Background

> *The Georgetown University National Technical Assistance Center for Children's Mental Health (Hepburn, Kaufmann, Perry, Allen, Brennan & Green, 2007) defines ECMHC as culturally sensitive, primarily indirect services for children 0-6 in group care and ECE. Services include capacity building for staff and family members, directly observing children and their care giving environment and designing interventions that involve changes in care giving behavior. Consultants collaborate with staff, family members and caregivers who interact directly with children in a variety of settings. It is intended to promote children's social and emotional development and decrease challenging behavior. Measured outcomes are the impact on children, parents, staff and programs. Consultants have formal preparation in children's mental health and experience working with young children and families.*

There is growing concern in the early care and education (ECE) community that many young children manifest behavioral problems impeding their development (Duran, Hepburn, Irvine, Kaufmann, Anthony, Horen & Perry, 2009). With even higher estimates for low income children, the prevalence of emotional and behavioral problems in children under age 6 ranges from 4-10% (Duran et al., 2009). In preschool settings, a negative consequence of behavioral problems is expulsion (Gilliam, 2007). Early identification of emotional and behavioral disturbance along with the development of socio- emotional protective factors (e.g., self-control or self-regulation, attachments to others, initiative-taking), reduces the impact of risk and leads to more successful recovery. Early childhood mental health consultation (ECMHC) is considered a strategy to assist staff to better understand and address children's mental health needs (Green, Everhart, Gordon & Gettman, 2006; Gilliam, 2007).

ECMHC services

Cohen and Kaufman (2000) define two general types of service provided through ECMHC. Problem focused services target the specific needs of a child or family, referred to as **individual or child-centered consultation**. Services include screening, assessment and direct services to ameliorate identified problems and referrals to intensive services. The second type is referred to as **programmatic consultation** with the aim to improve the overall program or classroom quality and to help the program staff address issues that affect more than one child, family or worker. These services often include training, staff and management team meetings, classroom prevention and intervention strategies. Universal prevention strategies like programmatic consultation are an essential foundation to public health models of prevention and early intervention (Division of Early Childhood of the Council for Exceptional Children, 2007). Targeted individual and child-centered consultation is useful for children at risk for social-emotional delays or the development of challenging behavior or for students with intense behavioral support needs (Hemmeter, Fox, Jack & Broyles, 2007).

Overview of First 5 Alameda County's ECMHC program

In 1998, California voters passed Proposition 10, a tobacco tax to fund programs for early childhood development which created First 5 agencies at the state and county level. In 2003, First 5 Alameda County (F5AC) launched an initiative to support partnerships in the community and promote best practices and service integration among community agencies that provide mental health services. Initially, F5AC funded seven community agencies in Alameda County to provide mental health consultation. Grantees agreed to participate in an intensive training program (6 hours/week for the first 8 months than 3 hours/week and finally, 3 hours every other week for the remaining

2 years), to partner with First 5 Alameda County, Alameda County Behavioral Health Care Services and fellow grantees and to implement mental health best practices for ECE programs. Emphasis was on a relationship-based, culturally competent approach to increase teachers' capacities to manage social and emotional needs of children in classrooms and identify children needing assistance for behavioral concerns. From 2007 to the present, two-year contracts were awarded to 4 of the original 7 agencies to continue to provide consultation and training. In addition to training and service, goals include systems integration, networking, support, standardization of practice and evaluation. The contractors utilized the UCSF Day Care Consultants Program as support for developing agency capacity to manage and supervise mental health consultants.

Outcomes of ECMHC

First 5 Alameda County adopted the following outcomes as a result of ECMHC:

- Improved relationships and teacher understanding of children's behavior at child care centers
- Increased screening and direct mental health services for children identified as needing additional support
- Enhanced sustainability of mental health consultation services in Alameda County

Strategies to Achieve ECMHC Outcomes

Within the child centered and programmatic consultation frameworks, programs worked together to specify the types of services that would be available. Strategies that were expected to lead to desired outcomes included:

1. Programmatic and child-specific mental health consultation for administrators, teachers and parents at child care centers based on an action plan

2. On-site trainings for staff and/or parents at child care centers

3. Direct client services including:
   a. Screening of children referred by teachers and parents using the ASQ and/or ASQ-SE
   b. Individual or group services according to treatment plans
   c. Referrals to services and follow-up as needed

4. Mentoring activities per year (e.g., presentations to other service providers) and other mentoring as appropriate

5. Support ECE sites to integrate the principles and practice of mental health consultation through the development of:

   a. an articulated program philosophy
   b. a plan for on-going staff training
   c. continuous evaluation and feedback

Evaluation

Since 2003, F5AC gathered information from a variety of sources to measure achievement of ECMHC outcomes.   Table 1 shows the data sources used to measure outcome achievement.

