

*Maryland's Early Childhood Mental Health Consultation
Evaluation*

Funded by the Maryland State Department of Education



FINAL REPORT

Project Period 8/1/08-7/31/11
Final Report submitted 10/31/11

This report details the findings of the evaluation of Maryland's Early Childhood Mental Health Consultation (ECMHC), conducted as a deliverable of the contract (R00P9201599) awarded to the University of Maryland School of Medicine, Division of Child and Adolescent Psychiatry, for the project period 8/1/09 – 7/31/11. Correspondence about the report may be directed to Dr. Sharon Stephan, 737 West Lombard Street, 4th Floor, Baltimore, Maryland 21201, sstephan@psych.umaryland.edu.

Executive Summary

In October 2006, based on promising results of prior Early Childhood Mental Health Consultation (ECMHC) efforts in Maryland, eleven sites were funded to provide consultation to child care providers throughout Maryland. In 2008, the Maryland State Department of Education (MSDE) funded the University of Maryland School of Medicine in partnership with Georgetown University and a Minority Business Enterprise (MBE) partner, CKD Communications, to conduct an evaluation of this program. The evaluation was designed to document the ECMHC service characteristics, the impact of ECMHC services on children and their early childhood education (ECE) environments, as well as factors related to why children exit ECE settings. Major findings from each of three studies are summarized below.

For the **Service Description Study**, we had a primary interest to better define ECMHC as it is delivered in Maryland. Specifically, we sought to gain greater understanding of the characteristics of programs and consultants, and about the services provided by consultants.

Major findings

Characteristics of Programs and Children served by ECMHC

- Maryland's ECMHC is conducted mostly in child care centers. In Fiscal Year 2011 (FY11) 236 centers were served across the state, while only 45 family providers, 8 Head Starts and 2 public pre-kindergartens were served.
- Programs primarily serve private child care center settings and receive fewer referrals from home-based early care programs. About half of ECMHC programs work in Head Start settings and only two have provided consultation in informal child care settings or homeless shelters. Most ECMHC programs (eight of eleven) have not provided consultation in home-based ECE programs.
- The total number of children receiving child specific consultation has grown over the past three years from 666 in FY09, to 810 children served in FY11. Between FY09 and FY11, 15-17% of children served by ECMHC receive child care subsidies and 11-15% have an Individualized Family Services Program/Individualized Education Program.
- Most children (approximately 75%) receiving ECMHC in Maryland are boys and most (again, approximately 75%) are between the ages of three and five. Less than three percent of cases in the past three years included children under age two. Most children (approximately 60%) receiving consultation are White (between 59 and 61 percent in FY09 to 11), with African American children representing the next largest group served (approximately 27%).

ECMHC Consultants' Knowledge and Skills

- We collected demographic data from 40 (82%) of the 49 consultants who provided ECMHC in Maryland throughout the duration of this project. The majority of consultants who provided demographic data are White (82.5%), 7.5% are African American, 5% are Hispanic/Latino, and 5% are Asian/Pacific Islander. All but one consultant is female. Forty percent of consultants hold a Bachelors degree, 52.5% hold a Masters degree, and

7.5% hold a Doctorate degree in differing fields. More than half (65%) of consultants hold a degree in a mental health field. Consultants reported an average of three years of experience in early childhood mental health consultation and six years of experience providing mental health services to young children.

- Consultants felt most confident about their knowledge of typical and atypical child development, community resources and infant and early childhood mental health/social-emotional development. They felt least confident about their grasp of early childhood intervention systems, treatments and family support services, as well as their understanding of diverse cultures.
- Consultants had the most experience in screening activities and working with children displaying challenging behaviors. Consultants reported the least amount of background working in foster care settings and providing direct therapy.
- Consultants felt that they had the strongest skills in forging collaborations with providers and families. They felt the most unsure about their capacity to employ classroom/group activities to promote behavioral and emotional skills and to intervene in crisis situations.

Types of Services Provided by ECMH Consultants

- ECMH Consultant caseloads differ greatly across sites, ranging from two to eighteen child-specific cases per consultant.
- Referral sources also vary greatly across programs. Most programs indicated that their strongest referral source was directly from child care centers.
- Ten of eleven ECMHC programs indicated that over 90% of referrals are child-specific, with less than 10% initiated for classroom consultation. However, several programs noted that many child-specific referrals result in classroom consultation. Of note, this “hybrid” child-specific/classroom case model appears to be the most common across current programs. Only one program reported seeing 50% child-specific and 50% classroom cases.
- The two most frequent activities provided by consultants in the classroom are teacher consultation and classroom observation.
- Consultants provided teacher and/or classroom observations on average six to seven times per case, though there was great variability in the frequency of both teacher consultation and classroom observations; some consultants provided these services only once and others provided them 29 times for an individual case.
- ECE Directors were consulted on average three to four times per case. Families were consulted much less frequently. For child-specific cases, consultants averaged two consultation visits with parents of children. Findings suggest that a major role of consultants was supporting the classroom staff and leadership at the child care setting.
- The average duration of a case was thirteen weeks, with a range of one to 43 weeks; the average number of visits per case was nine. On average, fourteen hours is spent on site per case and six off-site. Some of the variability in case length and intensity may be accounted for by differences between child-specific and classroom-specific cases.

