Cross System Collaboration for Children’s Social and Emotional Development in Illinois

NASHP Meeting April 5, 2016
Colette Lueck, Chair
Cross System Infrastructure

- Early Learning Council PA 93-380 2003
  - Strengthen, coordinate and expand programs birth-5
  - Public Private Partnership
  - Enter Kindergarten safe, healthy, ready to succeed, eager to learn

- Illinois Children’s Mental Health Act of 2003
  - Illinois Children’s Mental Health Partnership
  - Children’s Mental Health Plan (2005)
  - Expansion of hospital pre-screening
  - Social and Emotional Learning Standards Pre-k-12
Infrastructure Con’t

- Governor’s Office of Early Childhood Development
- Illinois Action Plan to Integrate Early Childhood Mental Health into Child and Family-Serving Systems, Prenatal through Age Five, developed by the Irving Harris Foundation
  - Increase access to services through development of a sustainable, scalable and consistent ECMHC Model
  - Cross system approach to workforce development
  - Coordination of effective public and private funding
  - Increase awareness
  - Establish governance structure
ECMH Consultation Project

- Goal: multi-year expansion project that advances universal, effective and sustainable ECMH Consultation model across the state with an expanded and qualified workforce.
- Build on current efforts across all systems
- Leadership Team: Child Care, EI, Erikson, Evaluator, Head start, HFS, ICAAP, Funders, DCFS, DPH, Mental Health Association, ISBE, OECD, Ounce of Prevention, ICMHP (Project Leader)
  - Three meetings in phase one (six months)
  - Key informant interviews
  - Consultant survey
  - Current system scan
  - Model development
  - Theory of Change
  - Literature/State Review
Key Informant Interviews

- Every system utilizing ECMHC but to differing degrees and different models
- Differences are driven by system needs and funding
- Consensus on need for workforce development and support for integrated approaches
- Identified strategies to gain broadest system support
- Need for greater investment in defining and evaluating system, program, staff, and child and family outcomes
Consultant Scan

- Who are ECMH Consultants
- How are Consultation services structured
- How is Consultation defined by consultants
- What are the challenges/training needs
- Online, open ended survey with 90 responses
- Lessons Learned
  - 91% female
  - 72% Caucasian
  - 76% hold a Master’s Degree
  - Majority work in urban areas
Scan Con’t

- 61% have prior experience in early childhood program
- Majority have 5-10 years experience as a consultant
- Over half work with more than one system, one third each in Child Care, Head Start and Home Visiting
- Majority work less than 5 hours a week as a consultant
- Focus of work, relationship with receiving organization and how services are structured varied widely
- Evaluation is anecdotal…….
Model Development

- Three full day meetings
- Representation from all early childhood systems
- Some overlap with Leadership Team
- Infant and Early Childhood Mental Health Consultation is a multi-level, proactive approach that teams multi-disciplinary infant early childhood mental health professionals with people who work with young children and their families to support and enhance children’s social and emotional development, health and well being
- Strategies include: a relational, strength-based and individualized approach to working with a wide variety of children, families, providers and systems in diverse communities and settings; skilled observation, screening, assessment, and individualized targeted plans designed to help children reach their full potential
Model, Con’t

- IECMHC is:
  - Promotion-Oriented/Preventive focused
  - Multi-level
  - Relationship based
  - Capacity building
- The consultant role is to engage in relationships that support and enhance social and emotional development, facilitates problem solving and builds the capacity of systems, organizations, providers and families
Model, Con’t

• Qualifications
  • Master’s Degreed
  • 5 years experience in early childhood field

• Core Competencies
  • Knowledge of Early Childhood Development
  • Engagement, relationship building skills
  • Information gathering
  • Build a collaborative plan
  • Knowledge of community systems
  • Ethical reflective behavior
Workforce Development