Table 1. Outcome and Data Source

Improved relationships and teacher understanding of children's behavior at child care centers	Increased screening and direct mental health services for children identified as needing additional support	Enhanced sustainability of mental health consultation services in Alameda County
Teacher satisfaction survey (2004; 2006; 2010) Teacher vignettes (2010) Pre and Post DECA (aggregated 2007 – 2011)	Contractor reports (2003-2011)	Administrator's survey (2011) Consultant interview (2011)
Action plans, observations(2011)		Contractor reports (2003-2011)

Data Sources:

Teacher satisfaction surveys were 2-page, 9- item questionnaires completed in 2004, 2006 and 2010 with teachers in classrooms receiving ECMHC. Questions were meant to assess consultation topics covered, training attended and satisfaction with training. Providers were also asked whether they learned something new about their teaching practice, changes they observed in the children, relationships with parents and changes in the program and/or staff as a result of ECMHC. The surveys provided information about provider satisfaction with ECMHC services, what they learned and their perceptions of the impact of services.

Teacher Vignette, depicting a teacher who appeared to have a difficult relationship with staff and with a child who displayed challenging behavior, was included in the 2010 teacher survey to assess provider reflective practice. The vignette was followed- up with questions: why the child is displaying challenging behavior, why the teacher might feel negatively about the child and what one might do to help the teacher and the child. Responses to questions were coded for the degree to which a response showed

teachers' abilities to attribute meaning to behavior and given a score of 1 "not very reflective, 2 "moderately reflective" or 3 "more reflective." An overall reflection score was determined for each teacher as the average of the scores to each of the questions. *Devereux Early Childhood Assessment (DECA)* is a standardized measure of attachment, self-control and initiative, the three childhood protective factors that are the building blocks for social and emotional development, school readiness and resilience. The assessment also tracks the behavioral concerns in the classroom. With parental consent, DECAs are completed by classroom teachers for each child at the beginning and end of each consultation year. The DECA curriculum was not strictly followed, however, individual results offered a classroom behavioral profile that could be used to plan classroom strategies.

Action plans were completed by teachers and consultants in classrooms receiving ECMHC in 2010-2011. Action plans contained the following information for each classroom: 1) the goal to work on, 2) the strategies to achieve the goals, 3) the obstacles to goal attainment, 4) a target date to reach the goal and 5) the status of the goal could be documented at any point in time. Action plans were used to focus the intervention and were also provided for the observer who used the information to guide observations over 2 consecutive days in 9 classrooms receiving ECMHC. *Detailed notes of observations* were made to gather examples of the actions taken to reach the outcome. The observations focused primarily on interactions between children or between teachers and children and less on the physical environment.

Contactor reports are semi-annual progress reports completed by mental health

consultation agency administrators that include documentation of accomplishments,

challenges to program implementation, the number of children and staff receiving

different types of consultation services and screening. The reports provide quantitative

measures of services provided, capacity-building and sustainability activities.

Administrators' survey is a 50-item questionnaire completed in 2011 by the

administrators of the ECE programs receiving consultation, as a measure of capacity-

building and sustainability. The purpose of the survey was to learn about the

organization's investment in early childhood mental health. Domains included

organizational values, policies, procedures and governance, planning, monitoring and

evaluation, communication, human resource development, community and family

engagement, programs and services and organizational resources. The questionnaire

also asked administrators to rate the relative importance of indicators of ECE program

quality and the ability to have an impact on these indicators.

Program administrator interview is a one-hour structured interview completed in 2011 by

a program administrator from UCSF Day Care Consultants who conducts a monthly

meeting with the mental health agency supervisors to build community and to increase

supervisors' skills and reflective capacity. The interview provided a perspective on the

capacity of agencies to provide ECMHC.

Evaluation Results

Characteristics of programs and services over time

Table 2: Description of 9 Programs Observed

Number of years receiving early childhood mental health services funded by F5AC	1 year in 3 preschools 8 years in 5 preschools 2 years in 1 preschool
Funding	2 state-funded preschools (operated through the public school system) 2 public school programs (independent of the state-funded system) 4 private, not for profit 1 private, for profit
Percentage of children enrolled receiving child care subsides	7 programs 100% of children subsidized 1 program 35% of children are subsidized 1 program 2% of children are subsidized

Table 3: Number of New Sites and New Classrooms receiving ECMHC

Year	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11
Number of new sites	19	0	6	2	4	1	0	3
Number of new classrooms	70	0	16	4	7	2	1	6

