

2013 League of States Activity Summary

Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health®

A GRASSROOTS APPROACH TO CHANGE through COMPETENCIES & ENDORSEMENT

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 the end of 2013, seventeen states and one large children's agency in Florida had entered into licensing agreements with MI-AIMH to adopt the competencies as standards and to recognize competency through a 4-level professional development system, the *Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health®*.

Each year, for the past 6 years, participating IMH leaders have prepared annual activity summaries that offer 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 professionals, institutions and systems in their states. Topics include infant mental health training, practice, reflective supervision, professional association development, policy change, collaboration, higher education, funding and grant development.

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

| | TRAINING | REFLECTIVE SUPERVISION | ASSOCIATION DEVELOPMENT |
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| <p>ALASKA 2013 Activity Summary</p> | <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>State funding also supported ECMH Consultation and Social-Emotional Pyramid training and coaching to over 60 early care and learning programs.</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</p> | <p>Through the assistance of the State of Alaska, AKAIMH will be purchasing the endorsement by December, 2013! We have been using the competencies since 2010. We are looking forward to have a professional endorsed workforce as well as to be able to endorse our own professionals.</p> <p>Alaska now has our first 4 MI endorsed professionals! There is one Level 2 provider in Sitka, and Level 3 providers in Sitka, Fairbanks and the MatSu Valley, AK.</p> <p>The State of Alaska continues to support the facilitation of three Reflective Facilitation groups in Anchorage, Juneau and Fairbanks. These multidisciplinary groups (involving 49 participants) have already completed 40 hours of RSC over the last year through Level 4 mentors outside the State. The goal of this effort has been to help build the infrastructure within the state for the provision of RSC by local experts which will now be facilitated by the purchase of the endorsement system.</p> <p>In addition to recipients of the State grants, AKAIMH continues to work with IMH professional who fall outside of the grant parameter (independent</p> | <p>The transfer of the license for the ownership of the MI-AIMH competencies from the State of Alaska to AK-AIMH occurred this past year.</p> <p>In April, AK-AIMH received a grant from the Alaska Community Foundation to hire a facilitator to assist the Board to develop a strategic plan for 2013-2016. Many of the goals from the initial strategic plan developed in 2011 have been accomplished. The Board is in the process of restructuring its committee organization to better match the strategic plan so that general members of the Association can become more active members in the work of the Board.</p> <p>A membership drive was undertaken in the Spring of 2012 and AK-AIMH currently has 70 members. The goal in the new 2013-16 strategic plan was to increase from 45 – 75 members.</p> <p>AK-AIMH participated in the organization of the yearly Early Childhood Mental Health Institute in May 2013. The Association held a silent auction during the event which was very successful.</p> <p>AK-AIMH became an official member of WAIMH.</p> |

