Maryland Infant & Early Childhood Mental Health Support Services Program:

Practice Standards & Recommendations

Division of Early Childhood and Division of Early Intervention and Special Education Services
Developed 2020

MARYLAND STATE DEPARTMENT OF
EDUCATION
EQUITY AND EXCELLENCE

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The Maryland State Department of Education (MSDE), Division of Early Childhood and Division of Early Intervention and Special Education Services have been committed to this work since 2009, through the initiation of a pilot project that spanned three jurisdictions in the state. Original guidelines for the project were written by Deborah Perry, Pamela Trivedi and Frances Duran at the Georgetown University Center for Child and Human Development in partnership with the programs funded by MSDE under the Early Childhood Mental Health Consultation (ECMHC) Project.

The 2020 updated standards were developed in partnership with the Maryland Division of Early Childhood, Maryland Division of Early Intervention and Special Education Services, University of Maryland Institute for Innovation and Implementation Parent, Infant Early Child Team (Institute PIEC team), and the University of Maryland School of Medicine Center of Excellence for Infant and Early Childhood Mental Health. This document is copyright free. Readers are encouraged to share; however, please credit the Maryland State Department of Education (MSDE), Division of Early Childhood and Division of Early Intervention and Special Education Services.

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Purpose and Use of these Standards & Recommendations

The purpose of this document is to provide standards for implementation of the Infant and Early Childhood Mental Health Support Services (IECMHSS) Program in Maryland funded by Maryland State Department of Education's (MSDE) Division of Early Childhood. The goal is to bring consistency to the practice of IECMHSS between and among programs funded through MSDE and describe a tiered approach for the service delivery.

This document provides:
- A definition of Infant and Early Childhood Mental Health (IECMH).
- A broad overview of IECMH Support Services (IECMHSS).
- An overview of IECMH Consultation and its history within Maryland.
- Description of tiered approach: IECMH services within an Early Childhood (EC) continuum of support.
- Qualifications and role definitions of the IECMH support service workforce within a tiered intervention model.
- Guidelines for initial training and ongoing support for professionals working within this tiered intervention approach.
- Guidelines for assessment-driven, data-informed strategies in this work to further support the impact for the early educational workforce, classrooms, children and families.

This document describes the foundational components of IECMH Support Services that would be universal across MSDE-funded programs. The vision is for IECMH Support Services programs to utilize these standards as a means of ensuring high quality supports to achieve optimal outcomes for all infants, young children, and their families.

Historically, MSDE-funded supports programs were collectively known as the Early Childhood Mental Health Consultation (ECMHC) Project. The name has been changed to the Infant and Early Childhood Mental Health Support Services (IECMHSS) Program to better reflect the inclusion of supports to infants and the use of a tiered model of services.

This model would incorporate masters' level, licensed and license-eligible consultants into the existing system of Behavioral Specialists and Pyramid Model (PM) Coaches. The current workforce is a mixture of Behavioral Specialists, many of whom also serve as PM Coaches and licensed clinicians and masters level consultants. Outcomes from a 2019 analyses of data from the ECHMC Project indicate that outcomes at the child and classroom levels in Early Childhood Education (ECE) settings are stronger when consultation is provided by licensed mental health professionals (Candelaria, et al., 2019). This data, paired with national data, provides support for MD to adapt a tiered approach that includes licensed clinicians in addition to Behavioral Specialists and Pyramid Model (PM) Coaches, to improve child and family outcomes.

Definition: Infant and Early Childhood Mental Health

Infant and early childhood mental health (IECMH), sometimes referred to as social and emotional health, is the developing capacity of the child from birth to 5 years of age to:
- Form close and secure adult and peer relationships.
- Experience, manage, and express a full range of emotions.
- Explore the environment and learn—all in the context of family, community, and culture (Zero to Three Infant Mental Health Task Force, 2012).

