



# Maryland's IECMHC Impact Report

- Fiscal Year 2022 -

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# THE NATIONAL MODEL OF IECMHC

Infant & Early Childhood Mental Health Consultation (IECMHC) is an evidence-informed intervention designed to build early childhood professionals' ability to nurture social and emotional development in infants and young children. IECMHC has been shown to successfully:

- Support children's social and emotional development (Cohen et al, 2005)
- Address challenging behaviors in early learning and home environments (Cohen et al, 2005)
- Improve classroom climate and child behaviors (Perry et al, 2010)
- Reduce preschool suspensions and expulsions (Perry et al, 2010), which is triple the rate of expulsion for school-aged peers (Gilliam, 2005)

At its core, IECMHC is intended to create fundamental shifts in early childhood professionals' beliefs, attitudes, and practices in order to support more effective caregiving for all children, regardless of race, gender, class, or a myriad of other factors.

## THE MODEL IN MARYLAND

- The Division of Early Childhood within the Maryland State Department of Education has funded IECMHC services state-wide since 2009.
- There are 11 funded programs that provide services to all 24 jurisdictions. These services are offered at no cost to the childcare programs or families.

**Funder:** MARYLAND STATE DEPARTMENT OF EDUCATION  
EQUITY AND EXCELLENCE

**TA Provider & Evaluator:** UNIVERSITY OF MARYLAND SCHOOL OF SOCIAL WORK  
THE INSTITUTE FOR INNOVATION AND IMPLEMENTATION

*Programs Serving the State:*

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EARLY CHILDHOOD SERVICES Montgomery County Department of Health and Human Services

Howard County Office of Children and Families Department of Community Resources and Services

Lower Shore Early Childhood Mental Health Consultation Program at Salisbury University

PRINCE GEORGE'S CHILD RESOURCE CENTER, INC.

PROJECT SUNSHINE

the PROMISE RESOURCE CENTER Help a child flourish with what you learn today.

## 2022 In Context

2022 marked another year significantly impacted by the COVID-19 pandemic. Families continue to be in flux, with concerns about health + safety ranking above all else, causing economic stress and impacting children's access to early learning environments. The childcare workforce struggled during these extended stressful circumstances. This year also marked ongoing reckoning with the impact of racism on our public systems – allowing models like IECMHC an opportunity to directly and intentionally engage in anti-racist efforts.

MARYLAND STATE DEPARTMENT OF EDUCATION  
EQUITY AND EXCELLENCE

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# Fiscal Year 2022 Priorities

In 2021, the Maryland State Legislature passed H.B. 776, State Department of Education – Infant and Early Childhood Mental Health Consultation Project – Study and Report. The bill, sponsored by Delegate Ebersole, initiated an External Evaluation of Maryland's Infant and Early Childhood Mental Health Consultation Project (Tirrell-Corbin et al, 2021), which was published in December 2021 and included recommendations aligned with current state and national efforts for IECMHC. These priorities included emphasis on equity, working with Part C Early Intervention programs, establishing universal implementation practices, increasing funding for programs and infrastructure, and creation of a universal onboarding process for the workforce. Our activities within these important buckets of work are detailed below:

## Equity

Efforts include Equity Coaching sessions, a Black Affinity group, and the development of programmatic equity maps and a corresponding discussion guide, which are intended to support programs in identifying areas where more IECMHC services are needed.

## Part C Pilot

Increased efforts to build partnerships, including the implementation of a pilot with Part C Infants & Toddlers programs (related to Recommendations IV, V, & XI).

## Universal Prevention Approach

Implementation of IECMHC standards and guidelines (Sweeney et al, 2020), including all IECMHC staff being trained in Pyramid Model Practices (related to Recommendation II) to support classroom wide universal practices for all children and educators during cases.

## Sustaining Funding

Many of the initiatives detailed throughout this report were supported by PDG and ARPA funds. These are short-term federal infusion dollars that allow for expansion of services and infrastructure for this important work, but leave us with the need to source future funds for ongoing services to stay at the level needed. In this effort, we are engaging in regular technical assistance provided through the David & Lucile Packard Foundation (related to Recommendation III) to support policy efforts around funding.

## Development of Universal Onboarding

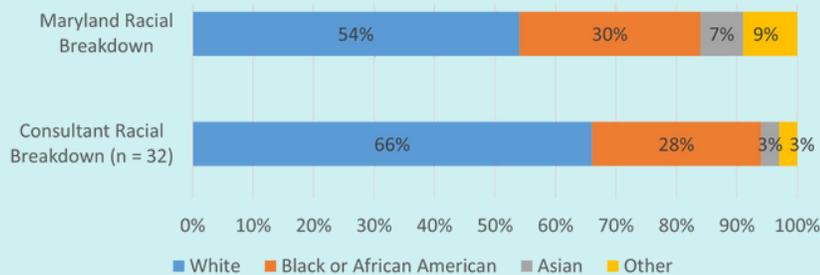
Towards the end of FY 2022, the PIEC team developed an onboarding training series, including both synchronous and asynchronous trainings, that will be launched in FY 2023. (related to Recommendations II, VI, & IX).