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| | <p>AK Marriage and Family Therapy Assoc. in future years.</p> | <p>practitioners and Part C professionals) and/or catchment areas by organizing RSC groups via teleconference and online communications with Level 4 endorsed practitioners from "Outside".</p> <p>Programs are beginning to recognize the value of RSC. The Part C program in the MatSu Valley (the 2nd largest population center in the State) has contracted with one of the newly endorsed professionals to provide RCS to all Part C staff. The Part C program in Sitka is also providing RSC to Part C staff through a recently endorsed professional. Though a small community, Sitka has shown to be a progressive center for IMH practice in the State. It is our hope that other Part C programs will follow.</p> <p>These opportunities and our efforts have made us hopeful for brighter futures for Alaskan children and families!</p> | <p>Public awareness of AK-AIMH and its activities is beginning to increase as the Association is beginning to be asked to present at other Statewide conferences and provide presentations to Statewide organizations such as the Alaska Children's Trust, an organization that focuses on the prevention of child abuse and neglect.</p> <p>The AK-AIMH Competencies have been included in the strategic plan for the State Wide Infant Learning Program's as the guide for professional development of Part C staff in their work with children and families around infant and early childhood mental health.</p> |
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| <p>ARIZONA 2013 Activity Summary</p> | <p>ITMHCA has an active training calendar, scheduling one to two training sessions per month. We have recruited additional trainers so can offer sessions in many parts of the state.</p> <p>ITMHCA partners with Prevent Child Abuse Arizona and MIECHV to hold trainings for home visitors. A presentation on IMHE is included in those trainings.</p> <p><u>Impact:</u> Additional early childhood practitioners, including child care providers, home visitors, and mental health clinicians receive specialized training. More practitioners are aware of endorsement.</p> <p>ITMHCA sponsored a 2-day training in 2012 on using the DC: 0-3r. A follow-up group continues to meet 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 were included in review and adoption of work force competencies for early childhood system providers, specifically child care and home visiting workers.</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>Healthy Families America, through the leadership of their national training coordinator who is Chair of ITMHCA and endorsed at Level IV Clinical, is including review of IMHE Competencies for home visitors.</p> <p><u>Impact:</u> A national program is promoting endorsement for home visitors.</p> <p>The CASA program of Arizona holds monthly Training and Case Support groups facilitated by IMH-Endorsed professionals. Training in IMH, child development, trauma, etc. accompany support for CASAs' emotions in dealing with I/T in foster care.</p> <p><u>Impact:</u> CASAs feel valued and supported. Good recruiting tool.</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> <p>Practitioners are requesting Reflective Supervision, even under self-pay.</p> <p><u>Impact:</u> The pool is growing of both reflective supervisors willing and able to provide this consultation, and practitioners who are accessing reflective supervision to improve the quality of their work with infants/toddlers and families.</p> |
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| <p>COLORADO 2013 Activity Summary</p> | <p>Colorado has a newly established Office of Early Childhood within the state Department of Human Services. Contracts for state funded Early Childhood Specialists require participation in reflective supervision and Specialists may use funds to obtain RS outside of one's agency if appropriate supervision is not available internally.</p> <p>Impact: Barriers to obtaining RS are minimized, Specialists advance in their practice with RS support. Specialists obtain RS as a step on the journey towards Endorsement.</p> <p>Impact: State agency takes a stand promoting RS and backing up this position with by making funds available to secure and removing silos for access.</p> <p>Due in part to association president's education of HHS administrators, a legislative policy change is proposed making foster children categorically eligible for child care subsidy.</p> <p>Impact: Mental health impacts are recognized by other child serving systems and expertise is solicited and valued.</p> <p>Secondary trauma and caregiver disruption is minimized for foster children.</p> | <p>Reflective supervision groups for nurse family partnership nurses, child welfare workers and other professionals are underway. Achieving Endorsement is one of the stated outcomes of these groups.</p> | <p>Two half-day organization retreats held with assistance of a external organizational consultant</p> <p>Impact: Gained clarity around roles and functions of officers. Defined organizational structure that best supports effectiveness for the next 3-5 years.</p> <p>2013 Elections include electing the President-Elect who will serve for 2 years in this capacity. Candidates were introduced to Endorsement as a major initiative of the association and will work closely with Endorsement Coordinator and past president in responsibilities related to Endorsement. Officer positions have multiple candidates for the first time in association history.</p> <p>Association has been invited for the second year to develop a 2-day infant/early childhood mental health track at the Rocky Mountain Early Childhood Conference, which had 1900 attendees in 2012. We solicited workshop proposals, and selected those that most represent i/ecmhc principles and practice and competencies. Introduction to Endorsement will be presented again in 2013.</p> <p>Impact: Provides an opportunity to promote competencies and Endorsement to wide audience of ec practitioners.</p> |

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| CONNECTICUT 2013 Activity Summary | <p>Our Professional Development Advisory Committee continues to be the strongest committee of CT-AIMH.</p> <p>Our Fall Conference with Mary Dozier and Brenda Jones Harden is over-booked. Is it the topic or is it that IMH is well known in CT now???</p> <p>Our work with child welfare continues. We have a commitment from another funder, Casey Family Programs, to continue our IMH series and reflective supervision in three more regions of CT (only one more and the state will have been covered). The series continues to receive excellent reviews from participants and those in charge. DCF is expecting additional funding to cover costs as well.</p> <p>Impact: Participants in each region continue to testify how the knowledge and experience are changing practice.</p> <p>Impact: our child welfare representative on our Board is active on our Funding Committee.</p> | <p>Four groups of Reflective Supervision are continuing in 2013 plus one group involved in the 10 hour Introduction to RS. Our facilitators continue to receive high accolades for their abilities.</p> <p>Our initial group of CT people Endorsed continue to meet regularly for their reflective supervision. For the clinicians it is an invaluable time for them to process the issues they encounter working with families facing incredible circumstances affecting their young children. Clinicians need much holding.</p> <p>Our Part C, Head Start Office, and Child Welfare continue to provide the fiscal support for these groups. And now we can add the Casey Family Programs to the list for the end of 2013 and 2014.</p> <p>Impact: Part C is urging each program (40 in CT) to have at least one person Endorsed in IMH. In 2-3 years they may require it.</p> | <p>Our Head Start Collaboration Office is the leader in Collaboration for us. Through their resources we are able to bring in other community agencies such as Family Based Recovery to join our Reflective Supervision groups and to attend the Child Welfare/HS IMH training series.</p> <p>Other partners now include Casey Family Programs. Continuing partners that allow expansion of IMH in CT include Child Health and Development Institute (Judith Meyers a long time champion) whose contribution increased this year, Head Start Collaboration Office (Grace Whitney, IMH-E), LAUNCH project in New Britain, CT, and our state Part C office. Deb Resnik from Part C is active on our professional advisory committee.</p> <p>We have collaborators in the application process for endorsement.</p> |