The behavior of an infant, toddler or young child is their language, their way of communicating whether they feel safe, upset, hungry, tired, joyful or overwhelmed. At times their behaviors can be confusing and unclear and it may be difficult for a caregiver to know what to do to make things better. The field of infant and early childhood mental health recognizes that the ability of a child's caregiver to be responsive, supportive, kind, and understanding has long-lasting influences. When, for a variety of reasons, a caregiver may struggle with providing an infant, toddler, or preschooler with the support and understanding they need, a range of services are available which allow the service provider and teacher to think together about the meaning of behavior and helpful responses.

The research makes clear the importance of the first five years on future social-emotional development, as well as success in school, general health, and well-being (Neurons to Neighborhoods, 2000). There is extensive evidence that exposure to poverty, poor caregiver mental health, toxic stress or adverse childhood experiences (ACES) has a long-term impact on brain development, and future functioning (Felitti, et al., 1998; Developing Child, Harvard University, 2019). On average, 16% of children ages 2-5 illustrate symptoms of psychiatric disorders (Egger, et al., 2006). Rates are similar for older children (Costello, et al 2003), indicating persistent behavioral concerns can show early, and children and families benefit when these concernsre addressed early. Persistent IECMH concerns can lead to preschool expulsion, setting the stage for future delinquency later in adolescence and adulthood (Dodge, 1993; Gilliam, 2014).

Defining Infant & Early Childhood Mental Health Consultation

IECMHC is a prevention-based service that pairs a mental health consultant and/or a behavioral specialist with early childhood education professionals who work with infants and young children, and their families in the different settings where they learn and grow, including childcare, preschool, and their homes (SAMHSA). Through this partnership, early childhood educators increase their capacity to nurture social and emotional development and healthy behaviors in infants and young children in their care. The chart below is a visualization of the process.

Factors that influence effective implementation of IECMHC include strong infrastructure and support, highly qualified consultants, and high-quality services (Duran, et al., 2009).   In addition to being a

preventive service, IECMHC is multi-level (includes resources for family, school/child care/home visiting, and the community), relationship-based (focused on promoting positive relationships between young children and their caregivers at home and in childcare settings), and focused on building capacity of young children and their caregivers, and the capacity of providers who work with these families (SAMHSA, 2014).

There is strong evidence that IECMHC can improve social-emotional outcomes for young children and the quality of teacher-child relationships, as well as have positive impacts on the climate in early childhood settings (Brennan, et al., 2008; Connors-Burrow, 2013; Gilliam, 2007; Gilliam, 2016). In addition, there is evidence that IECMHC can reduce preschool suspension and expulsion rates (Perry et al., 2008; Gilliam & Shahar, 2006) and improve staff retention and morale (Shivers, E. M., Guimond, A., Steier, A, 2015).
IECMH Consultants:
- Promote strong relationships and a supportive environment for caregivers and childcare professionals.
- Partner with parents and providers to understand what infants and young children are communicating through their behaviors, and to co-create solutions.
- Equip caregivers with the tools and insights to nurture social and emotional development and healthy behaviors in infants and young children.
- Provide linkages to evidence-based and culturally relevant services.
- Work collaboratively with Behavior Support Specialists to implement improvements in the classroom environment and build provider skills and competencies.
- Provide programmatic support with policies and practices.

Research demonstrates the benefits of IECMH consultation include:
- Improving children's social skills and reducing problem behavior[6,7,11,12,22,23,26,28]
- Preventing preschool suspensions and expulsions among young children of color[7,9,11,12,23,26,27]
- Improving child-adult relationships[1,5,6,7]
- Reducing provider stress, burnout, and turnover[1,5,7]
- Reducing parental stress and missed work days[28]
- Improving parent-provider collaboration and communication [12]

Brief History of IECMHC in Maryland

In order to support the provision of high-quality IECMHC services in the state of Maryland, the Maryland State Department of Education contracted with Georgetown University Center for Child and Human Development to develop research-based standards, which were completed in October 2009. The ECMHC Standards have guided the project for the last eleven years.

The field of IECMHC has grown and evolved over the last several years. In 2016 the Maryland State Department of Education, Division of Early Childhood, was selected as one of 14 pilot sites nationwide to receive expert mentorship through the SAMHSA-funded Center of Excellence (CoE) for Infant and Early Childhood Mental Health Consultation. A core Maryland IECMHC team, comprised of individuals from the Maryland Division of Early Childhood, Maryland Division of Special Education/Early Intervention Services, University of Maryland Institute for Innovation and Implementation PIEC team and the Center of Excellence for Infant and Early Childhood Mental Health Consultation met regularly to review and revise the 2009 standards.