ECMHC Evaluation Final Report

- According to ECMH Program Directors and Consultants, barriers to receiving ECMHC consultation included mental health stigma, program and teacher readiness, parent engagement, funding concerns and lack of quality supervision for ECMH consultants.

We developed the **Impact Study** to fully understand both the environmental impacts of ECMHC as well as the individual impacts on children receiving services from ECMHC consultants.

Major findings:

- ECMHC improves the effectiveness of ECE providers' approaches to promoting a classroom climate conducive to positive behavior and social-emotional functioning.
 - Scores on the *Preschool Mental Health Climate Scale* showed consistent increases from baseline to follow-up, suggesting a strong impact of consultation on all aspects of classroom functioning in the domains of: Staff Qualities, Classroom Interaction, Classroom Management, and Direct Teaching Skills.
- ECMHC interventions improve the overall level of social functioning and reduce the overall level of problem behaviors in the classroom.
 - Analyses of SDQ data from 56 providers who completed ratings at both baseline and 4- month follow-up showed an encouraging reduction in the level of child problems during the period when ECMHC was being implemented.
 - GLM repeated measures analyses revealed a significant increase in the percent of children exhibiting no problems over the course of 4 months and a decrease in the percent of children showing each level of problem intensity.
 - The reduction in mean levels of problem behavior from baseline to follow-up was significant, suggesting that, over the course of consultation, teachers felt that children possessed lower levels of problem behavior.
- Children referred for child-focused ECMHC intervention show an improvement in social-emotional functioning following intervention.
 - Both parents and teachers reported a significant increase in protective factors and a decrease in challenging behaviors over the consultation period.
 - Parent ratings on the *Devereux Early Childhood Assessment (DECA)* show a significant increase in the Protective Factors scale, accompanied by a significant decrease in the Behavioral Concerns scale, moving from the "Concerns" into the "Typical" range.
 - Similar results were found for the teachers' *DECA* ratings; a significant improvement in the Total Protective factors scale, and a significant reduction in the Behavioral Concerns scale.
 - Overall, children showed improvement in a range of characteristics related to resilience during the course of consultation, with all the component subscales of the Total Positive Factor scale showing significant improvement from baseline to follow-up except for the change in the Attachment subscale for the parent *DECAs*.

- Parents whose children receive child-focused ECMHC intervention show some reduction in parenting stress, but no change in parenting behaviors.
 - Examination of change in scale scores at baseline and follow-up for the 29 parents completing a *Parenting Stress Index* at each time point revealed no significant change over the consultation period for two of the scales: Parental Distress and Parent Child Dysfunctional Interaction scale.
 - However, for the Difficult Child scale, which produced the highest ratings of distress at baseline, repeated measures analyses indicated a significant mean increase (less stress) at follow-up compared to baseline.

In order to better understand the range of experiences that children and their families were having in Maryland related to exits from ECE settings, we conducted a qualitative study, the **Exit Study**. The study involved a total of 35 interviews with ECMHC stakeholders (consultants, ECE Providers and Directors, and parents) about their experience of a child exiting from an ECE program due to behavioral concerns.

- Many of children who exited from ECE programs had significant mental health and other developmental problems.
- While child care programs had often reached out for help in meeting the child's needs, ECMH consultants were often brought in too late in the process to be able to remediate the concerns in that setting.
- Systems to support children with special needs and their families should be better linked to the child care community.
- Families could benefit from additional support in determining what kinds of child care programs could be a good fit for their child's developmental and behavioral concerns.

Recommendations

Recommendation 1: Continue to commit resources to evaluating the long term impact of ECMHC service delivery across Maryland including developing linkages across other MSDE databases.

Recommendation 2: Continue to enhance parent engagement in ECMHC activities, especially related to child-specific consultation.

Recommendation 3: Continue to provide high quality training supporting evidence-based approaches to ECMH consultants, with a specific focus on the integration of CSEFEL and ECMHC.

Recommendation 4: Support high quality, ongoing, reflective (clinical) supervision for ECMH consultants.