Opportunities to Expand IECMH Consultation through the American Rescue Plan Act (ARPA)

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Children’s Equity Project
Georgetown University Center for Child and Human Development
Yale University Zigler Center
ZERO TO THREE

Welcome!
Shantel Meek
Children’s Equity Project
Arizona State University

Walter S. Gilliam
Yale University Zigler Center

Neal Horen
Georgetown University Center for Child and Human Development

Lindsay Usry
ZERO TO THREE
Unprecedented Moment to Recover & Rebuild

• Covid-19 caused disruption, trauma, loss, sickness, and economic instability.

• Disproportionate impacts on children of color, immigrant families, and other historically marginalized communities.

• Unprecedented opportunity to fix longstanding issues, repair damage, and expand access to a higher quality system using recovery dollars.

• Critical that our rebuild and expansion efforts are centered on equity.

IECMHC can be a tool to do just that.

HOW CAN WE BUILD AN EQUITABLE ECE SYSTEM?

Funding * Holistic integration * Accountability * Workforce * PD * Quality Systems * Pedagogy & Curriculum * Protect rights of CWD * Eliminate harsh discipline * Data * Promote bilingual learning * Center family partnerships * Include family child care
How Can IECMHC Advance Equity?

- IECMHC is a prevention-based approach that pairs a mental health expert with adults who work with children in the settings where they learn and grow.
- Mental health consultation is not about “fixing kids.” Nor is it therapy.
- Mental health consultation equips caregivers to facilitate children’s healthy social and emotional development.
- Systems approach- from policy to relationships
- Focused exploration of bias across levels
- Centered around understanding, reflecting, bi-directional learning, and building authentic partnerships
- Addresses adult and child wellness
- Cultural affirmation and responsiveness as a cornerstone

Exploring One Example: Harsh Discipline

Experiences Early On Can Impact Access to Opportunity and Longterm Outcomes

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<tr>
<th>x 3.5</th>
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<tbody>
<tr>
<td>Higher preschool expulsion rates than K-12</td>
<td>Expelled or suspended young students are more likely to drop out of high school, experience academic failure, have negative school attitudes</td>
<td>Expelled or suspended young students are more likely to be incarcerated later in life</td>
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Children of incarcerated parents are at 3 times greater risk of being expelled from preschool.

Black and American Indian/Alaska Native Children are Disproportionately Affected

Consider this... with Covid-19 stressors layered on top

- Increased stress and mental health challenges across children, providers, families
- Which are associated with a range of behaviors in children that could be challenging to adults AND adults who have less bandwidth to manage those behaviors and who may be more susceptible to acting on implicit biases.
- Without intentional, targeted support, like what IECMHC has the potential to do, the already devastating effects of COVID can be exacerbated across many other outcomes.
If we structure it right, IECMHC systems can be a critical tool to advance equity as we rebuild

- Equitable access to IECMHC, including in rural, underserved, and historically marginalized communities
- A qualified, diverse workforce
- An explicit and intentional focus on bias in policy and practice as a core part of the job description
- A data system that can track equity in opportunity and disparities in outcomes to inform policy and practice change

Impact of COVID-19 on Early Educators (PRELIM!)

- **Illness & Loss**
  - Tested Positive for COVID-19: 14.6%
  - Hospitalized for COVID-19: 0.5% (ICU = 21.6%; Intubated = 15.3%)
  - House member hospitalized: 1.7% (House member died = 0.6%)

- **Economic Stress**
  - Unemployed 3 months into Pandemic: 35%
  - Program Closed at some time due: 44.6%

- **Racial Aggression/Exclusion**
  - Experienced: 6.9% (Someone close 12.6%)
  - Witnessed: 15.5%

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Note. Preliminary data from an ongoing study of >21,000 child care providers longitudinally followed during the pandemic. Findings from >57,000 first reported in Gilliam et al., Covid-19 transmission in US child care programs, Pediatrics 2021, 147(1).
Impact of COVID-19 on Early Educators (PRELIM!)