- Degreed programs
- Certification
- Licensure
- Reflective Supervision
- Coaching/mentoring
- RLG
- Association/Retreat
### IECMC Theory of Change Framework: Systems and Providers

| If IEC Systems.... | THEN... | WHICH WILL LEAD TO... | WHICH WILL IN TURN LEAD TO...
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<td><strong>Create a pilot project that...</strong>&lt;br&gt;- Builds on a high quality model&lt;br&gt;- Is designed and evaluated effectively&lt;br&gt;- Represents diverse communities around the state&lt;br&gt;- Aligns all major funders with shared vision for pilot as well as funding commitment&lt;br&gt;- Relies on the creation of a workforce development strategy</td>
<td><strong>System policies and funding:</strong>&lt;br&gt;- Agencies have increased awareness about the model&lt;br&gt;- Cross-systems dialogue about the model is occurring&lt;br&gt;- Funding or other resources are allocated – strategies for integrated funding are explored&lt;br&gt;- Policy changes being actively explored/ early advocacy&lt;br&gt;- Incorporate aspects of model into funding RFPs</td>
<td><strong>System policies and funding:</strong>&lt;br&gt;- Funder requirements embed model within programs; require a portion of a program funding be dedicated&lt;br&gt;- Funding or other resources allocated across all systems&lt;br&gt;- State Plan is amended and/or new Medicaid MH Waiver created</td>
<td><strong>The IECMC Model will be fully implemented across the systems, resulting in:</strong>&lt;br&gt;A robust, well-trained and supported, network of care by mental health consultants is coordinated and deployed across all “systems”</td>
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<td><strong>Create, scale and sustain the consultation model</strong>&lt;br&gt;- Foster alignment and coordination across systems&lt;br&gt;- Establish HR support/home for implementation of model&lt;br&gt;- Seek funding from state and federal resources, as well as private funders&lt;br&gt;- Work with insurance companies, ACEs, and MCOs&lt;br&gt;- Incorporate model into child and family systems of care, rather than creating as a separate service</td>
<td><strong>Outcomes for providers:</strong>&lt;br&gt;- Providers and consultants are consistently trained in key components of model&lt;br&gt;- Providers are increasing their awareness &amp; understanding how to incorporate the model into their practice&lt;br&gt;- Providers are beginning to access consultants&lt;br&gt;- Greater # of children are being served</td>
<td><strong>Outcomes for providers:</strong>&lt;br&gt;- Capacity of providers is expanded (services and #)&lt;br&gt;- Providers have adequate funding for innovative services&lt;br&gt;- Provider improve practices (e.g. understand SE development, ID early warning signs, and respond appropriately)&lt;br&gt;- Providers see improvements in organizational health, including increased staff retention and morale</td>
<td>Providers, and the children and families they serve, are receiving high quality mental health consultation so that children in exhibit better outcomes</td>
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| **Advocate/ communicate about the model**<br>- Highlight benefits of prevention (vs. intervention) and continuity of care<br>- Convene state and NPO directors to discuss benefits of the model<br>- Create public awareness messaging about the importance of consultation<br>- Train families, staff, administrators, on what it is, how to use it, etc.<br>- Advocate for federal efforts to support this work | **Outcomes for children & families:**<br>- Families exhibit greater engagement with providers; have more confidence in transactions w/ staff<br>- Children are accessing high quality MH consultation services and sooner | **Outcomes for children and families:**<br>- Children are able to appropriately engage in schools or programs<br>- Reduction in expulsions of children from programs<br>- Family are more stable<br>- System-specific child outcomes are better realized | **LONG-TERM IMPACT**

**IMMEDIATE OUTCOMES**
(Pilot Phase)

**INTERMEDIATE OUTCOMES**
(Full Adoption of Model)
Theory of Change

- If Leadership team...
  - Creates a pilot building on a high quality model
  - Is designed and evaluated effectively
  - Aligns funders
  - Scales and sustains model and consultation efforts across systems
  - Incorporates model into existing systems
  - Creates awareness of benefits
  - Gains Director-level buy in
  - Advocates for federal support
Then...

- Agencies have increased awareness of model
- Cross system dialogue continues
- Funding is allocated
- Policy changes are explored
- Providers and consultants are trained
- Greater # children are served
Which will lead to...

- Funding embedded
- State Plan amended
- Capacity of Providers expanded
- Providers improve services
- Reduction in expulsion of children from programs
- Families are more stable
- Model fully adapted
Which in turn will lead to...

- Model fully implemented across all systems resulting in:
  - Robust, sufficient and well trained consultants
  - Providers receiving quality consultation
  - Children and families demonstrating better outcomes
Next Steps

- Phase Two (One Year):
  - Define core model activities
  - Define pilot project
  - Develop pilot project evaluation plan
  - Leadership Team to work on Theory of Change
  - Develop consultant development and support plan
  - Develop a funding plan

- Phase Three
  - Implement model in select cross system programs in various communities across the state
  - Evaluate results and refine the model
Thank You