



The Use of Mental Health Consultation in Home Visiting and Early Care and Education Settings

KEY FINDINGS:

Project LAUNCH grantee evaluations have found that using early childhood mental health consultation (ECMHC) to support families and providers in home visiting programs and early care and education settings has resulted in the following positive impacts for children, families, and early childhood providers:

- Providing mental health supports, including ECMHC services, has been shown to sharply reduce the number of children held back in the second grade and result in higher second grade reading scores among children who entered kindergarten with low school readiness.
- Early care and education and home visiting staff report that ECMHC services help them better identify children with social, emotional, and behavioral challenges as well as provide support to these children and their families.
- The longer providers were engaged and supported in ECMHC, the greater the gains were for both children and programs.

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I. INTRODUCTION

Children's healthy social and emotional development is key to their school readiness and sets the foundation for positive outcomes later in life. Through Project LAUNCH (Linking Actions for Unmet Needs in Children's Health), an initiative of the Substance Abuse and Mental Health Services Administration (SAMHSA), states, tribes and local communities strive to integrate early childhood mental health consultation (ECMHC) into early care and education (ECE) settings and home visiting programs to ensure staff and providers have the knowledge and skills necessary to support the social, emotional, and behavioral well-being of children and their families.

This issue brief highlights state Project LAUNCH work related to ECMHC in both ECE settings and home visiting programs, and explores the results from independent evaluations of each LAUNCH site that demonstrate the impact ECMHC has had on both children and providers. It also identifies lessons learned from Project LAUNCH that can inform the successful expansion of ECMHC services within ECE settings and home visiting programs in other states.

II. OVERVIEW OF PROJECT LAUNCH

Project LAUNCH is an initiative funded by SAMHSA aimed at ensuring that all children enter school ready to learn and able to succeed. Project LAUNCH seeks to achieve this goal by promoting healthy social-emotional and brain development, reducing the likelihood that children will develop mental health and substance use disorders later in life.

Grantees from states, territories, and tribes across the country are asked to bring local child-serving agencies together to implement five core prevention and promotion strategies: (1) screening and assessment in a variety of child-serving settings; (2) enhanced home visiting through increased focus on social and emotional well-being; (3) mental health consultation in ECE programs; (4) family strengthening and parent skills training; and (5) integration of behavioral health into primary care settings.

Information contained within this issue brief is focused on strategies 2 and 3 above and has been primarily drawn from Final Cumulative Reports, Final Evaluation Reports, and Special Studies developed by states that participated in Cohort 1 and Cohort 2 of Project LAUNCH.¹

III. EARLY CHILDHOOD MENTAL HEALTH CONSULTATION IN SETTINGS SERVING YOUNG CHILDREN: WHAT IT IS, WHY IT IS IMPORTANT

CA ECMHC Program Produced Positive Provider Outcomes:

Based on pre- and post-test surveys, child care providers in CA reported a significant increase in their ability to identify the triggers and causes of children's behavior, and in their ability to support children through new behavioral management strategies.

The first five years of a child's life are a critical time for brain development, with the first three years being the most important in shaping brain architecture.ⁱ Children's relationships and experiences in these early years have a significant effect on how brain development occurs. Children that are exposed to difficult family and community situations, including toxic stress, crime, domestic abuse, parental depression, and/or violence, can have their brain development disrupted, which can lead to immediate and long-term physical and psychological problems.ⁱⁱ However, research shows that intervention and prevention efforts can mitigate negative consequences and significantly reduce personal and social difficulties in later childhood, adolescence, and adulthood.ⁱⁱⁱ

With a significant number of young children spending large portions of their day in ECE classrooms,^{iv} there has been growing interest in ensuring that providers working in these settings are equipped to support a child's social-emotional development, especially when children are entering care or school having experienced trauma, exposure to violence, and other forms of toxic stress. Indeed, staff in ECE and home visiting programs have reported an increase in the number of children entering their programs with complex needs, and have expressed a desire for additional resources to support families.^v

