Smart Support
Arizona’s Early Childhood Mental Health Consultation Program

FIRST THINGS FIRST
First Things First (FTF)

- Created by the voters in November 2006; Funded by 80 cent tax on tobacco products
- Goals for **ALL** children 5 and under:
  - High quality accessible and affordable child care
  - Preventive health care/screenings
  - Family supports
  - Coordination
  - Communication and awareness
- Quality First is a FTF strategy to achieve the goal of high quality accessible and affordable child care:
  - Pre and post assessment of quality indicators
  - Multiple assessment tools
  - Intensive coaching
  - Substantial financial incentives
  - T.E.A.C.H. Early Childhood ® Arizona Scholarships
  - Child care health consultation.
Mental Heath Consultation

Essential to Quality Child Care

• Mental health consultation has emerged as an effective strategy for improving the capacity of early childhood providers to support young children’s healthy social and emotional development and to address the mental health needs and challenging behaviors that place particular children at risk for adverse outcomes in the first years of life and beyond.
Beginnings

- May 2009 FTF Board approves funds for MHC infrastructure.
- Researched literature for MHC best practices, models in other states.
- Developed Standards of Practice, Scope of Work, RFGA
- December, 2009 – Southwest Human Development selected to design and implement a statewide system for high quality mental health consultation to early childhood care and education providers.
Definition of ECMHC

- A systematic, collaborative approach to building the capacity of an early childhood professional to promote young children’s social-emotional and behavioral development and to address challenges in these areas.

- Focuses on increasing the skills and expertise of the adults in the child’s life (e.g. teachers, parents, early intervention providers), rather than providing therapeutic services directly to the child.

(Cohen & Kaufmann, 2005)
Types of Early Childhood Mental Health Consultation

• Child-Focused (Case) Consultation
  • Primary goal is to address the factors that contribute to an individual child’s (and/or family’s) difficulties functioning well in the early childhood setting.
  • Providers typically request consultation around an individual child, though program consultation may become the focus.
  • Consultant provides strategies and helps develop a plan to address the child’s behavior (or to work with the family’s difficulty)
Types of Early Childhood Mental Health Consultation

• Program Consultation
  • Focuses on providing staff with strategies and skill building to support children’s social-emotional development
  • Assists staff in addressing specific issues that affect more than one child, family or staff member
  • Provide information and support to change the culture of the setting to regard social-emotional growth as a high priority for all children in the setting.
Smart Support Model of ECMHC

• Grounding in child development research, attachment theory, infant mental health principles.
• On-site consultation beginning with assessment and a plan to increase understanding, model and guide behaviors through a partnership between consultant and staff.
• Consultation relationship builds over time and also allows for brief, more circumscribed services when appropriate.
Smart Support Model of ECMHC

• Consultation to address the needs of a specific child.
• Consultation with parent(s)/guardians(s) about their child’s mental health, behavioral, or developmental challenges.
• Alternatively, support and guidance to increase staff comfort and capacity for conversations with parent(s)/guardians(s) about their child’s mental health, behavioral and/or developmental challenges.
• Provision of resources and referrals for children, families, and staff.
• Facilitation of referrals for mental health, health, and early intervention services, as needed
Smart Support Model of ECMHC

• Use of the *Pyramid Model* developed by CSEFEL as a companion to mental health consultation services.
  • Provides a common language for MHCs and early childhood care and education staff
  • Provides a framework for MHCs to organize their strategies along the promotion-prevention-treatment continuum (e.g. “I will focus on mental health promotion by conducting a training for teachers on the impact of early trauma.”)
Training and Support for Consultants and Supervisors

- CSEFEL training modules
- Facilitated discussions of reading materials (e.g. Johnston & Brinamen’s *Mental health Consultation in Child Care*)
- Supplementary trainings:
  - Attachment in early care and education settings
  - The development of self-regulation
  - The impact of trauma on development and supporting traumatized young children
- Reflective supervision
Outcomes

Staff outcomes:
• Improved self-efficacy
• Increased sensitivity to children
• Less job stress
• Better teaching skills
• Improved communication with families
• Reduced staff turnover
• Improved overall quality of child care program

Outcomes

Child outcomes:
• Improved social skills
• Increased emotional competence
• Improved peer relationships
• Improved self-efficacy
• Decrease in behavior problems and expulsions
Outcomes

Family outcomes:
• Increase in use of mental health services
• Improved parenting skills
• Reduced parenting stress
• Better communication with staff
Capacity Building

• Tuition reimbursement for continuing education for mental health professionals
  – Master’s level mental health professionals
  – Supports obtaining credentials or academic credits that will qualify professional to provide MHC or clinical services to children birth through age 5.

• Seminars, workshops, institutes on early childhood mental health offered on a quarterly basis to mental health professionals.
MHC and Home Visiting

• In selected regions, MHC will also be provided to Home Visiting program staff
  – Information and skill building delivered in a group setting
  – Joint visit with Home Visitor in selected situations as resources may permit.
  – Program delivery issues such as caseload size, scheduling, reporting, and outcomes will be assessed as this service evolves.
For more information contact:

Judy Walruff, PhD
Senior Policy Specialist
First Things First
jwalruff@azftf.gov

Dr. Alison Steier
Director, Smart Support
Southwest Human Development
asteier@swhd.org
Smart Support Web Outreach

http://www.swhd.org/training_education/MentalHealthConsultation.php

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