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| <p style="text-align: center;">INDIANA 2013 Activity Summary</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 submitted and were approved for new funding focused on Toxic Stress in birth to three.</p> <p>IMPACT: We will provide training on toxic stress in early childhood with a focus on supporting direct service providers such as child care workers, DCS staff and early intervention professionals. We plan for didactic and mentorship groups. Support to work toward eligibility for Endorsement is a component of the grant.</p> <p>IMPACT: We expect to increase the number of providers across Indiana with knowledge of toxic stress and to increase the number of Endorsed individuals in Levels 1 and 2.</p> <p><u>Bureau of Child Development and Indiana Department of Education:</u></p> <p>We were part of the group that submitted a Race to the Top Grant. This is the first time Indiana’s Governor agreed to submit the proposal.</p> <p>IMPACT: If funded, the grant will support mental health consultation in early childhood programs.</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 across three cohorts. The third group was completed in May 2013.</p> <p>IMPACT: We now have 38 additional providers at CMHC across the state who have at least baseline training in I/ECMH. We continue to work to support those that have received this training and supervision to explore their eligibility for Endorsement.</p> <p><u>Indiana Association for Infant and Toddler Mental Health Annual Conference:</u> Our 14th annual conference was held in August with the topic Young Children and Loss.</p> <p>IMPACT: About 100 participants received continuing education on this topic.</p> <p><u>Reflective Supervision:</u> We provided a 2 day introduction to Reflective Practice and Supervision to Goodwill, then Indiana’s LAUNCH project.</p> <p>IMPACT: Increased awareness and knowledge of RS and reflective practice in this group of home visitors. Also informed this group about Endorsement.</p> | <p><u>Statewide training:</u> Six communities throughout the state were identified and supported to host a local “event” or series of sessions to promote the value and utility of Endorsement. Sites were encouraged to be creative in how to best promote Endorsement in their area. Technical assistance and information about the Endorsement was provided to all sites. Sites included Batesville, Lafayette, Indianapolis, Valparaiso, Evansville, and Terre Haute/Vincennes. Each site provided training and is encouraging local providers to complete their application for the IMH Endorsement.</p> <p>IMPACT: Training was available in more parts of the state and Endorsed individuals from outside of central Indiana were invited to take a leadership role in increasing awareness.</p> <p><u>Ongoing Reflective Supervision activities:</u> A “community of practice” presence at the Institute for Strengthening Families in spring 2013 with a workshop on Reflective Supervision was supported by Sunny Start. Shelley Mayse, LCSW, IMHE-IV, Manager of Early Childhood Mental Health for The Family Conservancy in Kansas City presented the workshop “Promoting Reflective Capacity and Wonder: Awaken to your Creative Spirit.” The three hour workshop was offered two times and had a total attendance of 60 people.</p> <p>IMPACT: Participants received exposure to a form of reflective practice that has received limited attention in our state.</p> |

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| <p>KANSAS 2013 Activity Summary</p> | <p>KAIMH saw the need to provide an increased level of support for our Endorsement Advisors and Reviewers. An Advisor/Reviewer training was developed and provided as an additional evening activity during our Annual Conference. Professionals who had already earned Endorsement were able to learn more about the process of supporting applicants.</p> | <p>KAIMH has continued to have an active training calendar for our members and other professionals in Kansas. In addition to our Annual Conference held in May, we have provided three trainings on the DC:0-3R in various locations of the state. We have also provided a few other practical trainings related to services for infants and toddlers.</p> <p>Impact: Over 145 professionals have acquired knowledge related to providing high-quality services to young children and their families.</p> | <p>KAIMH continues to develop relationships with groups to collaboratively further the awareness and work of Infant Mental Health.</p> <p>A small number of Early Childhood leaders have developed a group to work to move issues forward in our state. This group is currently working to open codes in Medicaid to allow mental health providers to bill for home based Infant Mental Health services. There is also discussion regarding the need to have these professionals endorsed. KAIMH has been and will continue to be a part of the collaborative efforts of this initiative and other issues related to Infant Mental Health.</p> <p>KAIMH continues to be a part of larger collaborations in our state including the Kansas Early Childhood Forum.</p> |