ECMHC in ECE settings and home visiting programs is a key strategy for promoting children's social-emotional and behavioral health. ECMHC is a preventive intervention that teams mental health consultants with individuals who work with young children and their families to prevent, identify, treat, and mitigate the impact of challenging behaviors or mental health needs among the children they serve. ECMHC is designed to build caregiver capacity and to help parents and teachers understand how their relationships and interactions affect young children's development.^{vi} Typical ECMHC supports include access to mental health experts, trainings on behavior management strategies, and creating behavior support plans

¹ Project LAUNCH Cohort 1(2008-2012) state grantees were Arizona, Maine, New Mexico, Rhode Island, and Washington. Project LAUNCH Cohort 2 (2009-2013) state grantees were California, District of

Columbia, Illinois, Iowa, Kansas, Massachusetts, Michigan, New York, North Carolina, Ohio, Oregon, and Wisconsin.

for individual children in collaboration with families and child care staff.^{vii}

Research has demonstrated that ECMHC helps improve child well-being as well as prevents and reduces mental health problems. ECMHC has also been shown to have positive outcomes for staff and programs implementing ECMHC, including increased caregiver confidence in dealing with challenging behaviors and, in ECE settings, overall improvements in classroom climate. While the research assessing the impact of ECMHC on families is more limited, several studies have shown that communication between staff and families improved after working with mental health consultants over longer periods of time, and that parents reported more positive and effective interactions with their children.^{viii}

IV. EARLY CHILDHOOD MENTAL HEALTH CONSULTATION IN EARLY CARE AND EDUCATION (ECE) SETTINGS

ECMHC in early care and education settings involves an individual with mental health expertise “work[ing] collaboratively with ECE staff, programs, and families to improve their ability to prevent, identify, treat, and reduce the impact of mental health problems among children from birth through age six.”^{ix} The goal of ECMHC is to improve children’s social and emotional well-being by building the capacity of providers, ECE staff, program staff, parents, and other caregivers to promote healthy child development.

There are generally two approaches to ECMHC in ECE settings: (1) “child- and family-centered consultation” and (2) “programmatically mental health consultation.” In child- and family-centered consultation, the mental health consultant provides an individualized strategy for a child with social-emotional challenges or demonstrating difficult behaviors. In programmatically mental health consultation, the consultant provides support to the program staff to help improve the early care and education environment for a group of children.^x

Evaluations of ECMHC have found that teachers report fewer behavioral problems, improved classroom environments, and more confidence in their own ability to address disruptive and/or negative behavior.^{xi} Families with children in settings that employ ECMHC report better communication between staff and caregiver, improved interactions between caregiver and child, and increased access to mental health services.^{xii}

Project LAUNCH grantees integrating ECMHC into child care centers and school-based pre-K programs relied on the mental health consultants to meet with families and provide one-on-one support, including referrals to needed services, which is often beyond the capacity of center staff. Grantees working with home child-care providers, a group that often has more limited resources and connections to community services, have found that developing a rapport and providing emotional

support to these providers were essential for implementing ECMHC. Key to success in many of the ECMHC pilots, regardless of program type, was the opportunity for staff to access forums where they were able to obtain mentorship and support from mental health consultants.

California Project LAUNCH used grant funds to support ECMHC in four ECE classrooms and five home child-care programs in one county. Services provided to both groups included support to address individual child behavior, behavioral response analysis related to environment and transitions, training on developmental and social-emotional topics, screenings and referrals, and consultation with providers and parents. The California Project LAUNCH team also coordinated with the state Department of Education to build on the cross-system infrastructure established under LAUNCH and maximize the outcomes of ECMHC as part of the state’s Race to the Top Early Learning Challenge (RTTT-ELC) grant. Through RTTT-ELC, home child-care providers in East Oakland had access to additional technical assistance and funding for quality improvements, such as assessing and modifying their space, materials, and health and safety routines.

In addition, California used Project LAUNCH funding to staff a support group for child-care providers, which met monthly to discuss topics that had been pre-identified by group members (e.g., attachment theory, emotional triggers). The support group also provided additional opportunities for childcare staff to receive specific feedback on how to support children demonstrating difficult behaviors.