# The Maryland Workforce



The IECMHC workforce includes 32 consultants statewide, 31 of which are female

- Below is the racial breakdown of the consultant workforce compared to Maryland's working age population (18-74). As depicted, the IECMHC workforce is generally reflective of the state's population. Given the racial justice intent of this intervention, we are committed to recruiting and retaining a more racially diverse workforce.



There are 11 (34%) consultants who are clinically licensed or license-eligible. They are spread throughout 4 of the 11 IECMHC programs.



## Workforce Challenges

- The number of consultants is not sufficient to address the state's vast childcare needs, and more funding is needed to expand these services.
- There are 32 consultants for 1,677 center-based and 4,376 family-based childcare centers in Maryland.
- It is difficult to find and retain a qualified workforce for these very specialized roles. In part, this is due to salary levels and the lack of clear pathways to enter the IECMHC workforce.

# Program Impact

## The Year in Numbers

This section of the report details the impact and reach of this state-wide service. From these numbers, we can see the number of early learning programs served, classrooms supported, and individual cases. We can also see that services are resulting in the model's intended outcome, which is to reduce suspensions and expulsions from early care and education settings. However, we also know that there remains a significant number of programs, classrooms, and children that we are not yet reaching due to the limited workforce size.

### Program Reach

- **385 cases**, including child specific, classroom, and/or program wide cases
- Approximately **1,032 educators** impacted
- Approximately **5,112 children** impacted in classrooms where IECMH consultation occurred
- **263 early learning programs**
- **173 supplemental capacity building activities** to providers and families

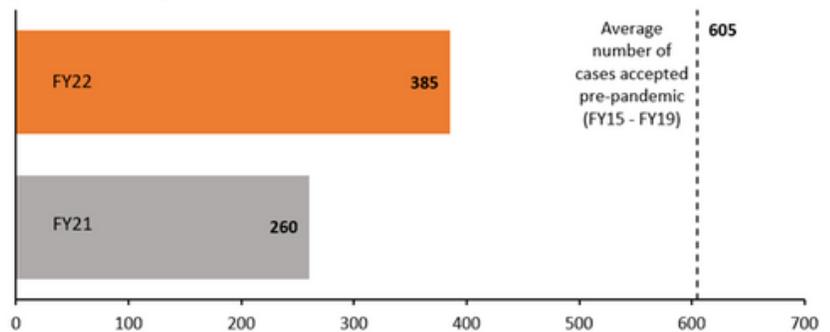
**263 child care programs** received IECMHC services in FY22...

but this is only **4%** of all programs in the state of Maryland, which totals **6,053**.

*"[The Consultant] not only provided specific resources for the child in question, but returned to train our staff on transitions and social emotional support. She worked with us as we transitioned from school to camp, empowering both the teachers she had observed in class as well as the ones who would be working with the child over the summer."*

*-Child Care Director*

The number of accepted cases has increased this fiscal year, but it is still below the pre-pandemic average.



Data source: IECMHC – OMS

Note:

1. Number of accepted cases includes program and child-specific/classroom consultations.
2. A fiscal year (FY) period goes from 07/01 to 06/30.

# Program Impact

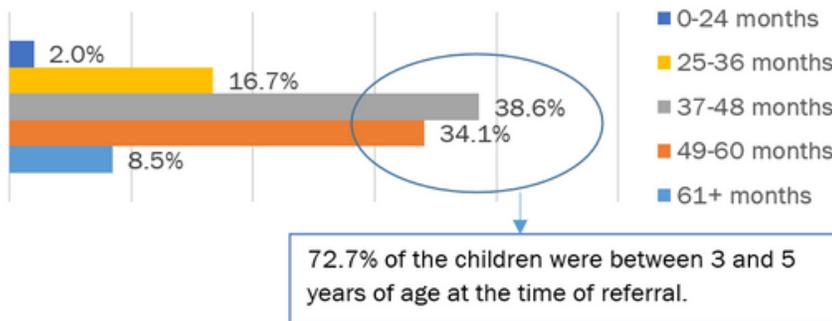
## A Closer Look at Cases

Of the 385 cases served throughout the course of this fiscal year, 324 were for children exhibiting behavioral issues in the classroom. Race/ethnicity and assigned sex was provided for 317, and age at time of referral was provided for 246 children. The graphs below provide the demographic information for the child specific cases.