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| <p>MICHIGAN 2013 Activity Summary</p> | <ol style="list-style-type: none"> MI-AIMH partnered with multiple funders to offer a 10 module, year-long, competency-based IMH training series in rural, Northwest Michigan. The series was offered in two parts: a 6-hour intensive to Level II & III candidates on Fridays and a 3-hour introduction on Saturday mornings to those considering application at Level I. Each module included knowledge, skills and reflective practice experiences appropriate for participants' endorsement levels. The training also included an opportunity to join a reflective supervision group offered by 2 IMH mentors. This expanded the opportunity for RS to providers in rural Northern Michigan and to meet requirements toward endorsement. MI-AIMH received funding from the Detroit/Wayne County Community Mental Health /Virtual Center for Excellence for the 5th year to provide competency-based training throughout the year to staff providing IMH home-based services to infants, toddlers and families. Training included DC-0-3R, 3-day introduction to IMH Relationship-Based Practice, Parent-Toddler Play Therapy, A Neurorelationship Framework for Assessment and Treatment, Trauma and Loss, and Parents with Intellectual Disabilities and Their Babies . | <ol style="list-style-type: none"> MI-AIMH received funding from the Flinn Foundation to provide an 8-month (32 hour) training in Reflective Supervision for 30 supervisors and supervisees. MI-AIMH entered into a research partnership with faculty from Eastern Michigan University (EMU) to evaluate the outcomes MI-AIMH is producing a 2nd RS training DVD for non-mental health providers (early care and education staff and supervisors, early head start home visitors and early intervention specialists). Four reflective supervision sessions were recorded and edited. Michigan Department of Education underwrote a portion of the expenses. The DVD will be ready in the Spring of 2014. MI-AIMH coordinated 2, 3-day (18 hour) intensive trainings in RS to enhance and support supervisory skills to those offering RS to endorsement candidates. Emphasis was on self-reflective experiences and observation of live, real-time supervisions, followed by discussion. MI-AIMH staff co-authored an article with Indiana colleagues about RS for the <i>Infant Mental Health Journal</i>: A. Tomlin, D. Weatherston, & T. Pavkov, <i>Critical Components of Reflective Supervision: Responses from Expert Supervisors in the Field</i>. This reflects commitment to the process and the importance of identifying core elements of RS for research purposes. | <p>Expansion of IMH services in Detroit-Wayne County CMH to 8 agencies and over 75 providers of IMH home based services calls for continuing support by MI-AIMH for endorsement applicants. The policy, instituted by the Michigan Department of Community Health (MDCH) for home based providers working with 0-3 and families, requires providers to earn endorsement, minimum level 2 (infant family specialist), level 3 (infant mental health specialist) preferred.</p> <p>Similarly, IMH home-based service providers across the state have increased commitment to training and RS that leads to endorsement as required by MDCH.</p> <p>The Electronic Application System (EASy) completed in 2013 and streamlines the endorsement application and review process across rural and urban areas and allows MI-AIMH to enter and collect data across levels and service systems.</p> |

| MINNESOTA 2013 SUMMARY TRAINING | RESEARCH | COLLABORATION | PROFESSIONAL DEVELOPMENT | REFLECTIVE SUPERVISION/ CONSULTATION | ASSOCIATION DEVELOPMENT |
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| <ul style="list-style-type: none"> • Endorsed members offer trainings to expand awareness of infant mental health and related topics throughout the state. • The state children's mental health conference has a robust infant and early childhood mental track • MAIECMH will launch a menu of training services to promote IMH professional dev. and as a means to establish a funding base. | <ul style="list-style-type: none"> • Christopher Watson of CEED is researching elements and outcomes of reflective supervision / consultation | <p>Currently MAIECMH has representation on a number of statewide initiatives:</p> <ul style="list-style-type: none"> • Interagency (MDE, DHS, MDH) task force to revise the Early Childhood Indicators of Progress, specifically the social-emotional domain • Task force to revise the screening standards for Minnesota Child Protection division • Task force for Collaborative Infant Mental Health Programming in Greater MN--stakeholders representing the U of M, MnSCU system, other pre-service learning groups to establish a multidisciplinary core curriculum in infant/early childhood mental health • Child Welfare-Early Education collaboration planning committee • MDH Prenatal to Three Framework Parent Aware to improve quality in early care and education | <p>MAIECMH competencies and endorsement are being incorporated into the following initiatives:</p> <ul style="list-style-type: none"> • The University of MN Infant and Early Childhood Mental Health Certificate Program; • MN Dept. of Health Family Home Visiting Program MIECHV-funded <i>Reflective Supervision Mentoring and Training and Infant Mental Health Consultation</i>; • The MN Coalition of Home Visiting Programs; • The task force for Collaborative Infant Mental Health Programming in Greater MN; • DHS/CEED development of an infant/toddler credential for early care and education providers <p>Launching EASy endorsement system</p> | <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. • Advocated for inclusion of ref consult for Parent Aware coaches (quality improvement in child care). Facilitated statewide by MAIECMH members • Building capacity for reflective supervision mentoring a central feature of MDH-MIECHV-funded grant | <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 |