The retrospective pre- and post-test survey, which was completed by seven of the participating child-care providers, demonstrated the impact of the California team’s multi-pronged approach to ECMHC. Based on these surveys, child care providers reported a significant increase in their ability to identify the triggers and causes of children’s behavior, and in their ability to support children using new behavioral management strategies.

Kansas Project LAUNCH targeted home child-care providers and implemented a new evidence-based curriculum for this type of setting, AI’s Caring Pals. Through AI’s Caring Pals, mental health consultants trained home child-care providers in how to build the social-emotional skills of children from 3-8 years old who were in their care. A mental health consultant met weekly with home child-care providers and conducted developmentally appropriate social-emotional learning activities with the program’s children to model discipline and nurturing strategies. Providers also met with a mental health consultant regarding specific challenges faced in the child-care setting and, in response, the consultant developed strategies, plans of action, and provided training and follow-up.

Michigan Project LAUNCH provided direct mental health consultation services across 13 different sites, representing a range of ECE settings (e.g., private childcare settings, public preschool classrooms, Head Start classrooms). Michigan’s

mental health consultation model combined individual and programmatic consultation with workforce training using the Center on the Social and Emotional Foundations for Early Learning (CSEFEL) Pyramid Model for Supporting Social Emotional Competence in Infants and Young Children. The CSEFEL Pyramid Model is a framework for bolstering the ability of the ECE workforce to meet the social and emotional needs of children and families, which has two primary components: 1) training teachers in building positive relationships with children and their families through implementing preventive practices in classrooms, using social and emotional teaching strategies, and planning intensive individualized interventions; and 2) direct observation and coaching of teachers in the use of these principles in their daily practice. In addition to implementing these workforce development activities, Project LAUNCH Michigan expanded the CSEFEL Pyramid Model to give ECE staff access to a Social and Emotional Specialist who provided individualized mental health consultation. Pre-test/post-test measures of classroom environment and teacher practices indicated that there were significant improvements in the overall classroom practices of the eight teachers who received CSEFEL training and the 14 teachers who received combined training and coaching. However, those that received combined training and coaching demonstrated more improvements across the various classroom practice areas (e.g., teaching children to express emotions, supporting children with persistent problem behavior, etc.) than those who only received CSEFEL training.

WA ECMHC Program Improved Children's Social-Emotional Development:

Teachers in WA reported that ECMHC services led to an overall reduction in behavior concerns and increased children's social emotional adjustment.

Washington Project LAUNCH implemented two approaches to increasing ECMHC in ECE settings. As a core Project LAUNCH service, a local agency offered low-income, Latina, licensed ECE and home child-care providers access to ECMHC services to help increase their skills in managing challenging behaviors and providing social-emotional supports. The state also implemented a broader ECMHC program, which included therapist-provided assessments of children in child-care settings, the development of behavior plans, staff training, and on-the-ground support. This program was also targeted to adult Latina child-care providers. Mental health consultants in the ECMHC program were supported through LAUNCH to receive "train-the-trainer" certificates in the Ages and Stages Questionnaire Screening Tools, the Parent Stress Index, and the Devereux Early Childhood Assessment. The consultants could then train the child-care providers so they were equipped to screen children and families for social-emotional concerns.

Washington included a focus on assessments and screening in its ECMHC program training both to encourage use of these screenings as planning tools for ECE providers, and as part of

the general community effort to increase developmental and social-emotional screening of young children. As a result, nearly 500 children were screened over the 5-year project period, and 24 percent of those screened received referrals to additional assessments and supports, which were coordinated by the mental health consultants. Additionally, an analysis of the pre-post change in teachers' ratings of children was conducted for the six participating sites that had both baseline and follow-up data available. The results of this analysis suggested that use of ECMHC services led to an overall reduction in behavior concerns and an increase in the children's social emotional adjustment.

Opportunities for states, territories, and tribes exploring expansion of ECMHC services within ECE settings

States that have developed ECMHC within Project LAUNCH-supported ECE settings share some common features that can help support success. These features are described below.