- 77% Male, 23% Female



■ White ■ Black or African American ■ Multi-racial ■ Asian ■ Hispanic or Latino ■ American Indian or Alaska Native  
 The race/ethnicity breakdown of children served through consultation services is comparable to the overall racial makeup of Maryland's children under 5 years of age (United States Census Bureau, 2019).



*"We saw evidence of her time spent with him on his much improved behavioral challenges - that actually worked! She was kind and understanding and we have appreciated her feedback very much."*  
 -Parent

### Measured Outcomes for Cases:

- **Reduced Behavioral Concerns** - All 5 of the indicators of child behavior improved after receiving consultation services. There was a statistically significant decrease in:
  - teacher reported behavioral concerns
 and a statistically significant increase in:
  - child initiative,
  - self control,
  - and total protective factors
- **Improved Classroom Climate** - Preschool Mental Health Climate Scores showed a statistically significant improvement post consultation for all of the 11 classroom observation subscales.

# Statewide Support to Maryland's IECMHC Programs

Throughout this fiscal year, the Parent, Infant & Early Childhood (PIEC) team at the Institute for Innovation & Implementation at the University of Maryland School of Social Work provided a significant array of supports to IECMHC programs and the state's workforce. These included:



## *Training & Technical Assistance*

The PIEC team held trainings for IECMHC staff in Practice Based Coaching and the TPOT (Teaching Pyramid Observation Tool). The team also developed a comprehensive IECMHC onboarding plan to be implemented in Fall 2022.



## *Program Implementation & Policy Support*

Maryland IECMHC staff and leadership are offered supports through regular meetings where best practices are shared, challenges are addressed, and connections are made. These include monthly facilitated conversations, leadership meetings, equity coaching sessions, and bi-weekly office hours.



## *Research and Evaluation Support*

The statewide IECMHC database is managed by the PIEC team, and regular data checks and quarterly data summaries are provided to programs to track cases, outcomes and other supportive interactions.



## *Connection with National COE*

We were supported by the SAMHSA-Funded National Center of Excellence on IECMHC throughout the duration of this year via their frequently disseminated resources and webinars to support best practices in this field. We have also participated in specific TA opportunities related to financing and equity..



## *Guidance on implementation of tiered model of services*

The PIEC team provided guidance and support to the 11 programs to build internal structures and practices to operationalize cases along a tiered approach, aligned with the Pyramid Model, to ensure supports are universally available for all children as well as target individual cases.

# Looking Forward to FY 2023

Within the year ahead, we are fortunate to have the Division of Early Childhood within the Maryland State Department of Education's commitment to this work illustrated through a short-term infusion of ARPA dollars aimed at increasing the workforce and the infrastructure that supports them. Below details several key efforts to accomplish this:



## Strengthen Existing Workforce

Continuation of efforts to support the IECMHC workforce through the development and delivery of universal onboarding training series, as well as the introduction of a consultative stance training for new and existing providers and leadership. We are also seeking to hire a full time reflective supervisor to support statewide.

## Create Internship Pathways

As illustrated throughout this report, our state needs a larger, more diverse IECMHC workforce. We are working with several graduate schools of social work, including HBCUs, to build partnerships for masters level interns to be placed with local programs and incentivized with stipends.

## Ensure Equitable Distribution of Services

As we deepen our efforts to elevate equity within this work, we are expanding upon a mapping project to track the delivery of current services against the need (e.g. programs engaged as well as racial makeup of each region) with the intent of developing plans to close gaps in access and services.

## Development of Marketing Materials to Expand Services

Contracting with a marketing firm to support the development of messaging to support the dissemination and engagement of services within the IECMHC continuum for providers and families.

# GLOSSARY OF TERMS & REFERENCES

**IECMH** The developing capacity of the child from birth to 5 years old to form close and secure adult and peer relationships; experience, manage, and express a full range of emotions; and explore the environment and learn—all in the context of family, community, and culture. ZERO TO THREE (2017).

**IECMHC** A prevention-based approach that pairs a mental health consultant with adults who work with infants and young children in the different settings where they learn and grow, such as child care, preschool, home visiting, early intervention and their home.

**COE** A federally-funded national center providing technical assistance and professional development to increase access to high quality mental health consultation throughout the country.

**PART C** Part C of IDEA—the Program for Infants and Toddlers with Disabilities—is a federal grant program that assists states in operating a comprehensive statewide program of early intervention services for infants and toddlers ages birth-2 with disabilities, and their families.

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*“We worry about what a child will become tomorrow, yet we forget that he is someone today.”*  
– Stacia Tauscher





thank  
you!

Thank you for engaging with our IECMHC efforts to support the social and emotional needs of our state's youngest learners, as well as their families, childcare providers, educators and caregivers.

## Acknowledgements

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