The work of a select group over this time period resulted in the development of a tiered approach to consultation for the state's workforce detailed in this document, published and disseminated in 2020.

This approach was an effort to align the current consultation workforce in the state with the national model while acknowledging the need to build up a pool of qualified applicants for the higher standards of licensure and comprehensive knowledge base spanning development, mental health, and evidence-based interventions. We believe that this tiered approach allows for alignment with national standards for the model of consultation, with considerations to address and build our state's existing mental health workforce, as well as address the cost and sustainability considerations for this non-billable service.

Integration of IECMH Consultation Services & the Pyramid Model in Early Care

For over a decade, Maryland has invested in two strategies that align to support social-emotional wellness outcomes for children – IECMHC and the National Pyramid Model, developed by the Center for Social Emotional Foundations for Early Learning (CSEFEL; 2008). Both fall within the health promotion and prevention spectrum of a services continuum. The first, IECMHC:

- Promotes infant and early childhood mental health in the home, classroom, program and community settings (promotion services).
- Provides prevention services, such as reducing risk factors and supporting resilience at the child, family, classroom, program, and community levels (prevention services).
- Works to connect individuals in need of further assessment, evaluation, and services to the relevant community providers (referral to treatment services).

The Second, the Social Emotional Foundations for Early Learning (SEFEL) Pyramid Model:

- Helps early care (EC) educators create positive learning environments, promote social and emotional skills, and support children who are in distress.
- Is a positive behavioral intervention framework that utilizes a set of practices to support these goals, often using trained coaches, sometimes called Pyramid Model coaches.
- Provides tools to guide the implementation of the model with fidelity while supporting EC educators in utilizing the practices and strategies.

IECMH Consultants and coaches' work together to individualize the chosen approaches and strategies for the children and programs they are working with. Both strategies work to increase the skills and capacity of the workforce, improve the quality of the early care environment and support the creation of nurturing and supportive relationships. IECMH Consultants often aid programs in selecting the appropriate social-emotional curriculum for teaching social skills and self-regulation. Additionally, IECMH Consultants typically are the individuals who co-develop targeted, child-specific supports with providers and family or facilitate referrals to outside resources for additional services, such as assessment and/or treatment. The following is a visual representation of the SEFEL Pyramid model:

The Alliance for the Advancement of Infant Mental Health (which is the global organization that includes those states and countries whose infant mental health associations have licensed the use of the Competency Guidelines® under their associations' names) & the National Pyramid Model Consortium (which is a Non-profit created in January 2014 to continue the Pyramid Model work of the CSEFEL and TASCI and focus on TA for state-wide and program-wide implementation of the model) jointly developed a Crosswalk of the two models. The crosswalk highlights both commonalities and differences to illuminate the ways these two systems complement one another. Alliance has done crosswalks with: FAN, Healthy Families America, Strengthening Families Protective Factors, & newly Pyramid Model. The crosswalk is a valuable resource for Pyramid Model coaches, consultants, supervisors, program administrators, and others who wish to apply for and earn Endorsement® or as they support others in the Endorsement® process. There are two versions of the crosswalk. One is for systems (organizations, agencies, etc.) and one is for Endorsement® applicants. The systems crosswalk is shorter and does not go into the specifics behind each Pyramid Model training module's individual training outline. The applicant crosswalk has a column for applicants to select which of the Pyramid Model training modules they attended in order for the crosswalk to be uploaded to their Endorsement® application with ease. Here is a link to the systems crosswalk,
https://static1.squarespace.com/static/5884ec2a03596e667b2ec631/t/5e70057fc40c8365451fe03e/1584399746763/Crosswalk-System+formsR16.pdf