- Using mental health consultants to build staff/program capacity to address children and families' social, emotional and behavioral health needs. Having mental health consultants on site as consultants allows for child-care programs to provide individualized attention to children and families, including the provision of short-term, crisis care and referrals to needed services that are typically beyond the ability of center staff due to time and resource constraints. In California, having mental health consultants available to children enrolled in ECE programs allowed for these professionals to triage and offer crisis management and direct services to both groups and individual clients.
- *Implementing training and staff development activities to build provider/program knowledge around child and family behavioral health needs.* In evaluations of Project LAUNCH activities, child-care center staff report that they have an increased understanding of topics related to child and adult mental health, stages of child development, and toxic stress as a result of training activities. Evaluations also find that this increased knowledge results in staff reporting a higher level of comfort with talking to families about behavioral issues and better relationships between staff and families. In Washington, D.C., the Project LAUNCH grantee found that in early years of model implementation it was critical to focus on building provider knowledge on early childhood topics and that, once this baseline was established, providers became more comfortable working one-on-one with families and establishing individualized behavioral health plans.
- *Using observation, modeling, and coaching to enhance provider/staff knowledge and practice.* Observation and coaching are used as part of ECMHC to help providers develop new competencies, improve existing approaches, and learn about the practice of self-assessment and improvement. Grantees reported that having in-classroom staff support, including individual case consultation and modeling of effective behavior response strategies, resulted in better classroom management. In Washington, child-care

providers attributed benefits observed in children in their program to the direct modeling and coaching approach.

V. EMBEDDING EARLY CHILDHOOD MENTAL HEALTH CONSULTATION WITHIN HOME VISITING PROGRAMS

The home visiting model is an evidence-based approach to supporting first-time parents and other high-risk families. Home visiting program staff are able to provide in-home supports that allow them to intervene early in a child's life and give parents the tools to succeed.

Home Visiting Alone Does Not Meet All Mental Health Needs

Home visiting programs serve high-risk and vulnerable families; however, they may not adequately address all mental health needs. Research has shown that home visiting staff successfully identified a family's mental health needs in only 14 percent of cases.^{xiii} Studies also have found that, despite high demand for mental health, substance abuse, and domestic violence services, home visitors have had limited success in connecting families to needed resources.^{xiv}

While home visiting programs have been able to reach many high-risk and vulnerable families, evidence shows that home visitation programs are not sufficient for addressing all mental health needs.^{xv,xvi} To be responsive to this challenge, a number of home visiting programs have increased their capacity to serve families by integrating mental health consultants and other mental health supports into their programs. This model is similar to the integration of mental health consultation in ECE settings, which has demonstrated positive results, as discussed above. Preliminary findings from Project LAUNCH grantees and other early adopters indicate that ECMHC services help home visitors both better support families and achieve greater professional success.

Project LAUNCH grantees were asked to enhance home visiting programs by incorporating an increased focus on the social and emotional well-being of participating children and families. A number of states, supported by evidence of success in ECE programs utilizing ECMHC, explored embedding MHC principles into existing home visiting services. ECMHC home visiting approaches include providing extensive mental health training to home visiting staff and sometimes adding mental health consultants to existing home visiting teams. These new resources empower home visiting staff to better identify mental health challenges within families and to link families with mental health consultants who can both provide short-term services and identify appropriate referrals for longer-term care.

ECMHC Services Improve Home Visitors' Ability to Support Families and Achieve Professional Success:

- CA home visiting staff reported improved relationships with their families and ability to get families the mental health services that they needed.
- NM home visiting staff rated themselves as being more competent in identifying and making referrals for children with mental or behavioral health issues.
- OR home visiting staff experienced significant increases in their knowledge of children's mental health, ability to engage parents as partners, and ability to provide strong program leadership.

The **California Project LAUNCH** team integrated mental health consultation into its existing home visiting programs. As part of this approach, a mental health specialist served as a resource and consultant to home visitors and the families they served. Home visitors in the program participated in extensive trainings on key mental health topics, including childhood trauma, depression, and violence, and received specific feedback on complex cases. The mental health consultant also trained home visiting staff in the practice of reflective supervision, a process by which supervisors and staff collaborate to review and discuss their work experiences, to help home visitors grow professionally and better manage work-related stress.

The mental health consultant also had some limited funding to provide short-term, direct mental health services to the families participating in the home visiting program and to identify referrals for ongoing services.