A snap shot of the 2010-11 consultation year shows that most consultation provided by three of the four funded agencies was programmatic, with a much smaller portion of consultation hours being child-specific. One of the agencies, however, uses a different consultation model, primarily a training program for mental health interns utilizing individual play therapy approaches, and those hours are not captured in this table.
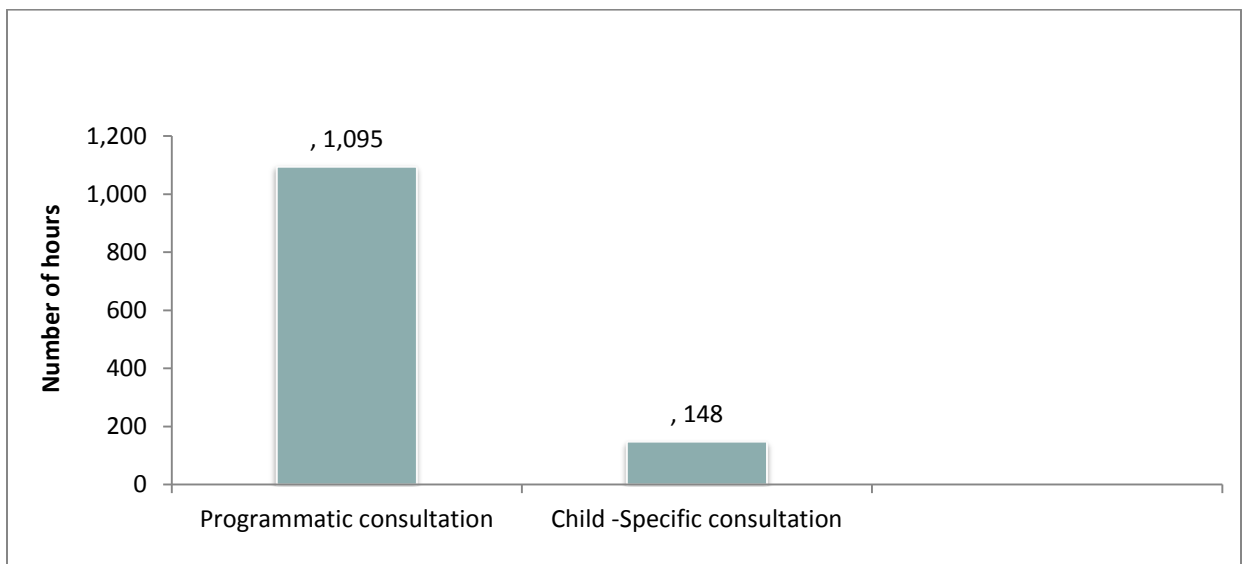
Outcome 1: Improved relationships and teacher understanding of children's behavior at child care centers (Data Sources: Teacher satisfaction surveys, teacher vignettes, DECA, action plans and observations)

Teacher Satisfaction

In 2006, close to half of the teachers (43%, n = 114) and in 2010, almost all of the teachers (99%, n = 101) in 34 programs receiving ECMHC completed and returned teacher satisfaction surveys to provide some information about the impact of consultation on them.

88% to 92% percent of the teachers in both years felt that the consultant was very respectful of cultural differences of staff and families.

In 2006 and 2010, teachers were most likely to receive consultation on:

- Ways to work with children
- Group and individual consultation with teaching staff on program structure and staff relationships
- Assessment and observation of children

Teachers were *least likely* to receive consultation on:

9

- Parent- teacher meetings or parent groups

In 2006, teachers were asked which topics of training on early childhood mental health they attended. Teachers were more likely to attend training on:

- Managing and/or understanding children's difficult behavior

- Positive discipline

- Social/emotional development in young children

In 2006 and 2010, as a result of consultation, teachers noted the following changes in children:

- "A child changed from being very aggressive to learning how to be gentle"

- "[Children have] more self-regulating behavior"

- "Children [are] communicating more with teachers"

- "[children are] more open to compromise in activities"

- "by meeting children's needs, a calmness in that child more"

- "Children's challenging behaviors have decreased"

… The following changes in parents as a result of consultation:

- "Parents [are] more open to accepting materials and information on how to deal with child's behavioral issues and how to work through the issues"

- "Parents are more open to discuss private issues"

- "Parents are volunteering more because they have observed that they need to interact with their child at school"

- "They feel more comfortable knowing their child is getting the attention needed to learn"

… The following changes in program structure and staff as a result of consultation:

- "Staff [are] more sensitive with parents"

- "Some staff are exchanging ideas and resources"

- "We can work as a team and intervene in a more positive way with classroom management and as a group"

- "People seem more open to discussing issues that they have with each other or with parents"

- "I notice many staff members having positive interactions"

Teacher Vignette

In 2010, teachers were also asked to read and answer questions about a vignette designed to assess their reflective practice, a common goal in ECMHC:

> *You and teacher Lila have worked together for one year as co-teachers in a preschool classroom. Lila has worked in that classroom for 15 years. During staff meetings Lila sits off to the side and doesn't say much. One day the group was discussing three-year old Tommy in your classroom who constantly tests limits by not following routines, running outside or hiding under the table when he doesn't want to go with the group. The director asked Lila to say what she thought about Tommy's behavior. Lila said that she thinks Tommy is too difficult to manage and should be in another setting. You've always felt a connection with Tommy. He often comes to you for comfort and not to Lila and he will also listen to you if you ask him to do something.*

Fifty percent (n = 46) of the teachers received a moderately reflective rating in response to the vignette. Approximately one- quarter of the teachers were either "not very reflective" or "more reflective" Some examples of "more reflective" responses include:

DECA results

DECA data aggregated over a 4- year period between 2007and 2011 showed that teachers perceived improvements in children's protective factors after ECMHC. Over

time, approximately 70% of children in classrooms were perceived by teachers to have strong protective factors at the beginning of the school year compared to 89% who were perceived to have strong protective factors by the end of that school year. Teachers

> *Maybe there hasn't been a good connection between teacher and student. She [teacher] might need more tools to help her understand Tommy's challenges. Try to find out if something is affecting him at home or at school"*
>
> *"There could be a number of reasons why Tommy is behaving this way: the environment is overwhelming for Tommy, Tommy could be experiencing issues at home, [or] Tommy may be experiencing some social-emotional issues.*
>
> *"Maybe there is something going on in his [child's] life that is distressing him or he is not used to the school environment yet"*
>
> *"I might talk to the director about my feeling for Tommy and see if there is another way to work with him rather than having him leave"*
>
> *"I believe both teachers have valid feelings concerning this child and situation. It is important for both teachers to be open and professional with each other concerning this issue."*

also reported a decrease in children's behavioral concerns from 15% at the beginning of the year to 11% by the end of the year.

Action Plans

Seven of the nine programs completed action plans. **Action plans were designed to achieve improved relationships and teacher understanding of children's behavior at child care centers (Outcome 1).** Five themes were derived from review of the action plans:

> 1. Changing the physical environment and curriculum
> 2. Reflecting cultural and linguistic diversity
> 3. Supporting individualized approaches to classroom transitions
> 4. Reducing child and teacher stress
> 5. Teaching children empathy, problem solving and conflict resolution skills

1. **Actions to change the physical environment and curriculum included**:

- *Locating active areas such as blocks and dramatic play together and away from quiet areas, such as reading*

- *Stocking areas with materials that accommodate a range of skills and abilities so children can choose items to match interests*

- *As children build skills and get new interests provide new items for new challenges*

- *Observing children using an area; rearrange it and remove unused items and add new ones*

- *Teaching teachers how to use curricular materials*

- *Changing furniture to create interest areas*

- *Providing items for children to create own space*
- *Providing items children can use to create their own spaces, for example, a sheet to drape over a table, pillows*

- *Observing often to make sure there are enough be-by-myself spaces for children who use them. Add more if needed.*

- *Using carpets, soft pillows, rocking chairs, placemats, blinds and plants to make room comfortable and welcoming*

- *Considering options to support dramatic play without dress-up clothes, such as making a police badge, having a pizza restaurant*

- *Asking parents to bring in dress-up clothes*

2. **Actions to reflect cultural and linguistic diversity included:**

- *Providing books, dolls, pictures, music that reflect child's home languages*

- *Asking families to help you learn songs and simple sayings in their home language; ask families to share photos of children and their families, neighborhood*

- *activities and community landmarks to display*

- *Talking to families about cultural preferences*

- *Talking to teachers about cultural expectations*

- *Adding Spanish books, tapes, poster*

3. **Actions to support an individualized approach to classroom transitions included:**

- *Leading a simple activity for children ready and waiting*

- *Allowing time for children who are not ready*

- *Having one teacher available to help children who are having trouble with transitions*

- *Allowing children extra time to complete projects*

4. **Actions to reduce child and teacher stress included:**

- *Suggesting that when a child seems about to lose control, he use a be-by- myself space*

- *Discussing stress*

- *Changing group pace*

- *Exploring calming guidance strategies with staff*

- *Increasing sensory motor activities*

- *Engaging in calming exercises*

- *Creating staff meetings*

5. **Actions to teach perspective-taking, problem solving and conflict resolution skills included:**

- *Observing opportunities to reinforce positive social behaviors in the moment*

- *Modeling behaviors such as negotiating, sharing and learning from mistakes*

- *Reminding children to use problem solving skills to resolve conflicts*

- *Speaking with children in a pleasant tone that conveys caring and respect*

- *Changing teacher tone of voice*

- *Noticing and offering encouragement when a child*

uses positive behavior such as cooperation, sharing, finishing tasks, nurturing others and trying hard.

- *Teaching children to be respectful by role playing and using puppets*

- *Teaching children to think before doing, using the Second Step curriculum*

- *Training staff about attachment and challenging behavior*

- *Providing opportunities for children to make choices*

- *Encouraging individual expression in teacher-led activities*

- *Providing social guidance*

Observations

Action Plan Goal	Selected Observations
1. Changing the physical environment and curriculum	T[1] tells children the schedule when they are together during circle time. She says, "We are going to tell a story, then practice our song, then I am going to give everyone a bean"
	T asks children about the feelings of a character in a book. "How do you think he is feeling?" Teacher and children say, "sad", "angry" and children talk about behavioral indictors of his feelings.
	T says to N, "You are remembering to keep all the things [in the play house] off the floor when you're done using them and putting everything in the sink"
	Regarding how loud the singing is, T says, "That doesn't sound good to my ears and if it doesn't sound good to my ears, it is not going to sound good to your mom. To make good music, do we have to scream?"
	T says, "Just a minute…remember we are working on raising our hand. " T says, "I like the way everybody's listening"