- At Least 1 Child with Family Member Hospitalized: 24.2% (5+ = 17.8%)
- At Least 1 Child with Family Member Died: 11.9% (5+ = 6.5%)

- Children More Externalizing (Aggressive, Oppositional, Hyperactive, etc.):
  - At least a few in group: 56.0% (About half or more = 16.3%)

- Children More Internalizing (Shy, Withdrawn, Anxious, Worried, Clingy, etc.):
  - At least a few in group: 55.3% (About half or more = 9.9%)

- Children More Bio/Physical (Sleep, Eating, Wetting/Soiling, Unexplainable Pain, etc.):
  - At least a few in group: 37.4% (About half or more = 6.0%)

Note: Preliminary data from an ongoing study of >21,000 child care providers longitudinally followed during the pandemic. Findings from >57,000 first reported in Gilliam et al., Covid-19 transmission in US child care programs, Pediatrics 2021,147(1).
Yet Most Have No Access to IECMHC

61% No Access
33% At Request Access
6% Regular Access

Note. Preliminary data from an ongoing study of >21,000 child care providers longitudinally followed during the pandemic. Findings from >57,000 first reported in Gilliam et al., Covid-19 transmission in US child care programs, *Pediatrics* 2021,147(1).

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Child/Family Stress x Teacher Stress = Expulsions

Child/Family Stress^2 x Teacher Stress^2 = Expulsions^4
“I am looking for insight on legalities involving asking a child to leave a program if we are unable to meet their needs. There is no IEP in place and the child is preschool age.

Any help would be greatly appreciated.”
Five Guardrails of Effective IECMHC

- Preservice Training
- Ongoing Consultant Supervision
- Common Measures & Tools
- Management Information Systems
- Evaluation

Areas of focus for IECMHC

*Implementation*

- Equity
- Workforce
- Policy and Financing
- Program Infrastructure
- Research and Evaluation
Parallel Process

**Individual Consultant**
- Skills/Competencies
- On-going Professional Development

**State-Wide Implementation**
- Workforce Needed
- CQI of Implementation
Competencies

IECMHC Competency Categories:

1. The Role of the Consultant
2. Foundational Knowledge
3. Equity and Cultural Sensitivity
4. Reflective Practice
5. Child and Family Focused Consultation
6. Classroom and Home Focused Consultation
7. Programmatic Consultation
8. Systems-Wide Orientation

**Aligns with Alliance of Infant Mental Health Competencies, but not the same**
So I Can... 

- State leaders can: 
  - explore CoE resources to learn about what is needed for the workforce 
  - partner with other state leaders to learn about the workforce 
  - devote dollars to workforce development - pre service, hiring, continuous professional development 

EQUITY
So I can...

- Explore CoE Equity Resources: https://www.iecmhc.org/resources/coe-equity-toolkit/
- Commit to diversification of the workforce
So I Can...  

• Explore how other programs are implemented  
• Decide what outcomes we want to accomplish  
• Collaborate with state partners and build on existing efforts
So I Can. . .

• Work on Theory of Change and Logic Model with State Partners
• Work with Evaluators to Design Evaluation-Outcomes to RTC
• Identify Expansion Possibilities Based on Data and Begin That Work
Making it Happen with ARPA
Key Considerations

- Prioritizing IECMHC for ARPA spending
- Getting concrete
- Thinking long-term in the short-term

Timeline for Child Care Funding

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<th>2024</th>
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<td><strong>Receive:</strong></td>
<td><strong>Receive:</strong></td>
<td><strong>Obligate:</strong></td>
<td><strong>Obligate:</strong></td>
<td><strong>Liquidate:</strong></td>
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<td>ARP Stabilization</td>
<td>ARP Stabilization</td>
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- **Obligate:** State has entered into a legally-binding agreement to spend funds
- **Liquidate:** State has made payments

Source: Center for Law and Social Policy
Opportunities for Technical Assistance

https://www.iecmhc.org/technical-assistance/

Q & A
Thank You!