A survey completed by 11 participating home visiting staff reflected the success of the MHC integration program. All of the home visitors reported having families in their caseload that were positively impacted by the mental health consultation services offered through Project LAUNCH. All of the respondents also indicated that mental health consultation improved their relationships with the families they work with, and 67 percent reported feeling much more capable of helping families get the mental health services that they needed.

New Mexico Project LAUNCH was able to provide ECMHC support across a number of programs, including its First Born home visiting program. Originally, New Mexico had envisioned a structure in which mental health consultants would provide group trainings on a variety of mental health topics and partner with home visitors to provide individual support. Ultimately, the team found that it was more effective for the consultant to provide individual consultations to home visiting staff as needed. The home visiting consultant was able to provide direct mentoring and training to home visiting staff who were challenged by family dynamics or who were working with caregivers experiencing mental health challenges, such as depression or anxiety. Additionally, the mental health consultant was available to participate directly, by request, in

home visits and help home visiting staff develop response plans to address any mental health issues that arose. During Year 5 of Project LAUNCH, for example, the mental health consultant participated directly in 39 home visits. Through the pre-post Mental Health Consultation Survey, the 18 First Born home visiting staff who participated in mental health consultation were asked to rate their knowledge and skills on a scale of 1 to 5, with 1 being “under developed” and 5 being “outstanding.” Based on these surveys, the staff reported that their ability to identify and make referrals for children with mental or behavioral health issues increased, on average, from “competent” to “very strong” by the end of Year 5.

The **Oregon Project LAUNCH** team began developing their strategy for integrating social and emotional well-being support into home visiting by first assessing the state’s home visiting population. After determining that home visitors were supporting an increasingly high-risk population with unmet mental health needs, the state introduced ECMHC into its existing home visiting programs. The state also implemented the Positive Behavioral Interventions and Support model (PBIS) in conjunction with ECMHC in order to increase the efficacy of home visiting programs. PBIS, which was designed to support school-aged children, is a multi-leveled approach that provides early childhood teachers with tools and strategies to increase positive student behaviors in the classroom while decreasing negative behaviors. The Oregon team adapted the PBIS training and tools to serve as “family coaching” resources, and the mental health consultants used these resources to strengthen the capacity and effectiveness of the home visiting program teams working with high-risk families.

The nine home visiting staff who participated in PBIS were surveyed at baseline and 24 months to assess changes in their skills and confidence. The survey results demonstrated that the home visiting staff experienced significant increases in: their knowledge of children’s mental health; ability to engage parents as partners; and ability to provide strong program leadership. Finally, data suggests that the home visitors had strengthened capacity for educating families on strategies to promote social and emotional competencies.

Project LAUNCH Success Led to Statewide Expansion of ECMHC in Wisconsin

WI developed an infant mental health consultation program that was first piloted within three LAUNCH sites serving more than 200 families. Due to the success of the Project LAUNCH sites, the state has expanded mental health consultation to all state-funded home visiting programs, with a primary focus on infant mental health.

Wisconsin Project LAUNCH developed an infant mental health consultation program, which was first piloted within three LAUNCH sites serving more than 200 families. Due to the success of the Project LAUNCH sites, the state has expanded mental health consultation to all state-funded home

visiting programs, with a primary focus on infant mental health. Key to the advancement of Wisconsin’s efforts has been the development of its Reflective Practice Project, which is designed to: help home visitors develop strong relationships with families; increase the infant mental health competencies of its home visiting staff; and promote the Infant Mental Health Endorsement system (a nationally-recognized program designed to improve competency in the promotion and practice of infant mental health). Home visitors who utilized mental health consultation were surveyed throughout the Project LAUNCH funding period. Survey results indicated that all of the 30 participating home visitors found mental health consultation to be somewhat or very helpful to their work, and many respondents specifically noted that use of mental health consultation and reflective practice were the most valuable LAUNCH-related changes to their work.