Action Plan Goal	Selected Observations
2. Reflecting cultural and linguistic diversity	Children are sitting together at meal time. A couple of the children announce that Carla is allergic to chicken. T asks them why they think she is allergic to chicken. The children say it is because she doesn't want to eat it. T explains to the children that Carla is not allergic to children but she is a vegetarian. She explains that being allergic to something and not being able to eat it is different from choosing not to eat something.
	T and boy discuss how to play soccer. T asks boy questions. T says to boy, "You are getting taller and you are getting older, so you are going to be really fast and if you keep practicing you are going to be really good." Girl at table says, "girls play soccer too. T says, "that's right, girls play soccer too."
	In some classrooms T's talk to parents in parent's primary language
	In some classrooms pictures and books reflect diversity

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[1] "T" refers to "teacher"

Action Plan Goal	Selected Observations
3. Supporting individualized approaches to classroom transitions	T turns off the lights to alert the children that they are preparing to nap. She also tells the children to throw away their trash and put their plates away, Another T takes children one-by-one to brush their teeth and wash their hands. The cots are already set-up for them and each child goes to his or her cubby, takes out their bedding and goes to the assigned bed to lie down. In the same classroom children are divided into the red and blue groups. Children transition between activities according to these groupings. Once in free play the children can leave to use the bathroom, as needed, or pour themselves a cup of water from a thermos and dispose of the cup. There is always a T available in each of the areas to help if needed.
	T greets each parent- child pair when they enter the classroom and will sit with them at table while reading.
	Dad comes in with daughter. T says, "Good morning M" dad says, "I got to go and child swings from dad's arm. T says to child, "Do you want to watch dad form the porch, M?" T asks M, "Did you have a good weekend with your dad?" M says, "Yes," I had 3 home days." T says, "3 home days…that is special."

Action Plan Goal	Selected Observations
4. Reducing child and teacher stress	Tummy breathing, take a deep breath and count to 10 "Once you calm down you can ask for what you want"
	When children start talking all at once, T counts 1…2…3 to refocus
	T encourages child to use an etch-a-sketch while waiting to use the sand to build a castle. Child shows teacher and she says, "Wow, you have five letters in your name. Who has the most letters?"
	Two boys start to grab mixing spoon for activity. T quickly gives each one a spoon so situation doesn't escalate

Action Plan Goal	Selected Observations
5. Teaching children empathy, problem solving and conflict resolution skills	T notices that A continues to behave aggressively with toy cars. She asks him if he needs to do something else. She thinks his aggression means he is bored but he doesn't know how to leave. She hopes on his own, he will learn when he needs to move on. After three suggestions that he find another activity, the teacher says to him, "A, look at my face. This is the last chance." She continues, "A you look tired, why not go clean-up? A, do you need to clean anything before you leave?" One boy says A doesn't need to clean anything and another boy says he does. T says to this other child, "Show him the blocks you are not using so he understands." A cleans up 10 blocks. "Be careful A when you clean-up, not to hit S and make him mad. See the one's N put in a pile for you? Those are the last one's he wants you to clean up." Child puts blocks where they belong. When he finishes teacher says, "good job A, you are all done" and A leaves and goes to snack where he can have some be-by-myself time
	T observes children arguing and says, "J, what are you doing? Are you trying to tell your friend that you want to play by yourself, because A is thinking you want to play with her?" J nods his head "yes" and T says, "J, tell A what you want." J says, "I want to play by myself right now." Teacher repeats what J said and adds, "I'll play with you later."
	Two boys sit at painting table and before he begins he gets up to put his coat away. In the meantime, a girl comes over and takes his seat at the table. When the boy comes out and sees her there he tells the T that he was in that spot. T says to him, "Did you tell A that you were in that spot and she can have the spot later?" E does that and the girl goes away. T says to A who left, "A, you can have some snack while you wait for the spot."
	T says, "Q I think you are telling N what to do. I don't think that is N's idea. What is your idea N? Look at Q. You want to be silly? I wonder how you guys can continue to play together."
	Children are cleaning table and child comes over and asks if he can help. Children say "Yes, but we are actually drying now"

There were also observations of interactions that might have been handled differently:

J is whining, D goes to T and says, "R is doing something with J's stuff. T say's to D, "It is J's problem". D goes back to table and puts up his elbows in threatening way and nudges R. R starts crying and goes to T who asks her, "Why did D do that to you?" R does not respond but moves to another table and J and D come over and start taunting her. T ignores this and it finally gets resolved when children are soon called in for lunch.

T watches children ride their bikes and yells enthusiastically as if to encourage speed, "Go E, go, go…!" Then when they crash, teacher yells with an angry tone of voice, "Don't crash!"