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| <p>EW JERSEY 2013 Activity Summary</p> | <ul style="list-style-type: none"> • Adopted IMH – E • Licensing for IMH-E and EASy • Increased membership from 24 to > 80 • Funding for p/t endorsement coordinator • Funding for business planner • First three candidates endorsed at level IV- Clinical • Subcontract to be awarded to provide opportunities for endorsement to trainees in 10 affected counties post Hurricane Sandy (anticipating up to 500 trained in 2 years many of whom would then be eligible at levels I and II to be endorsed) • Invited to present on Endorsement at statewide Coalition of Infant/Toddler Educators (CITE) annual conference in April 2014 • Committee to be established to work on crosswalks for IMH Competencies – NJ Infant/Toddler Credential • Full day board retreat for NJ –AIMH held in September, 2013 | <ul style="list-style-type: none"> • Roll out of endorsement at April 29th 2013 statewide forum • CITE conference program has amended its training criteria so that workshops are now increased to 2 hours and workshop offerings list the competencies that are met consistent with NJ AIMH competencies and endorsement. • Will have significant workforce from across multiple disciplines preparing to apply for endorsement over the course of the next two years as part of DCF funded initiative to provide training to affected counties in aftermath of Hurricane Sandy using curriculum consistent with infant mental health competencies. • First three candidates endorsed at level IV- Clinical • NJ AIMH funded to develop a statewide curriculum for professional development around Infant/early childhood mental health. Convened a forum of state and national experts to discuss competencies, curriculum development and professional development and formation. | <ul style="list-style-type: none"> • NJ AIMH provided training to State and local agencies and personnel in the wake of Hurricane Sandy aimed at disaster response targeting families and providers of infants and young children impacted by the superstorm. An article outlining this response will be published in an upcoming ZTT Journal issue focusing on trauma. • NJ AIMH cosponsored the Todd Ouida Foundation Annual Conference in May, 2013 entitled: The Magic of Moments: Patterns of Early Relationships that Create Resilient Individuals and Peaceful Societies. | <ul style="list-style-type: none"> • NJ Council for Young Children: Infant Mental Health Subcommittee funded acquisition of IMH-E through MI-AIMH and allocation including funds to NJAIMH to administer the credential • NJ AIMH spearheaded Hurricane Sandy disaster response targeted at families/providers of infants and young children by coordinating with NJ OEM, Disaster Response Crisis Counseling, Traumatic Loss Coalition, Division of Children and Families, Head Start/EHS , Save the Children and other key state stakeholders. Training, resource distribution and creation of a bank of professionals specializing in infant mental health were created in response to this superstorm. • NJ- AIMH to incorporate subcommittee of NJ Council for Young Children responsible implementing theCSEFEL Pyramid Model in NJ • The Center for Autism and Early Childhood Mental Health was awarded a grant to provide rigorous training to providers of infants/toddlers and their families in the 10 affected counties from Hurricane Sandy consistent with the competencies and endorsement requirements for levels 1 & 2. It is anticipated that 500 persons will be trained across two years. |

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| <p>NEW MEXICO 2013 Activity Summary</p> | <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><u>Impact:</u> Established criteria for IMH work force to receive reimbursement for service provision to non-Medicaid eligible infants, toddlers and families</p> <p><u>Impact:</u> 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><u>Impact: With new funding, endorsed L3 and L4 professions provided group Reflective Supervision to teams across NM. Challenge exists in meeting the RS needs to rural communities.</u></p> <p><u>Challenge: Starting January, 2014, NM will require RS/C be provided to new endorsement applicants</u></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>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><u>Impact:</u> Work force criteria established for independent licensed mental health professionals to receive reimbursement for services to non-Medicaid 0-3 and families</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><u>Impact: Training opportunities offered. Funds provided by New Mexico Children, Youth and Family Department. Trainings include: Circle of Security Series Training across the State; Advanced Clinical Seminars; 18 month Child-Parent Psychotherapy training. Contract in place with Donna Weston to provide training and support to 4 Infant Teams serving 4 communities in the State. Office of Protective Services has provided office</u></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><u>New professional course development included “Family-Infant-Toddler” pathway (4 courses with a total of 90 hours of practicum) which leads to certification as state defined “Developmental Specialist Certification”</u></p> <p><u>Impact:</u> A more specialized infant-family work force is continuing to be 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><u>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.</u></p> <p><u>Impact: Addition of 2 new home visiting programs. At this time staff from one program is endorsed. The second site is ready to submit portfolios. The NM system of care will include IMH promotion and prevention services that are provided by competent professionals who specialize in infant-family practice.</u></p> |