Opportunities for states, territories, and tribes exploring expansion of ECMHC services within home visiting programs

Common Frameworks of Successful Integration of ECMHC within Home Visiting Programs

Home visiting programs that successfully integrated ECMHC have utilized frameworks that support staff in addressing the needs of high-risk families, including:

- Bringing mental health consultants on staff;
- Leveraging mental health consultants for case consultation;
- Providing trainings to home visiting staff on mental health topics, tools and resources; and
- Implementing reflective supervision.

Home visiting programs that have successfully integrated ECMHC have utilized similar frameworks that support staff in addressing the needs of high-risk families. States, territories, and tribes seeking to bolster their home visiting programs and take active steps to address unmet mental health needs among vulnerable populations can adapt tested strategies and apply lessons learned from these programs. The following are approaches LAUNCH grantees have employed to address mental health within home visiting programs:

- *Bringing mental health consultants on staff to support families and home visitors.* Project LAUNCH-supported programs that incorporate mental health consultants on staff and/or had consultants available to participate directly in home visits found that having these providers allowed for the programs to triage, provide short-term support, and then better link families to the appropriate mental health and other needed services. In Maine, the state focused on “bridging the gap” between medical and social services providers and programs offering community-based supports. The state’s home visiting program used mental health consultants known as Infant and Family Support Specialists to connect at-risk families with short-term, high-intensity

services to stabilize complex situations and then moved to creating and implementing individualized support plans built on the family's strengths, concerns, and issues. By partnering with medical service providers, the home visiting programs were able to provide client families with needed mental health supports and referrals.

- *Having mental health consultants available to provide case consultation.* Participants in the evaluation of New Mexico's First Born program indicated that having the ability to partner with a mental health consultant was invaluable in working with more challenging families. Mental health consultants are able to help staff develop strategies to engage with families and provide information on key signs and behaviors home visitors should be aware of.
- *Conducting trainings, led by mental health consultants, to provide home visiting staff with the tools to address mental health needs.* Trainings on critical topics, particularly in the areas of substance abuse, mental health, domestic violence, and toxic stress, were identified as an important component of increasing staff skill and confidence related to working with families with mental health needs across programs.
- *Implementing reflective supervision to support home visiting program staff.* Home visitors from several programs, including those in New York, California and Oregon, reported that open dialogue with supervisors about family needs and on the job stress was critical to their professional success. Wisconsin has made reflective supervision a cornerstone of the statewide expansion of ECMHC into home visiting programs, recognizing the importance of this form of staff support. Rhode Island underscored that it is critical for all programs to prioritize finding time to allow for reflective supervision activities as this time can get absorbed by other priorities, even when mentorship and reflection are important to a program.

VI. KEY FINDINGS FROM EVALUATIONS OF PROJECT LAUNCH ECMHC ACTIVITIES

Project LAUNCH grantee activities were evaluated by independent researchers on a yearly basis, as well as cumulatively at the end of the five-year grant period, using a variety of qualitative and quantitative data, such as provider and family surveys, stakeholder interviews, and direct service data. Results from these evaluations demonstrate that children served or supported in settings that have access to ECMHC saw results in both short-term (e.g., better behavior, better classroom management) and long-term (e.g., reduced grade retention, higher reading scores) gains. Additionally, staff in programs across the country report that the support received from mental health consultants helped increase their job performance, increase job satisfaction, and reduce burnout. The following are key findings from evaluations of the Project LAUNCH sites.

ECMHC Results in Short- and Long-Term Gains for Children:

Results demonstrate that children served in settings with access to ECMHC saw short-term gains in improved behavior, and long-term gains in school performance, including reductions in the number of children who had to repeat a grade and improved reading scores.

Providing mental health supports, including ECMHC services, have been shown to sharply reduce the number of children held back in the second grade and result in higher second grade reading scores.

In the special study report produced for SAMHSA by California Project LAUNCH, the grantee demonstrated that providing targeted ECMHC services on site, in conjunction with parent-focused trainings, was associated with higher second grade reading scores among children who entered kindergarten with low school readiness, as well as sharp declines in the number of children who had to repeat the second grade.

Additionally, pre- and post-assessments of students receiving ECMHC in California elementary schools showed that students receiving ECMHC supports demonstrated gains in social skills, reductions in challenging behaviors, and improved academic competence.

