

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

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

JULY 21 , 2021 | 3:00 ET



Dr. Walter Gilliam
Yale Child Study
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Dr. Lee Johnson III
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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?

Walter S. Gilliam, PhD
 Director, Edward Zigler Center in Child Development and Social Policy
 Elizabeth Mears & House Jameson Professor of Child Psychiatry and Psychology
 Yale Child Study Center
 Yale School of Medicine

Alliance for Early Success • July 21, 2021

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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

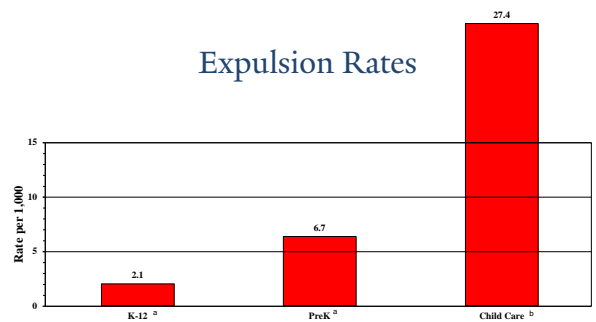
Harm children later...

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

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Expulsion Rates



^a Gilliam, WS (2005). Prekindergarten: Left behind. Expulsion Rates in state prekindergarten programs. *FCD Policy Brief, Series No. 3*. Available: www.yale.edu/childstudycenter/publications/brh3.html
^b Gilliam, WS & Shaffer, G (2000). Preschool and child care expulsion and suspension: Rates and predictors in one state. *Infants and Young Children*, 13, 228-246.

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National Rates per Year

Preschool Suspension	2.0%	~174,309
Preschool Expulsion	0.2%	~ 17,248
TOTAL		~191,557



MetLife Stadium = 82,500



Yankee Stadium = 54,251
 In the Parking Lot = 12,884



Citi Field = 41,922

Zeng, Corr, O'Grady & Guan. (2019). Adverse childhood experiences and preschool suspension/expulsion: A population study. *Child Abuse & Neglect*, 97.

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National Rates per Year

Preschool Suspension	2.0%	~174,309
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TOTAL		~191,557



Angel Stadium
 LA Angels
 45,517



Dodger Stadium
 LA Dodgers
 56,000



Oakland Coliseum
 SF Giants
 46,847



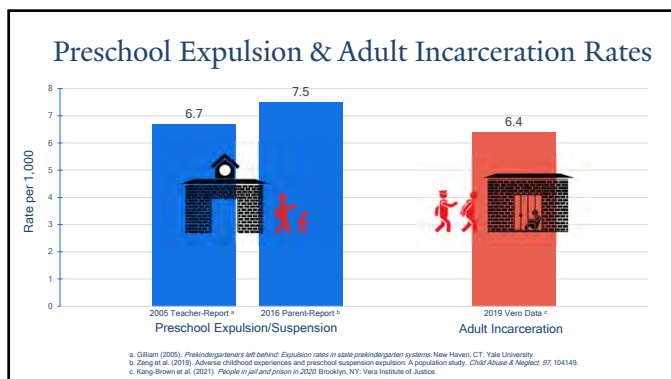
Oracle Park
 Oakland A's
 41,265



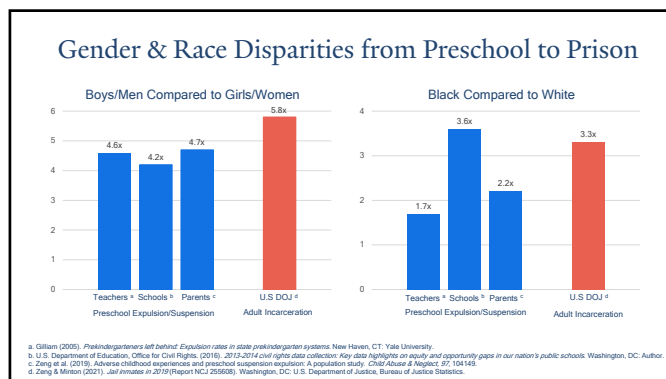
Petco Park
 SD Padres
 40,209

Zeng, Corr, O'Grady & Guan. (2019). Adverse childhood experiences and preschool suspension/expulsion: A population study. *Child Abuse & Neglect*, 97.