Tiered Model of IECMH Support Services in MSDE-funded Programs

Our vision for IECMH Support Services is to have an array of early childhood providers, which might include but is not limited to coaches, behavior specialists, and mental health consultants. Each of these brings a unique perspective and body of knowledge to their work with young children and their families. Their services are to support positive social-emotional development and address challenging behaviors, with the goal of maintaining children in their community settings. A tiered model of services, which recognizes the benefits provided by a multidisciplinary team, ensures supports are universally available for all the children. The tiered model is represented by the following illustration:
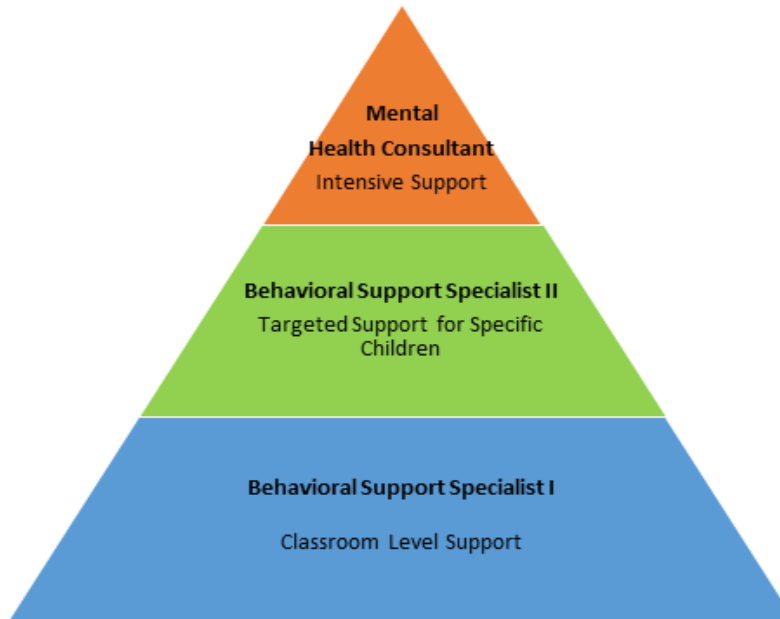
MSDE-funded IECMH Support Service programs in Maryland are guided by a set of core early childhood mental health principles: (Zero to Three, 2016).

- The key to healthy social-emotional development in young children is positive interactions and healthy relationships with caregivers (EC educators and parents) in supportive environments.
- All services must consider the infant/toddler or preschoolers' developmental stage.
- All services must be culturally and linguistically responsive to the family/provider context.
- Support Services recognize the primary importance of family (NAEYC, 2005) in a child's development, and acknowledges the necessity of fostering communication and collaboration between the home and early childcare setting in ways that support child development.
- IECMH Support Services is a primarily "indirect" service that seeks to build the capacity of the young child's EC educators and family members through a collaborative approach.
- IECMH Support Services simultaneously build upon the expertise, perspectives, and resilience of EC educators and family members while nurturing inherent child strengths and emerging competencies.
- IECMH Support Services is a relationship-based, family-centered service that addresses the social and emotional well-being of infants, toddlers, and preschoolers and the EC educators and families that care for them.

MSDE-funded IECMH Support Service Programs are implemented to achieve the following objectives:

- Facilitate early childhood development through changes in early learning environments to enable more children to thrive.
- Provide EC educators and family members with strategies to improve social and emotional development.
- Address problematic social and emotional behaviors of young children in childcare settings by providing intervention strategies.
- Refer families and children requiring more intensive intervention services to high-quality assessment and clinical intervention services.
- Working with EC educators and families to maintain children in their childcare settings with support as needed, with an emphasis on preventing suspensions and expulsions.

MSDE-funded IECMH Support Services Programs have adopted the following benchmarks for success:
- Increase EC educators' knowledge on how to provide nurturing classroom environments for all children.
- Increase EC educators' knowledge of the importance of social-emotional development and capacity to manage challenging behaviors.
- Increase sustained and successful participation in quality early childhood settings for all children by decreasing suspensions and expulsions of children due to problematic behaviors.
- Increase social skills and resilience in referred children and measurably decrease challenging behaviors.
- Facilitate appropriate referrals for children and families in need of more intensive interventions.
- Increase community awareness of the importance of social and emotional development of young children.
- Engage in systematic data collection across providers to demonstrate improved classroom, child, and family outcomes.