ECE and home visiting staff report that ECMHC services helps them better identify children with social, emotional, and behavioral challenges, and provide support to these children and their families.

ECE and home visiting staff in several states reported obtaining significant benefits from receiving mental health consultation. Common themes from evaluation surveys included providers and caregivers reporting increased confidence in their understanding of challenging mental health issues as well as personal growth and satisfaction with job performance.

In New Mexico, providers working with ECMHC consultants reported increases in "ability to talk to parents about social-emotional concerns," "knowledge of available referral options," and "ability to identify children's social/emotional behavioral challenges," among other positive evaluation outcomes.

In Wisconsin, providers reported through surveys that access to mental health consultation was beneficial to personal work practices and supported the families with which they engaged.

The longer providers were engaged and supported in ECMHC, the greater the gains were for both children and programs.

Washington found that for providers in ECE settings who participated in ECMHC, the scope of reported benefits from the intervention was most clearly associated with the length of time providers had participated in ECMHC. Respondents who had received ECMHC for less than six months reported some initial

gains; however these providers did not believe there would be long-lasting benefits for either the children served or their programs. In contrast, among providers who participated in ECMHC for more than six months, all respondents reported that children were receiving a benefit from the practices put into place as a result of the consultation and that their overall programs had greatly improved.

Findings from the evaluation of the Project LAUNCH sites provide the foundation for continued expansion of access to ECMHC services in settings that serve and support young children. Program staff report tremendous benefits to having additional resources, and preliminary outcome data demonstrated by the results of the California Project LAUNCH Special Study, show the potential for long-term benefits when children become school-aged.

VII. OPPORTUNITIES FOR POST-PROJECT LAUNCH GRANT SUSTAINABILITY OF ECMHC

As a result of evaluation findings demonstrating the success of ECMHC in both home visiting and ECE settings, grantees have been exploring opportunities to continue and expand these critical services following the end of the Project LAUNCH grant. While several states have been able to leverage federal grant opportunities to build on ECMHC activities, a number of states noted that having the ability to bill for ECMHC services would be a significant step towards sustainability. However, obtaining Medicaid reimbursement has been more of a challenge, with more than half of all Medicaid programs reporting budget challenges in 2016.^{xvii} State Medicaid programs are also facing competing demands as they implement payment and delivery system reform initiatives, address emerging health care issues, and support enrollment growth.

Medicaid's Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit is designed to assure the availability and accessibility of health services, including mental health services, for all children in the Medicaid program. In a policy document, the Department of Health and Human Services (HHS), which administers Medicaid, underscored that the EPSDT benefit requires eligible children to receive periodic screenings, including mental health and

development screenings. The document also indicates that if during a routine periodic screening a provider determines that there is a medical necessity for further assessment, a child must be offered additional diagnostic and/or treatment services and those services are eligible for Medicaid reimbursement.^{xviii} In the same document, HHS indicated that depending on the nature of the needed intervention for an individual child, some ECMHC services might be eligible for reimbursement as a rehabilitative service.^{xix} Both of these coverage policies represent potential opportunities for states to identify long-term funding for ECMHC programs serving Medicaid-eligible children and provide one of the strongest options for sustainability and spread of the practice.

VIII. CONCLUSION

In conclusion, Project LAUNCH states have demonstrated that incorporating ECMHC into programs and settings supporting young children through the addition of mental health consultants who provide targeted trainings and staff support, results in positive outcomes for children, families, and classrooms. Providers report improved confidence in their ability to work with high-risk children and families; parents report better relationships with staff in early childhood programs and better access to needed supports and services; and preliminary results from California demonstrate there is the potential for long-term improved academic outcomes for children served in programs that have ECMHC. Evaluation findings also demonstrate that providers obtain personal gains from ECMHC, with reports of lower levels of stress and higher job satisfaction. Key to continued success of these programs will be obtaining funding following the end of the Project LAUNCH grant period. Several states have begun by building ECMHC into current federal grant opportunities, including the ECCS and the CDBG grants. States have also begun to explore partnering with Medicaid to bill for ECMHC services, which represents a potential long-term opportunity for program sustainability and financing.

The chart below details options that states are considering or have pursued to spread and sustain grant activities, with examples from the Project LAUNCH Cohort 1 and 2 states.