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| | <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 in infant-family practice.</p> | <p><u>space to 3 of the Clinical teams.</u> <u>Impact: Developing a community of practice with Infant teams. Focus to discuss and staff clinically complex cases whose issues involve the court system, welfare, and providers.</u></p> | |
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| OKLAHOMA 2013 Activity Summary | <p>Oklahoma has developed the “Nurturing First Relationships” Training Program. Trainings consist of the following topics:</p> <ul style="list-style-type: none"> • Foundations in Infant Mental Health • Reflective Practice • Adverse Childhood Experiences • Infant Mental Health Endorsement • Childhood Trauma • Attachment • The Impact of Relationships on Brain Development • Infant Mental Health and the Adolescent Parent <p>Through a grant provided by Smart Start Oklahoma OKAIMH will be providing training to home visitation, early child care professionals/head start, and foster parents in 5 high risk counties across Oklahoma with the intention of reaching professionals and parents working with children in foster care or at risk of entering the foster care system.</p> | <p>OK-AIMH provided input and advocated for best practices in infant mental health resulting in improved policies within the Department of Mental Health and Oklahoma’s Medicaid Agency providing clinical services to 0-3. Through this policy change rehabilitation services are no longer allowed for 0-3 and 4 and 5 years must be approved by an Infant Mental Health Specialist at the Department of Mental Health.</p> <p>OK-AIMH continues to provide input into Oklahoma’s Pinnacle Plan implementation. Advocating for best practices in child welfare for the 0-3 population. OK-AIMH is working with Oklahoma Department of Human Services, the Oklahoma Department of Mental Health and the Oklahoma State Department of Health to provide a policy and lecture series featuring Brenda Jones Harden. Ms. Harden will also be consulting with OK-AIMH and the aforementioned state agencies to provide input into Oklahoma’s Strategic Plan on Infant and Early Childhood Mental Health.</p> | <p>In September of 2013 OK-AIMH brought together board and advisory members for a 2 day retreat to discuss how OK-AIMH might begin the process of hiring an Executive Director. OK-AIMH clarified its mission and vision and identified goals to work towards that end. From this process and Search Committee has been put into place to begin researching the possibilities. OK-AIMH hopes to have an Executive Director hired within the next 1 to 2 years.</p> |