In order to align IECMH Support Services Programs with national standards for IECMHC, a tiered model of IECMH services is being adopted for MSDE-funded programs. The tiers are described in the table below.[1]

Tier	Provided By:	Meets Following Qualifications:	Qualifies Professional to Perform the Following:
Tier 1: Behavior Support Specialist I, (Foundation Classroom Support)	Infant & Early Childhood Mental Health Behavioral Support Specialist I	• Bachelor's Degree in Early Childhood Education, Special Education, Psychology, Social Work, Sociology or related field. • SEFEL Pyramid Model training relevant to the setting (Infant/Toddler or Preschool). • Practice-Based Coaching or Reflective Coaching training or will participate within a year. • Active participation in ongoing training and technical support provided by the SEFEL State Leadership Team. • Specialized knowledge of how young children	• Work with an early learning site to implement the SEFEL Pyramid Model • Utilize data from the relevant fidelity measures including the Benchmarks of Quality, the Inventory of Practices, Preschool Mental Health Climate Scale, and/or the Teaching Pyramid Observation Tool (TPOT) or The Pyramid Infant-Toddler Observation Tool (TPITOS) to support the identification and tracking of coaching goals. • Provide on-site implementation support for early childhood staff on SEFEL Pyramid Model. • Coaching can include addressing individual child cases depending on the

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[1] Different Tiers of services may be supported and provided by supplemental funds outside of this MSDE ECMHC funding mechanism supporting the work.

		function in-group settings. • Knowledge base and qualifications must be aligned with core competencies in the state of Maryland for mental health and early childhood professionals. • Undergo background checks consistent with other professionals working one-on-one with young children.	severity of behaviors and initial screening results. This may vary depending on the program structure.
Tier 2: Behavior Support Specialist II (Targeted support for specific behavioral concerns in classrooms and individual students)	Infant and Early Childhood Mental Health Behavioral Specialist II	• Same Qualifications as Behavior Support Specialist I with a Masters in social work/special education/early education preferred but not required • Minimum of 1 hour/month of reflective supervision outside of administrative and clinical supervision (see below for the definition of reflective supervision)	• Build the capacity of childcare staff to support the social-emotional development of all children using Pyramid Model Strategies (see Tier 1 above). • Provide specific behavioral, social and emotional recommendations for an individual child. • Provide recommendations and strategies for parents to implement in the home environment that will enhance the social and emotional development of their child. • Facilitate referrals to Tier 3 ECMHC services • Facilitate referrals for therapy, assessment, special education, and/or other direct service support for an individual child as needed
Tier 3: IECMH Consultation (Intensive support for specific behavioral	Infant and Early Childhood Mental Health Consultant	• Licensure as a masters-level mental health professional • 2 years' post-degree experience preferred • Specific knowledge and experience of child	• All services in Tiers 1 & 2 • Increased emphasis on children and classrooms and families with the highest-level needs based on screening results and identified risk factors

concerns exhibited by individual students)		development, trauma-informed approaches, and early childhood mental health • Utilizes the consultative stance • Meets requirements for Tiers 1 and 2 • Consultants must have or develop specialized knowledge of how young children function in-group settings. • IECMH Consultants will attend training on key early childhood and consultation topics and practices, including the SEFEL Pyramid Model.	• Provides in-depth support and interventions to program staff and parents to address challenging behaviors including home visiting where indicated • Referral for therapy, assessment, special education, and/or other direct service support for an individual child

IECMH Consultant Qualifications and Competencies

Maryland's tiered model of services detailed above were developed to align the state's Tier 3 workforce (IECMHC) with the nationally vetted IECMH consultant competencies and qualifications developed by SAMHSA's Center of Excellence for Infant & Early Childhood Mental Health Consultation (CoE) https://www.samhsa.gov/iecmhc/toolbox/competencies. Additional information on the Center of Excellence and the development of these standards is available at https://www.samhsa.gov/iecmhc. In acknowledgment of the significant workforce development needs in our state within the topic area of infant and early childhood mental health, we have detailed the tiered approach of an array of services to equitably and sustainability support EC educators, infants, and young children and their families within community settings across the state.

