialized infant-family work force is being established, using a shared framework that defines best/competent practice for working directly to support parent-infant/toddler relationships and optimal development in both individual and group care settings.</p> <p>Impact: State- and Federally-funded home visitors, IDEA, Part C Developmental Specialists, Child Care Resource and Referral Specialists and Early Head Start Home-based staffs who take these courses have a shared theoretical framework that addresses quality infant-family practice.</p> <p>Impact: The Kansas system of care will include IMH promotion and prevention services that are provided by competent professionals who specialize in infant-family practice.</p>

	POLICIES	FUNDING	COLLABORATION
<p>VIRGINIA</p>	<p>Early Childhood Mental Health Policy Summit held in September for 100 targeted legislators, early childhood and mental health leaders in Virginia. Agenda included the following:</p> <p><u>Keynote Address:</u> Charles Zeanah, MD & Geoffrey Nagle, PhD, LCSW, MPH <i>The Science of Brain Development & Implications for Early Childhood Mental Health: Opportunities for Prevention, Early Intervention & Policy Development.</i> (Provided an overview of the extensive research that supports intervening early and examples of early childhood policy changes in Louisiana).</p> <p><u>Panel of Experts:</u> Aradhana Bela Sood, MD, MSHA, FAACP & Kiva Gatewood, Parent: <i>A Psychiatrist's and Parent's Snapshot of Virginia's Youngest Children</i></p> <p>Janet Lung, LCSW: <i>Children's Mental Health System of Care Plan in Virginia</i></p> <p>Rob Corso, PhD: <i>Impact of Training & Coaching on the CSEFEL Framework of Social Emotional Evidence Based Practices for Early Childhood Providers and Families-A National Perspective</i></p> <p>Doug Davies, MSW, PhD: <i>Early Childhood Mental Health Consultation; A National Perspective</i></p> <p>Deborah Weatherston, PhD, IMH-E (IV): <i>Impact of Michigan's Infant Mental Health Competency & Endorsement System on Michigan & 12 Other States</i></p> <p><u>Round Table Discussions with the Experts</u></p> <ol style="list-style-type: none"> 1. <i>Integrating ECMH into the overall Children's Mental Health System of Care in Virginia</i> 2. <i>Financing and Sustaining the Early Childhood Mental Health System in Virginia</i> 3. <i>Supporting the Family and the Parent/Child/ Provider Relationship in Virginia</i> <p><u>Impact:</u> Resulted in Recommendations for Virginia which will be forwarded to the State Early Childhood Advisory Council that reports directly to the Governor & increased awareness of need to intervene early.</p>	<p>Virginia Department of Social Services contacted our state Early Childhood Mental Health Committee and asked us to submit a proposal to build a consistent family-centered professional development framework of evidence-based practices for infant & toddler caregivers, teachers and directors in order to strengthen the social and emotional development of children birth to age 3 in childcare centers, family child care homes, unregulated care (family, friend and neighbor) and Early Head Start.</p> <p>Part of the initiative includes the following related to growing the IMH endorsement in VA:</p> <ol style="list-style-type: none"> 1. To infuse the VAIMH Competencies into Virginia Professional Development efforts; 2. To grow the number of caregivers, teachers & directors endorsed in VA in Infant Mental Health; 3. To develop a link between VAIMH Endorsement & Daycare Licensing requirements. <p>The funding is over 1/2 million dollars for an initial 2 year period with the potential to be ongoing after that.</p> <p><u>Impact:</u> Fiscal support for integrating competencies into key early childhood agencies and structures in VA, will assist us in growing the IMH endorsement and provide increased quality of services to children birth to 3 and their families.</p> <p>AND</p> <p>Developed an ECMH Advisory Team to oversee the ECMH initiative in VA serving children birth to 8 and their families. A key responsibility is to serve as the team that reviews ECMH funding opportunities as they become available. For example: instead of any one agency applying on their own for a grant focused on ECMH with the potential for members of the VAIMH or ECMH Committee to end up competing against each other, whoever learns of the funding opportunity first, forwards the information to the State Early Childhood Mental Health Coordinator who then convenes a meeting of the ECMH Advisory Team to review the RFP, determine the best fit for which agency should serve as the fiscal agent/grantee based on the focus of the grant and how we will all collaborate to write the grant as well as implement it.</p> <p><u>Impact:</u> A coordinated fiscal effort focused on our state ECMH goals/plans/benchmarks.</p>	<p>ECMH Committee of Virginia created a full time Early Childhood Mental Health Coordinator position which is funded by 3 state agencies (Virginia Department of Behavioral Health & Developmental Services Part C Early Intervention, Virginia Department of Social Services State Head Start Collaboration Office and the Virginia Department of Education Office of Special Education. The position began in February 2012. Responsibilities include:</p> <p>Overall coordination of the <u>Early Childhood Mental Health Initiative (Birth to 8)</u> in Virginia including:</p> <ul style="list-style-type: none"> • Development and implementation of an <i>Early Childhood Mental Health Plan of Action</i> that is reviewed and updated on a regular basis; • Facilitation of meetings of the <i>Early Childhood Mental Health Committee of VA (Birth to 8)</i>; • Implement project activities, assist in the coordination of meetings including development of meeting agendas, reminders, meeting summaries and recruiting members; • Coordination and management of Virginia's Infant Mental Health Endorsement system including support to the Infant Mental Health Endorsement Committee responsible for implementation in Virginia, serve as contact for the VAIMH Endorsement, maintain copies of endorsement documents for use as needed; & build capacity for endorsed Infant Mental Health providers, opportunities for Infant Mental Health clinical work and reflective supervision; • Coordination and management of all aspects of training for early childhood professionals and behavioral health providers to build a cross sector professional development statewide system in which endorsed Early Childhood Mental Health Consultants will be available across the Commonwealth for anyone working with children, birth to 8; • Identification of funding opportunities to support the continued implementation of the <i>Early Childhood Mental Health Initiative</i>; • Coordination and management of public awareness efforts including development of a website; • Coordination of an annual <i>Early Childhood Mental Health Summit</i>; • Collaboration with key early childhood agencies; • Preparation of reports as needed; • Coordination of ECMH evaluation efforts to gather data, analyze & report VA data. <p><u>Impact:</u> Full time focus & effort toward State goals.</p>