| | TRAINING | COLLABORATION | PROFESSIONAL DEVELOPMENT |
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| <p>TEXAS 2013 Activity Summary</p> | <p>TAIMH has continued to deliver our training series in Infant Mental Health around the state to child care providers and CPS employees. The training is based on our curriculum: <i>Teaching and Training in Child Care on Infant Mental Health</i>. The training covers about 80% of the competencies for endorsement and teaches participants about IMH in a relationship-based way.</p> <p>Additionally, TAIMH is in the process of developing an online platform to deliver our curriculum online through the Texas A&M Agirlife Extension Program. This will serve both as a means to reach more professionals in a flexible and affordable format as well as to serve as a reliable source of income for TAIMH.</p> <p>Impact: More professionals can access high-quality infant mental health training and networking.</p> <p>Impact: More Individuals are eligible to apply for endorsement.</p> <p>Impact: Increase in agencies and individuals who are knowledgeable of the importance of relationships in the work that they do.</p> | <p>TAIMH has been successful in strategically collaborating with different agencies around the state to increase our profile, training opportunities, and endorsed individuals.</p> <p>TAIMH collaborated with the Texas Association for the Education of Young Children to host the Infant and Toddler track at their annual training conference which draws 1200 individuals annually. TAIMH also collaborated with the Texas Office for the Prevention of Developmental Disabilities to provide a Train the Trainer program on FASD in 3 major cities, Fort Worth, Houston, and San Antonio.</p> <p>TAIMH is also collaborating with local agencies to align Endorsement with existing training programs to strengthen programming in Infant Mental Health and grow numbers of endorsed individuals.</p> <p>Impact: New exposure for TAIMH to groups, individuals, and agencies working with infants, toddlers, and their families.</p> <p>Impact: A systematic way to increase the number of endorsed individuals and membership for TAIMH.</p> | <p>TAIMH now incorporates funding for Endorsement and (when possible) Reflective Supervision for participants in grant funded trainings.</p> <p>TAIMH uses grants to target those individuals who are currently working with infants and toddlers but may have limited access to funds for professional development and/or mentoring opportunities. Our trainings offer the opportunity to receive more specialized skills while Endorsement enhances the skill set of participants, providing them with credentials to continue moving ahead in their professional careers.</p> <p>Impact: Endorsement aides TAIMH's ability to professionalize the field of IMH.</p> <p>Impact: The next generation of IMH practitioners and leaders are developed.</p> <p>Impact: Babies receive nurturing, responsive care.</p> |
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| <p style="text-align: center;">VIRGINIA 2013 Activity Summary</p> | <p>Policy recommendations from the fall 2011 Early Childhood Mental Health Policy Summit with key legislators and early childhood leaders in Virginia were recently integrated into the Early Childhood Mental Health Strategic Plan for Virginia developed at a day long planning meeting on November 5th which will guide our efforts for the next 3 years.</p> <p>Virginia will begin accepting applications for the Infant Mental Health Endorsement beginning December 17th following a Webinar announcing the endorsement and information on how to apply using EASY and for how to apply for funding to support 20 providers statewide for their endorsement fees and reflective supervision for endorsement at levels I & II. It was a policy decision to begin the endorsement in Virginia primarily with levels I & II while also accepting 3-4 candidates at levels III and IV. We are being purposeful in identifying those accepted at levels III & IV that we know can assist us in moving the endorsement forward and are in key positions in Virginia. The ECMH Policy Work Group has assisted in developing the process that will be used to select 4 endorsement candidates from each of 5 regions in the state for the level I & II funded slots.</p> <p>Rates for Reflective Supervision and guidelines for providing reflective supervision in the 5 regions of the state for the 20 level I & II applicants were developed with Dr. Doug Davies and our current endorsed professionals who will be providing reflective supervision to our new level I and II endorsement candidates. Dr. Davies provided an all-day training on Reflective Supervision on November 15th and will also be providing reflective supervision to those providing reflective supervision to the new level I & II endorsement candidates as a professional development opportunity for them and a way to get additional support and feedback as they supervise others.</p> <p>It was a policy decision to support level I endorsement candidates in receiving reflective supervision as part of their endorsement process. Although not required, we feel strongly that this is important and are pleased to have funding from the DSS and ECCS projects to do this (see Funding) for more information on these 2 projects.</p> | <p>Virginia Department of Social Services and Virginia Commonwealth University's Partnership for People with Disabilities entered into a MOA (2013-2015 with 4 annual renewals) to support providers in working with children birth to three in the area of social and emotional development. Virginia DSS is providing over \$760,000 of funding under this project to support training, coaching and establishing learning communities in 5 regions of the state that includes training for Trainers, Coaches and providers on using the Center for the Social and Emotional Foundations on Early Learning's Pyramid Model for Infants and Toddlers and the Ages and Stages Questionnaire for developmental screening. The DSS funded project supports childcare providers who care for children from birth-3 in childcare centers, family childcare provider homes, Early Head Start and family, friends or neighbors who care for children 0-3 with the intent to improve the quality of care for children birth to three in Virginia.</p> <p>An additional project recently funded by the federal government through the Virginia Department of Health (via the Early Childhood Comprehensive Systems (ECCS) grant "wraps around" the DSS project so that anyone outside of the child care providers targeted in the DSS project (i.e. early interventionists and other home visitors, medical providers etc.) that work with children birth to three and their families can receive the same professional development opportunities as in the DSS project.</p> <p>Jointly, both projects fund the following professional development opportunities in Virginia:</p> <ul style="list-style-type: none"> • (3) Center on the Social Emotional Foundation for Early Learning (CSEFEL) <i>Infant and Toddler Train the Trainer events;</i> • (3) <i>CSEFEL Train the Coach events;</i> • (3) <i>CSEFEL Provider Training events in 5 regions of Virginia;</i> • <i>CSEFEL individualized coaching on the infant and toddler modules statewide; and</i> • <i>CSEFEL Provider Learning Communities in 5 regions of Virginia</i> <p>Both projects also assist us in growing the number of infant mental health consultants available in Virginia through the Virginia Association for Infant Mental Health Endorsement:</p> <ul style="list-style-type: none"> • Funds 60 (20 per year) infant toddler providers or supervisors over the next 3 years to support them through the endorsement process at levels I and II and includes funding for reflective supervision; • We are being strategic in how we use these 20 | <p>The State Early Childhood Mental Health Advisory Board (birth to eight) was created during 2013 and the first meeting held in March, which is an interagency and across discipline stakeholder group with oversight of the two funded SE projects and recognized as the key stakeholder group for ECMH in Virginia. The Advisory Board includes VAIMH representation (President and Facilitators of each of the 4 work groups) to ensure the 0-3 efforts through VAIMH are linked with and a part of the overall birth to eight efforts. The ECCS SE Project includes Continuous Quality Improvement training for the Advisory Board and both projects include an Evaluation Plan to assess quality and data elements to assist the Board in evaluating next steps. The Advisory Board recently participated in a day long strategic planning session to develop the ECMH plan for Virginia for the next 3 years. Information gathered from a variety of events and groups was used and then organized and prioritized into the strategic plan including the VAIMH goals and strategies.</p> <p>Between both funded SE Projects, we will have cross agency and cross discipline endorsement candidates identified and financially supported across Virginia to go through the endorsement and then provide leadership in their region.</p> <p>Healthy Families Virginia is very interested in getting their home visitors endorsed. An initial planning meeting was recently held to begin this process and discuss next steps. Healthy Families Virginia is one of 11 Home Visiting Programs in Virginia and part of the Virginia Home Visiting Consortium. The State ECMH Coordinator serves on the Virginia Home Visiting Consortium's Advisory Board to link efforts with the Early Childhood Mental Health initiative in Virginia. The Home Visiting Consortium's Strategic Plan for the next 5 years now includes a goal to link the IMH Endorsement with the 11 Home Visiting Programs represented on the Home Visiting Consortium.</p> <p>The ecmhVA.org website is now up and running and includes VAIMH and IMH Endorsement information. A training calendar (currently under development) will provide infant and early childhood mental health training available in Virginia. The calendar will not only post training provided under the two funded SE projects, but also other local or state training focused on ECMH.</p> |

