The Pandemic Suspended and Expelled Everyone. What Can States Do About It?

Early Childhood Mental Health (ECMH) Supports in the New ECE Environment

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ZERO TO THREE

Callan Wells
Georgia Early Education Alliance for Ready Students
Welcome.
Helene Stebbins, Executive Director
Alliance for Early Success

• **Q&A**: Use the Q&A function for questions and we’ll get to as many as possible.

• **Chat**: Feel free to tell us who you are and comment along in the chat, but put your questions for the panelists in the Q&A box.

• **Recording**: Recording and links/resources will be sent out in the next few days and will be posted at earlysuccess.org/stateactioncalls.
The Pandemic Suspended and Expelled Everyone – What can states do about it?

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Alliance for Early Success ● July 21, 2021

Early Expulsions, Suspensions, and Other Exclusions

Harm children now...
- Denies access to early education
- Undermines child/family relationship with schools/education
- Obscures root causes that should be addressed
- Further calcifies biases regarding whom we serve and whom we exclude

Harm children later...
- Academic failure and disengagement
- School dropout
- Increased rates of law enforcement contact and later incarceration

National Rates per Year

<table>
<thead>
<tr>
<th></th>
<th>Preschool Suspension</th>
<th>Preschool Expulsion</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-K</td>
<td>2.0%</td>
<td>0.2%</td>
<td>~191,557</td>
</tr>
<tr>
<td>Child Care</td>
<td></td>
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Children of incarcerated parents are at 3 times greater risk of being expelled from preschool.

ACEs & Preschool Expulsion/Suspension

- Domestic Violence: OR = 10.6, p<.001
- Family Mental Illness: OR = 9.8, p<.001
- Adult Substance Abuse: OR = 4.8, p<.001
- Victim/Witness of Violence: OR = 4.5, p<.01
- Poverty: OR = 3.9, p<.001
- Parental Divorce: OR = 3.3, p<.001
- Parental Incarceration: OR = 3.0, p<.01

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

Early Educator Mental Health

Elevated Stress (JSS-10; 7% pre-pandemic)
- May/June 2020: 20.2%
- June 2021: 19.0%

Depression (CESD-10; 9.6% pre-pandemic)
- May/June 2020: 41.7%
- June 2021: 35.8%

Impact of COVID-19 on Young Children (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).

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%

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).

And then there is bias…
Child/Family Stress x Teacher Stress = Expulsions
Child/Family Stress² x Teacher Stress² = Expulsions⁴

Early Childhood Mental Health Consultation

Connecticut 2016
Ohio 2021

THANK YOU!

Twitter: @WalterGilliam
The Pandemic Suspended and Expelled Everyone. What Can States Do About It?

July 21, 2021

Lee Johnson III, Ph.D., CHES®, IMH-E®
Senior Policy Analyst, Infant and Early Childhood Mental Health
ZERO TO THREE
Overview

• Workforce Discussion:
  • Who are the clinicians?
  • What does training look like for IECMH clinicians?
  • What do IECMH Clinicians do?
  • What does an IECMH Association do?

• Let’s Talk American Rescue Plan:
  • State and Local Fiscal Recovery Funds
  • Child Care Funding

• Recommendations about Potential Uses of Funds

• What else can states do in addition to ECMH Consultation?

• State and Local Fiscal Recovery Funds Resources
Who are the clinicians?

The Infant and Early Childhood Mental Health (IECMH) clinical workforce is multidisciplinary

Generally, the clinicians are:

- clinical social workers
- clinical psychologists
- professional counselors
- marriage and family therapists
- child psychiatrists
- developmental and behavioral pediatricians with specialization in infant and early childhood clinical mental health
Training varies depending on the discipline and their scope of practice, with clinicians receiving the mental health training that is standard for their area of licensure.

Clinicians may pursue:

- Foundational IECMH-focused training programs during their preservice education or midcareer
- Trainings in an evidence-based treatment approach:
  - Child Parent Psychotherapy (CPP)
  - Attachment and Biobehavioral Catchup
  - DC:0-5
  - Reflective Supervision/Consultation (RSC)
At the core of IECMH practice, IECMH clinicians are skilled to work alongside parents to support the parent/child dyad and the child’s mental health.

What you may see them do:

- Exercise clinical decision-making;
- Assess and use DC:0-5 to identify conditions requiring treatment; and
- Make informed decisions about the type of treatment that is most appropriate.