IECMH Support Services Provider Activities:

Behavioral Specialists and IECMH Consultants work to provide a broad range of supports across service delivery systems, including but not limited to:
- Increase provider and caregiver capacity to understand the language of a child's behavior and provide support and connection. Provide providers and caregivers with strategies to support social and emotional development.
- Increase EC educators' knowledge, attitudes, and behaviors that promote environments that support social and emotional development for all children.
- Gather information from the home environment in a way that is respectful, confidential and relevant for the IECMH Consultant in their work with the provider and family.
- Adopt a consultative stance that foregoes the position of the "expert" and values the expertise and perspective of the provider.
- Increase provider and caregiver knowledge of the importance of social-emotional development, attachment, and the impact of trauma and toxic stress on development.

- Provide insight to the EC educator on how their behavior influences children's behavior.
- Assist programs in the selection and use of evidence-based parenting programs and/or social-emotional curriculum for early care settings.
- Provide modeling and training on the systematic implementation of evidence-based strategies that target positive social-emotional development, support children in distress, and facilitate communication between providers and families.
- Utilize normed instruments to screen children's social-emotional development.
- Communicate with individual families about a child's development, behaviors indicating distress, or any interventions that are planned to address these concerns, as needed.
- Refer families and children requiring more intensive intervention services to high-quality assessment and clinical evidence-based or promising practices intervention services.
- Maintain linkages with local Infants and Toddlers Programs, Preschool Special Education Services, the Judy Centers and Family Support Centers, Head Start/Early Head Start, home visitation programs and other child- and family-serving organizations.
- Ensure children identified and referred for IECMHC or outside services remain in quality infant and early childhood settings.

Professional Development Support for IECMH Support Service Providers

Initial Orientation Training Topics: The vision is for Maryland to develop a guide that provides a universal orientation for IECMH Support Services professional development activities for all new providers funded by MSDE. Upon review of national materials, Maryland's team will develop a plan to partner with universities and leaders to develop content in any areas lacking sufficient guidance. Consultation is distinct from other mental health services, including individual and family treatment, in the way that it synthesizes and applies many areas of knowledge: motivational assessment, early childhood development, systems theory, and infant and early childhood mental health – all with the target of increasing adult's capacities to identify and support the needs of children in their care.

To achieve this, IECMH Support Service providers require knowledge and experience in core issues related to infants and early childhood, such as typical and atypical child development, emotional and behavioral health, family systems, trauma-informed considerations, reflective practice, cultural competence, and knowledge of evidence-based approaches to supporting infants and children in distress. This is a specialization of the mental health field and effort must be made to develop the capacity and skills of those showing interest in the role of Behavior Specialists and IECMH Consultant. If consultants do not come into the field with foundational knowledge in these areas, access to mechanisms to acquire needed knowledge, training, and competencies is an important part of their workforce development.

Professional development for IECMH Support Specialist Providers should include the following domain areas:

- A Systems Perspective of IECMHC
- The Role of the IECMH Consultant
- The Role of Behavior Specialist
- The Consultative Stance
- Cultural Competences and Implicit Biases
- Reflective Practice
- Practice-Based Coaching
- Pyramid Model
- Facilitating Attuned Interactions (FAN)

MSDE will continue to use existing partnerships throughout the state to access training and collaborate on development of training models and content. MSDE works with higher education institutions to promote the creation of professional development pathways within formal education and mental health bachelors and master's degree programs (e.g. early childhood education, early childhood special education, social work).

Additional IECMH Support Services Training and Support

The above-mentioned foundational training alone is not enough to fully prepare an IECMHSS Provider. Once trained, service providers will need the following throughout their time in the field:
- Reflective supervision/consultation specific to the role of the IECMH Consultant.
- Administrative supervision that relates to compliance with federal, state and agency regulations, program policies, rules, and procedures.
- Training related to the specific service delivery setting(s) within which consultants deliver the IECMHC services, such as childcare, home visiting, early care, and education and child welfare.
- In-the-field training, such as peer mentorship through shadowing senior consultants.
- Advanced practice training: such as conducting assessments/screening; reliability training and testing for standardized tools; and training related to social-emotional curricula or frameworks used within the EC practice setting(s).
- Ongoing professional development emphasizing IECMHC and related content to enhance practice delivery.