Sustainability Opportunity	Description of grant/program	Activities Supported	State Example(s)
Funding Opportunities			
<i>Early Child Comprehensive Systems (ECCS) grant</i>	The purpose of this grant program is to enhance early childhood systems demonstrate improved outcomes in population-based children’s developmental health and family well-being indicators.	Through a Collaborative Innovation and Improvement Network (CoIIN) approach, grantees are testing innovative early childhood systems change ideas, developing spread strategies, and adopting policies for sustaining the systems that increase children’s age-appropriate developmental skills and reduce developmental disparities.	Wisconsin. As part of its ECCS grant, the state is building on the foundation of mental health consultants that was developed through LAUNCH and incorporating ECMHC across all state home visiting initiatives.
<i>Child Care and Development Block Grant (CCDBG)</i>	The Child Care and Development Block Grant (CCDBG) helps low-income families, families receiving public assistance, and those families transitioning from public assistance in obtaining childcare.	States have broad flexibility related to how they utilize their CDBG funds as long as funds are used to help families with incomes below 85 percent of the state median income level obtain child care. Additionally, states must commit to using at least 4 percent of the funds on improving the quality of child care. This amount will gradually be increased to 9 percent by 2021; three percent of which must be set aside to improve the quality of care for infants and toddlers. States may use these quality child-care funds for technical assistance and training, resource and referral services, grants, increasing monitoring staff, compensation projects, and other activities.	New York. The state used CDBG funding to support a 50-member advisory team from across state agencies, organizations, and representatives from local and higher education. The advisory team is charged with coordination of post-grant continuation of ECMHC services.
<i>Medicaid</i>	Medicaid is the U.S. social health care program for families and individuals with low income and limited resources. Medicaid is the single largest payer for mental health services and provides health coverage to more than 30 million children.	Several states indicated that the current inability to bill Medicaid for ECMHC has presented a major barrier to further rollout post grant (as discussed further below).	Numerous Project LAUNCH states were exploring opportunities to partner with Medicaid to support ECMHC.
<i>Establishing and/or Levering Existing State Funding</i>	State governments have the flexibility to support activities related to child and family mental health as well as child care.	States have the opportunity to fund and support innovative, evidence-based programs that help children and families thrive.	North Carolina. The state combined Project LAUNCH funds with another funding source to enhance community capacity to consult collaboratively with child-care facilities, schools, home visitors, and families. Braided funds were then combined with a local partnership, which has now taken on these services and will be maintaining them.

Sustainability Opportunity	Description of grant/program	Activities Supported	State Example(s)
			<p>Washington. The work within the Early Childhood Mental Health Consultation Project has served to inform regional and statewide behavioral consultation within child care and the Early Achiever/QRIS system at the WA Department of Early Learning. This project will be utilized to guide the next steps of merging the two initiatives together and will be funded by the state.</p>
<p><i>Private Foundation Support</i></p>	<p>Private foundations are legal entities set up by an individual, family or a group of individuals, for a purpose such as philanthropy. These entities may choose to support any number of activities.</p>	<p>Private foundations may choose to support a wide variety of activities, often influenced by the mission or goal of the entity.</p>	<p>Michigan. An Early Childhood Endowment Fund, which originated through Project LAUNCH, was established to assist in identifying resources to fund early childhood services into the future.</p> <p>Maine. A private foundation is fully funding Maine’s MHC program, “Early Childhood Consultation & Outreach,” for an additional year so that consultative services can continue to be available to child care centers, preschool teachers and staff, and elementary school teachers in one county.</p>
<p>Structural/Policy Changes</p>			
<p><i>Implementing New Law/Regulation</i></p>		<p>States have the ability to enact laws, policies, and regulations that will establish infrastructure to support statewide or expanded use of ECMHC.</p>	<p>District of Columbia. DC’s Project LAUNCH funds were used to support the provision of high-quality early childhood mental health consultation services in 24 of the city’s Child Development Centers (CDC). As a result of Project LAUNCH work, DC has implemented legislation that will expand mental health consultation services to every CDC in the city over the next 5-7 years.</p>

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