This all depends on: Qualified clinicians with specialized training in the foundations of child development and infant mental health as well as adult mental health. And many clinicians are trained in evidence-based treatment approaches. However, IECMH treatment approaches are not one-size-fits-all.
What does an IECMH Association do?

Associations for Infant Mental Health (AIMH) exist in many states and often provide a community for IECMH professionals including clinicians and trainees, and support workforce development.

- Many are a licensed affiliate of the Alliance for the Advancement of Infant Mental Health®.
- And a few states have developed their own competencies and endorsements.
- **What you may see them do:**
  - Partner with one another to strengthen support in growing, diversifying, and advocating for their local infant & early childhood mental health-informed workforce.
  - Provide a forum for interdisciplinary collaboration.
  - Engage in policymaker education and/or advocacy.
Let’s talk American Rescue Plan

State and Local Fiscal Recovery Funds

**Purpose:** To meet pandemic response needs and rebuild a stronger, more equitable economy as the country recovers.

**Funding:** The ARP provides $350 billion to state and local governments. States and localities are required to obligate funds by Dec. 31, 2024.

**Opportunities for states:** Mental health services are among the eligible uses of funds, and recipients have "broad flexibility to decide how best to use this funding to meet the needs of their communities."

**Resource:** Funds may be used for “Services to address behavioral healthcare needs exacerbated by the pandemic, including mental health treatment, substance misuse treatment, other behavioral health services." (See [SLFRF fact sheet, p.4](#))
Let’s talk American Rescue Plan

Child Care Funding

Purpose: Providers may use these funds to support the mental health of children and employees.

Funding: $24 billion for childcare stabilization grants (CCSG), available through September 2023;

Opportunities for states: Infant and early childhood mental health consultation (IECMHC), is one example of an allowable mental health support. Lead agencies are encouraged to offer providers avenues to use funds for IECMHC in as streamlined a manner possible.

Resource: ZTT suggested language to Office of Child Care to help clarify this, and we're glad to see that they included it in their Information Memorandum.
Recommendations about Potential Uses of Funds:

- **Workforce development** expenses for clinicians, consultants, and/or allied professionals;

- **Data systems**, including costs related to acquisition, setup, rollout training/tech support, and supporting successful uptake over time;

- **Other technology investments** to increase quality, access, and coordination of services;

- **Start-up funds** or framing ARP dollars as to cover initial costs and operations in the first years, while leveraging commitment from partner agencies

- **One-time activities** like development of new resources;

- **Exploring opportunities for coordination** between states and localities on shared mental health investments, particularly for SLFRF dollars.
What else can states do in addition to ECMH Consultation?

State Examples:

BEHAVIORAL HEALTH AND PRIMARY CARE INTEGRATION
- In 2018, the Colorado Medicaid program shifted to an accountable model that integrated physical and behavioral health.
- Colorado also received a State Innovation Model (SIM) grant that also supported the move towards integrate behavioral and primary care services.
- The SIM project provided EC advocates, providers, philanthropic organizations, and other stakeholders the opportunity to voice the need for behavioral health services for young children and families, screening for young children, and maternal depression screening.

MULTI-AGENCY COLLABORATION
- In the 2000s, Minnesota was an Assuring Better Child Health Development (ABCD) grantee.
- The Mental Health Authority received the grant, with support from the Medicaid office.
- With the ABCD grant, the state advanced research, practice, and policy on the EC system of care, including mental health screening and treatment.
Additional state example:

STATE INVESTMENT IN IECMH AND WORKFORCE

➢ The Children, Youth, and Families Department (CYFD) in New Mexico led efforts to raise awareness about IECMH,
➢ They developed a statewide IECMH agenda with subcommittees focused on: promotion; prevention; assessment, diagnosis, and treatment; regulations and reimbursement; and finance.
➢ CYFD established an infant mental health unit with a $1 million investment of state dollars.
➢ Subcommittees had cross-agency representation.
➢ The state partnered with the University of New Mexico to provide professional development and training.
State and Local Fiscal Recovery Funds Resources

- Homepage for SLFRF resources
- SFLRF Fact Sheet - see top of page 4 for mental health guidance
- Interim Final Rule
- Guidance for Tribal funding
- Quick Reference Guide for SLFRF
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Questions
Thank you for joining us today.

Remember, earlysuccess.org/stateactioncalls is where you’ll find:

- Recording of this and past calls
- Links to resources
- Sign up form for invitations to future presentations