Ongoing Reflective Supervision/Consultation and Supports for IECMH Consultants, PM Coaches and Behavior Specialists I and II

Reflective supervision/consultation (RS/C) supports the growth of a professional's reflective capacity—the ability to explore the thoughts, feelings, actions, and reactions that are evoked in the work. It is widely agreed that as a professional's capacity to engage in the reflective process grows, their self-confidence and level of mastery in the field is likely to grow as well; for this reason, RS/C holds an important place in the field of IECMHC (SAMHSA).

RS/C is a collaborative relationship for professional growth that improves program quality and practice by cherishing strengths and partnering around vulnerabilities to generate growth (Shahmoon-Shanok, 1991). RS/C addresses the emotional content of the work and attends to relationships and the complex interactions between relationships (professional and caregiver, professional and parent, parent and caregiver) https://www.samhsa.gov/sites/default/files/programs_campaigns/IECMHC/types-supervision-oversight-required-effectively-support-iecmhc-consultants.pdf

IECMH Support Services professionals will participate in RS/C specific to their role for a minimum of 1 hour per month. The provider of this service should be a licensed mental health professional experienced with IECMHC and the provision of reflective consultation. The time and date of meetings, attendees and reflective consultant information should be tracked. Each grantee site is responsible for creating a plan to assure consultants receive reflective consultation. In addition:

1. IECMH Services Supports professionals will be provided with administrative supervision that relates to the compliance with federal, state and agency regulations, program policies, rules, and procedures.
2. IECMH Support Services professionals will have access to ongoing professional development and technical assistance that will be appropriate to their level of expertise and licensing requirements.

3. IECMH Support Services professionals will have the opportunity to participate in peer support meetings.
4. IECMH Support Services professionals are expected to maintain a caseload that balances program- and child-focused work and is consistent with the IECMH Support Services model as locally defined.

Assessment-Driven and Data-Informed Strategies

IECMH Support Services projects will engage in assessment-drive and data-informed strategies to inform approach, processes, progress, and outcomes. This can include, but is not limited to:

1. Engaging in data collection at the beginning, middle, and end of services to determine needs and approach, dosage and duration, assess progress and track outcomes. This can include family and child behavioral health screeners and assessments, classroom functioning data, teacher/provider and caregiver/family report measures.
2. Sharing data with teachers/providers and caregivers to show needs, progress, and outcomes.
3. Collecting data, such as evidence-based or practice-based models used, fidelity tracking, training and coaching activities, reflective supervision/consultation sessions.
4. Using all forms of data to engage in program, jurisdictional and state-wide Continuous Quality Improvement (CQI) efforts to inform and improve IECMH Support Services implementation efforts.
5. Reporting activities and outcomes in the state Outcomes Monitoring Systems (OMS) data tracking system.
6. Collaborating with program, jurisdictional, and state partner data collection plans to inform implementation of CQI processes.
7. Developing a logic model that details the possible resources, activities, theories of change, and outcomes for mental health consultation and coaching in terms of the child, family, staff, and the larger system of care.
8. Reporting on clear, measurable benchmarks on a periodic basis, as required by MSDE.
9. Assessing the quality of implementation and use this data to guide service planning and to improve ECE provider and family engagement.
10. Using standardized, strengths-based screening and assessment tools to track outcomes for children referred for child-focused consultation and/or coaching services. Data will be collected for individual children once parental consent is secured. Norm- or criterion-referenced instruments should be selected that reflect the cultural and ethnic backgrounds of the families served by the ECMH Support Services projects.
11. Gathering data on the social-emotional climate of the ECE environment receiving on-site IECMH Support Services. Data on changes over time in teacher and program-level outcomes will also be recorded for ECE programs receiving consultation and/or coaching services.
12. Tracking the type and amount of consultative and coaching services provided as well as the number of referrals made to community resources.
13. Providing opportunities for participants to provide systematic feedback on the quality of IECMH Support Services provided to ECE providers and families.
14. Participating in administrative reporting to MSDE and statewide program evaluations.