T says to 2 boys playing and before anything happens, "If I catch any of you boys hitting, you are going to be in time-out."

T says to child who is not paying attention, "J, I talked to your mother earlier and she said she doesn't want me to call her."

A girl is crying because she was left in time-out by T after hanging from play structure. She was left in time-out long after the event occurred while T attends to other children. T finally returns to her long after the event and releases her from time-out

ECMHC is talking to 2 girls and explaining that something that one did to the other was accidental and not intended to hurt her. ECMHC presents an idea for solving the problem. E also comes up with an idea about sharing and ECMHC says, "That would be a good idea and so nice and everyone would be happy." The two girls then go off together holding hands and say, "Let's go wipe off the glitter." Girls go into the bathroom to wash their faces off and come out. T sees them come out of the bathroom and says to both "Time-out, time out". E says they were washing their faces off and T says sarcastically, "Yeah, sure… Sit right there" and the children are placed adjacent to T on the bench. E kicks chair and T says, "Leave the chair alone." After a period of time, T says to the girls, "Go play." E asks is she can play with the Play Dough and Teacher says, "No that's all I have, there's no more" (other kids are playing with Play Dough). The 2 girls eventually make their way to the Play Dough table.

T's engage in a discussion during circle time that singles out a group of 3-4 boys who had been using sticks as weapons earlier in the day. These boys were then told that they would not be getting snack that afternoon. The instructional discussion about this took place long after the actual event occurred. T's lectured the boys in front of the whole group and did not give the boys an opportunity to present their side of the story.

Outcome 2: Increased screening and direct mental health services for children identified as needing additional support (Data Sources: Contractor Reports)

In 2010 – 2011, 851 children were served (512 children by 1 agency). Of those children, 67 children were referred for screening and 52 (78%) were screened with the ASQ and some with the ASQ-SE. In 3 of the 4 agencies, 100% of those children

referred were screened. Of the 52 children screened, 25 (48%) scored of concern in 1 or more domains. Almost all of the children who scored of concern were referred to either: psychological testing, therapeutic services; speech and language assessment at the school district or regional center, occupational therapy, pediatrician or an inclusion team at preschool. One child received speech therapy and behavioral intervention at preschool as a result of the referral. Two of the four agencies offered and provided playgroups for each of their children who screened of concern.

Outcome 3: Enhanced sustainability of mental health consultation services in Alameda County (Data sources: Administrator survey, consultant interview, contractor reports)

Results of the administrators survey on capacity building showed that the administrators agreed that their organizations had an explicit stance (i.e., framework, values or guiding principles) for addressing early childhood mental health, articulated in mission, vision and/or values statements, but there were no funds allocated in their budgets to develop early childhood mental health services, requiring each to seek outside funding for this service. In addition, most of the programs reported that they do not maintain written policies about early childhood mental health, fostering positive relationships between staff, administration and volunteers or administrative oversight.

Items Administrators agreed were "more true" about their organization

Early childhood mental health is part of the ECE program's or administration's strategic planning process
The organization has explicit goals, objectives, outcomes on early childhood mental health and
The organization collected and analyzed data on early childhood mental health
Early childhood mental health is routinely discussed in staff and team meetings and differences in expertise and viewpoints were valued
Parents and staff from diverse socio-cultural backgrounds were highly satisfied with early childhood mental health services they received, were treated with respect and services were consistent with their cultural beliefs and values.

Items Administrators agreed were "less true" about their organization

The organization analyzed parent satisfaction with early childhood mental health services, gathered input from parents on the impact of early childhood mental health services or used parent input to improve services.
The organization communicated routinely with parents about concerns and the availability of early childhood mental health services for their children.
Staff know how to use early childhood mental health services
Staff, management or administrators were trained in early childhood mental health
Hiring processes were designed to recruit staff who value early childhood mental health and early childhood mental health was included in performance reviews.
Community and families were engaged in early childhood mental health, including involving them in planning and decision-making or helping to eliminate negative stereotypes about mental health.

Results of an interview with staff from the UCSF Day Care Consultants who provides support to the funded, mental health agency supervisors revealed changes in the groups' understanding of ECMHC over four years. Previous to this experience most of the supervisors never provided programmatic consultation themselves, making supervision of others doing the work challenging. Over time, and as a result of the extensive training received by being part of this effort, this group developed a shared vision of consultation as one of "supporting, enhancing and improving the quality of the relationships between individual teachers and individual children within a larger web of parent-child relationships."

Each of the MHC contractors is involved in at least two community mentoring activities related to MHC each year. According to the contractor reports, the greatest barrier to successful consultation is staff consistency and leadership at ECE sites. Frequent turnover of staff or substitute teachers, many of whom are unfamiliar with classroom routines and the children, often take charge of the classroom with little knowledge of how the classroom is run. The lack of documented lesson and behavior management

plans leads to confusion and inconsistency in teaching, anxiety and acting out by children. Furthermore, a general lack of leadership in many sites and little to no supervision of teaching staff serves as an additional barrier to consultation progress.