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| | | <p>endorsement slots to ensure we have 4 professionals identified in each of 5 regions in the state so we are growing capacity equally across the state and creating endorsement leaders in each of the 5 regions.</p> <ul style="list-style-type: none">• The CSEFEL Provider training will assist Level I Endorsement candidates with some of the training needed to meet competencies for endorsement.• The Professional Development and Endorsement Work Groups are now meeting jointly to identify existing training resources available in Virginia that meet the competencies for Level I& II endorsement. The plan is to have a list that can be given to a new endorsement applicants to assist them. It will also help us to identify gaps in training opportunities in Virginia to meet certain competencies. <p>We are working with the Virginia Department of Medical Assistance Services, responsible for Medicaid in Virginia to identify existing underutilized billing options available to support early childhood mental health services under Early Periodic Screening, Diagnosis and Treatment (EPSDT) and to look at how to support endorsed IMH Professionals. Two productive meetings have been held to date. Currently, the VAIMH is assisting the State ECMH Coordinator in identifying 20 cases where IMH services are needed to assist DMAS in understanding the needs of children at this age and the type of supports needed. DMAS will then look at what is available under EPDST and match the needs to the proper billing codes. Once this is completed, a joint training event statewide will be held to ensure providers understand how they can bill for IMH services under EPSDT.</p> | |
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| <p style="text-align: center;">WEST VIRGINIA 2013 Activity Summary</p> | <p>One key focus in beginning to establish the Infant/Early Childhood Mental Health Competencies and Endorsement system in West Virginia has centered on collaboration. It has always been the intent to strengthen the social and emotional efforts in the state. The newly adopted Infant/Early Childhood Mental Health Competencies and Endorsement system will be integrated into several delivery systems currently being utilized including Early Childhood Positive Support (ECPBS), Technical Assistance Center on Social Emotional Interventions for Young Children (TACSEI), WV Pyramid Model, Strengthening Families, Professional Development Framework, and the Early Childhood Advisory Council. In addition, meaningful representation has been sought from early care and education, medical community, parent education, family support, and infant and early childhood mental health.</p> | <p>During the past year, West Virginia has been engaged in a thoughtful review of several Infant and Toddler Mental Health competencies and endorsement systems. After a thorough review and extensive discussion, it was recommended that funds from the Early Childhood Advisory Council of WV purchase the Michigan Association for Infant Mental Health Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health.</p> <p>The work group has been meeting and is beginning to evaluate current training in the state focused on infant and early childhood mental health to begin assessing gaps.</p> | <p>Quarterly Reflective Supervision sessions have been ongoing with all evidence-based home visiting program supervisors (approximately 24) providing technical assistance and training on peer to peer support for home visitors to assist with staff retention and stress reduction. Numerous statewide trainings have been provided to home visitors on working with high need families to ensure home visitors are accepting, nonjudgmental, supportive and compassionate with families. Realizing that home visitors work with families frequently over a period of several months to several years, peer to peer support groups will continue to be used to show home visitors how to build relationships, engage families over time, fit families' goals and interests with the Program goals, and judge how to address families' changing needs. There has been positive feedback on the principles of Reflective Supervision and a desire of programs to fully implement these practices. Each of the program models has standards requiring one-on-one supervision with educators. Currently, home visiting programs in West Virginia are at very different stages of implementing regular supervision and the use of reflective practices. To assist with the implementation process, a contractual agreement has been established with a HFA Reflective Supervision leader to provide monthly webinars for program leaders, in addition to the quarterly meetings. Steps have been finalized to pair more seasoned program supervisors with new program supervisors for peer to peer support. Reflective Supervision educational materials from the Zero to Three National Center have been provided to all program supervisors. Multiple sample forms from each program have been shared during the sessions.</p> |
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| <p>WISCONSIN 2013 Activity Summary</p> | <p>Wisconsin Alliance for Infant Mental Health (WI-AIMH)</p> <p>Restructured staffing, current positions:</p> <ul style="list-style-type: none"> • Full time Executive Director • Full time Associate Director • Half time Community Outreach • Half time Clinical Specialist • Half Time Administrative Assistant <p>Expanding Board Membership from seven members to eleven members</p> <p>In process of developing a succession plan to prepare for eventual departure of Executive Director</p> | <p>Secured Race to the Top Funds program wide implementation of the Pyramid Model within child care centers.</p> <p>Developed training of Pyramid Model content for use in home and piloted Pyramid Model for care providers working with families within the home, e.g., home visitors, early interventionists.</p> <p>Continuing project integrating reflective practice and infant mental health into home visiting programs throughout the state</p> <p>Involved in facilitating PIWI (Parents Interacting With Infants) groups with at risk Moms. The PIWI focuses on strategies and resources for enhancing the social emotional competence of infants and toddlers by expanding on and strengthening parent-child interactions and relationships.</p> | <p>University of Wisconsin Infant, Early Childhood and Family Mental Health Certificate Program applying for Capstone status enabling credit granted for courses. Certificate Program aligned with competencies at Level II and III.</p> <p>WI-AIMH influential in integrating infant mental health training as part of annual curriculum for judges working in child welfare.</p> <p>Children and Youth Committee of the State Mental Health Council identified Endorsement as the # 2 priority.</p> |