State-level Infrastructure

1. The MSDE will establish a statewide system of IECMH Support Services delivered through locally operated IECMH Support Services Projects (referred to as the IECMHSS Program).

2. The State will work to provide and secure through partnerships with foundations and federal dollars, adequate and stable funding for the IECMH Support Services Program from consistent sources.
3. State, Foundation and Federal funding will cover expenses associated with appropriate clinical and reflective supervision for IECMH Support Services professionals by licensed mental health professionals with expertise in early childhood.
4. In order to support the development of local systems of care for referrals for young children's mental health promotion, prevention and intervention, state-level interagency agreements will establish linkages between child-serving programs. The Maryland State Early Childhood Mental Health Steering Committee, Maryland SEFEL Pyramid Model State Leadership Team or similarly comprised group will serve as a forum to foster these linkages.
5. The State will assist with mapping and connecting activities to build awareness about the importance of early childhood social-emotional development. The Maryland State Early Childhood Mental Health Steering Committee, the Maryland SEFEL Pyramid Model State Leadership Team and similarly comprised groups will assist with these efforts.
6. Statewide technical assistance will provide support, training, and resources for the state-funded IECMHSS Program, including activities that focus on social-emotional development, promotion, prevention, early identification, and intervention.
7. The MSDE is responsible for building connections between state funded IECMHSS projects through regular meetings and communication.
8. Ongoing professional development will be provided for state funded IECMHSS professionals and ECE providers.
9. The MSDE is responsible for monitoring the quality of the implementation of the IECMHSS Program.

Glossary of Terms

Center of Excellence on Infant and Early Childhood Mental Health Consultation (COE on IECMHC): A SAMHSA funded national center that provides technical assistance to programs, communities, states, territories, and tribal communities, and individual mental health consultants to increase access to high quality mental health consultation throughout the country.

Early Childhood (EC): Early childhood is a stage in human development. It generally includes infants, toddlerhood and the preschool years through age 5. During this time span, there is considerable brain growth and maturity, illustrated through all domains of development, including social/emotional, physical development and cognitive growth.

Early Childhood Education (ECE): Refers to the setting and/or providers of childcare and/or education for infants, toddlers and preschoolers.

Infant and Early Childhood Mental Health (IECMH): Infant and early childhood mental health reflects the developing social emotional capacities and regulatory capacity within the context of the primary relationships in children from birth through age five.

Infant and Early Childhood Mental Health Consultation (IECMHC): is a prevention-based service that pairs a mental health consultant with families and adults who work with infants and young children in the different settings where they learn and grow, such as child care, preschool, and their home. The aim is to build adults' capacity to strengthen and support the healthy social and emotional development of children—early and before intervention is needed.

Infant and Early Childhood Mental Health Support Services (IECMHSS): refers to the tiered continuum of Behavioral Support Specialists and Mental Health Consultants described in this document to address the needs and workforce capacity within the state of Maryland.

Pyramid Model for Promoting Social Emotional Competence in Infants and Young Children (PM): is a conceptual framework of evidence-based practices for promoting young children's healthy social and emotional development. The Pyramid Model provides guidance for: early childhood special education personnel; early intervention personnel; early educators; families; and other professionals. The framework was developed by two national, federally funded research and training centers: The Center for the Social and Emotional Foundations for Early Learning (CSEFEL) and Technical Assistance Center on Social Emotional Intervention for Youth Children (TACSEI).

Reflective consultant: refers to an individual who is hired contractually from outside the organization to provide reflective consultation to an individual and/or a group. (Resource: https://www.allianceaimh.org/reflective-supervisionconsultation).

Reflective supervisor: refers to an individual who also may be the consultant's program supervisor and/or is employed by the same organization as the individual. (Resource: https://www.allianceaimh.org/reflective-supervisionconsultant).

The Substance Abuse and Mental Health Services Administration (SAMHSA): is a branch of the U.S. Department of Health and Human Services.

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