In an attempt to solve some of these problems, two agencies established binders with formal meeting notes or tracking systems to document classroom-based and child-specific consultation activities. These systems serve as a basis for on-going discussion among directors, teachers and consultants about consultation progress.

Discussion

F5AC supported 4 to 7 mental health agencies to provide ECMHC since 2003. ECMHC funded by F5AC is defined primarily as a programmatic intervention focused on developing the skills and reflective capacity of ECE providers who care for children with child-focused consultation, including assessment and referrals as necessary. F5AC, in collaboration with contracted agencies, developed outcomes to be achieved as a result of ECMHC. Most of the evaluation activities were focused on the achievement of outcome 1 (improved relationships and teacher understanding) through an analysis of teacher satisfaction surveys, DECA results, assessment of teacher reflective practice and the relationship of action plans to classroom observations. The results of these analyses and of outcomes 2 and 3 may be used to plan future ECMHC programs.

Outcome 1: Improved relationships and teacher understanding of children's behavior at child care centers

ECMHC is considered a strategy to assist staff to better understand and address children's mental health needs (Green et. al., 2006; Gilliam, 2007). Reflective practice allows one to consider the meaning behind a child's behavior (Johnston & Briniman, 2006). Greater understanding can lead to more informed planning and more useful interventions to support development. The results of surveys of teacher attitudes and satisfaction conducted at different points in time consistently showed that teachers appreciated the services, attended training on child development and managing behavioral challenges and felt that the services were delivered in a culturally respectful manner. Some teachers were also able to articulate changes they saw in children, parents, the staff and their program. Approximately three-fourths of the teachers queried who received consultation showed moderately to highly reflective responses to a classroom vignette. Teachers also perceived increased protective factors and decreased behavioral concerns following a year of ECMHC.

Action plans for each classroom were created to guide consultation. There were five themes that were derived from a review of the plans: Changing the physical environment and curriculum, reflecting cultural and linguistic diversity, supporting individualized approaches to classroom transitions, reducing child and teacher stress, teaching children empathy, problem solving and conflict resolution skills. Actions taken within these categories were considered the domain of ECMHC and expected to lead to improvements in relationships and teachers understanding of children's behavior. While we did not use a research design that would enable us to conclude that changes in

classrooms could be attributed to actions taken during ECMHC, the observations were designed to evaluate the current state of classroom interactions in programs receiving these interventions.

The most frequent action plan goals were those designed to change the set-up of the physical classroom environment. A close as we could come to observations related to these goals were evidence of good teaching practices, such as reinforcement of children's positive behavior and helping children anticipate the daily schedule. While changes to the physical environment may be related to teachers understanding of behavior and therefore their ability to change the environment to accommodate, linkages between environmental changes and children's behavior were not articulated. Are observed teaching practices linked to environmental changes? If so, is this the domain of ECMHC or could they be addressed by other professional development or teacher education programs?

Similarly, it was also difficult to measure the outcome of actions taken to better reflect cultural and linguistic diversity. Many of these actions would result in additional materials and some of these actions, such as asking parents to provide culturally relevant materials, could not be observed. There were a couple of interesting discussions between teachers and children that were observed such as discussions about vegetarianism and gender differences in sports that seemed developmentally appropriate and helpful for children.

Actions taken to improve practices around transitions, problem-solving and stress reduction were observed and seemed to be within the domain of ECMHC. While actions taken to reduce teacher stress were not observed, such as ensuring staff meetings, the use of the Second Step curriculum was observed in one classroom, as were individualized interactions with children to help them regulate their emotions, reduce their own stress and get along better with peers.

Of concern though, were the observations of developmentally inappropriate and unpleasant interactions between teachers and children demonstrating continued challenges in meeting this outcome of ECMHC. These interactions were as likely to occur in programs that received consultation for a long as eight years as they were in programs that received ECMHC for as little as one year.

Other evaluations of the impact of ECMHC on children tend to be mixed as well. One study showed that programs that received ECMHC experienced a decrease in teacher turnover, a decrease in teacher reports of burnout and stress and an increase in job satisfaction (Alkon, Ramler, McLennon, 2003). A recent study showed ECMHC increased teacher's self-efficacy and competence in skills related to children's social-emotional development (Heller, Keyes, Nagle, Sidell, & Rice, 2011).

Gilliam (2007) reported the results of a randomized controlled trial of the impact of ECMHC in low-income preschools in Connecticut. The only significant change was a teacher-reported decrease in children's externalizing behavior (oppositional behaviors and hyperactivity) but no changes in the development of children's protective factors.

The San Francisco Department of Public Health along with partners from First 5 San Francisco, Department of Children, Youth and Families and the Human Services agency evaluated their ECMHCI (Lipton, Bleecker & Sherwood, 2009). For children referred for child-specific consultation, ECMHC showed statistically significant increases in protective factors and decreases in behavioral concerns on the DECA –Clinical and these gains appeared to continue into kindergarten. These same children scored at a level similar to other children on school readiness indicators and school attendance. However, children who did not themselves receive direct consultative services, but who attended a preschool with access to ECMHC scored lower on some aspects of social-emotional readiness, especially those having to do with paying attention. These children also received higher parent-rated depression scores than matched peers from preschools not receiving ECMHC.

In another recent school readiness evaluation conducted by Applied Survey Research in Alameda County (ASR, 2011), preliminary results of children attending a preschool classroom in which a teacher had received programmatic consultation (i.e., direct services were not necessarily provided to the child) were somewhat behind their peers in self‐regulation, and they had marginally lower levels of overall readiness than non‐participants.

Outcome 2: Increased screening and direct mental health services for children identified as needing additional support

Even though there was not universal screening of all children enrolled in programs receiving ECMHC, a positive outcome was that 3 of the 4 agencies funded to provide

consultation were successful in screening most of the children who came to their attention. Close to half of the children screened, scored of concern in one or more domains of development and each of those children was referred for additional assessment or services. In one case, we were informed that a referred child was actually receiving services during child care from the Regional Center of the East Bay. By working to develop a common set of definitions to consistently track consultation activities including, the number of children screened, the results of screening and whether and what types of referrals occurred, the results can be used to inform screening and early intervention needs and services in the county.

Outcome 3: Enhanced sustainability of mental health consultation services in Alameda County

Through intensive training, supervision and networking F5AC developed the capacity of a small group of agencies to provide relationship- based consultation to 96 classrooms in 35 ECE programs, serving approximately 1000 children/ fiscal year. An early and important benchmark of this capacity-building effort was to develop standards of practice for ECMHC. In 2003, the Alameda County Child Care Planning Council, in collaboration with the mental health partnership agreed on the following ECMHC Standards of Practice:

(http://www.acgov.org/childcare/documents/StandardsPractice.pdf):

A variety of local work groups evolved out the partnership including *the Community Services Early Childhood Mental Health Workgroup* which sponsored a number of conferences bringing together parents of young children, mental health professionals and ECE providers to discuss and learn about early childhood mental health.   The *Early Childhood Mental Health Policy Workgroup* was successful in advocating for a

portion of Proposition 63 funding for early childhood mental health services. Another extension of the partnership was the development of *Partners in Collaboration* (PIC) which brings together ECE and mental health professionals to share different professional perspectives in ECMHC. Thirty mental health and ECE professionals have participated in PIC.

Another program closely aligned with ECMHC efforts is the Harris Early Childhood Mental Health Training Program. Harris Training goals are to increase early childhood mental health capacity for new and experienced providers including mental health, early intervention and ECE providers. The Harris Training Program began in 2000 as part of the Infant, Preschool and Family Mental Health Initiative sponsored by the California State Department of Mental Health and was funded by the First 5 California. It is currently supported by grants from the Irving Harris Foundation and F5AC. The program is directed by the Early Childhood Mental Health Program of Children's Hospital and Research Center at Oakland (CHO). Alameda County Behavioral Health Care Services and F5AC are partners with CHO. Up to 25 providers from a variety of disciplines participate in this training each year.

In addition to workgroups and training enhancements, some of the funded agencies were able to leverage F5AC funding to secure additional support for ECMHC services. The Oakland Fund for Children and Youth supports some of the same agencies to provide mental health consultation, using a similar model in additional classrooms and sites in Oakland.

Conclusions and Recommendations

The results of this evaluation showed that teachers who received ECMHC were clearly satisfied with the program and felt there were many benefits to participation, including improvement in children's behavior. While teachers consistently reported positive outcomes, the results of observations in classrooms were mixed. There was evidence of both developmentally appropriate and less appropriate teaching practices that may or may not have been the result of ECMHC intervention in these classrooms. The question remains where to go from here to provide the best outcomes for children.

Because length of time does not appear to be related to the quality of classroom behavior, shorter and more streamlined interventions that focus directly on activities designed to impact children's social-emotional development are recommended. For example, other successful programs demonstrated impact with much shorter, 6-month interventions totaling 12 visits (Heller, Keyes, Nagle, Sidell, & Rice, 2011). Action plans should be based on a clearly articulated theory of change, whether to change teacher perceptions, teaching practices, parent behavior or children's behavior. Baseline and post-intervention evidence-based measures that clearly align with the outcomes to be achieved should be considered in future planning. For example, the Classroom Assessment Scoring System (CLASS; Pianta, La Paro, Hamre, 2008), is an evidenced-based instrument that allows for structured observations of classroom emotional climate, classroom management and teaching practices related to academic activities. These assessments should be conducted by independent raters to provide the most accurate and useful information about program accomplishments.

Finally, the challenge remains of how best to produce meaningful outcomes for children and families within settings that continue to face significant barriers to change. F5AC continues to support relationship-based interventions that will support all children 0-5 to be ready for school.

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