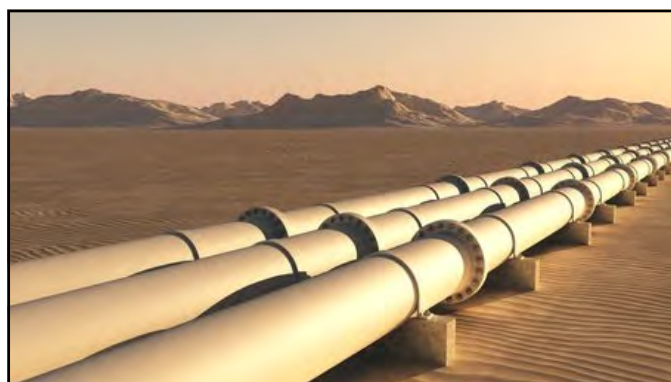
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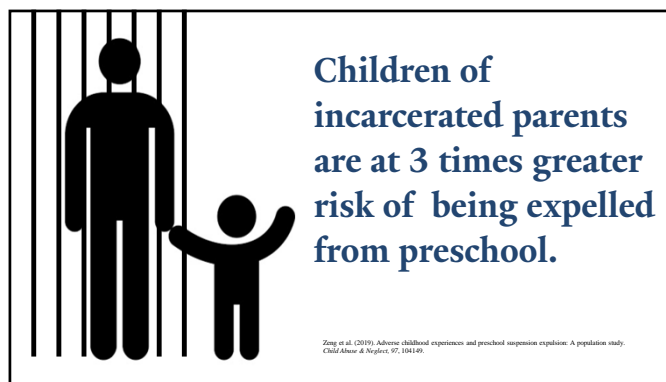
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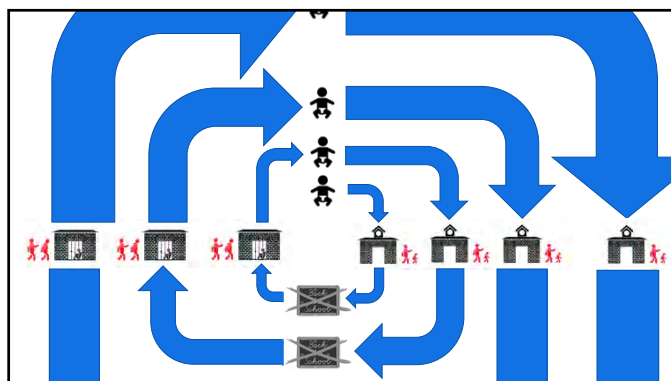
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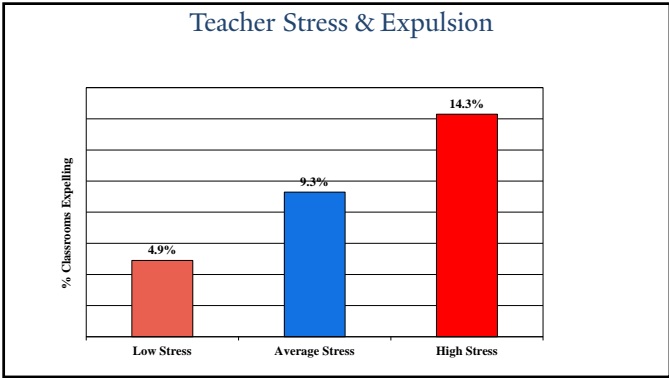
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ACEs & Preschool Expulsion/Suspension

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, $p < .01$

Zeng, Corr, O'Grady & Guan. (2019). Adverse childhood experiences and preschool suspension/expulsion: A population study. *Child Abuse & Neglect*, 97.

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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%	

Yale SCHOOL OF MEDICINE **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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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%

Yale SCHOOL OF MEDICINE **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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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%)

Yale SCHOOL OF MEDICINE **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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And then there is bias...

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19 Yale Implicit Bias Study
<https://www.facebook.com/NPR/videos/implicit-bias-in-preschools/10154814452056756/>
 Video Courtesy of NPR

Child/Family Stress x Teacher Stress = Expulsions

Child/Family Stress² x Teacher Stress² = Expulsions⁴

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Early Childhood Mental Health Consultation

NEW RESEARCH

Early Childhood Mental Health Consultation: Results of a Randomized Controlled Evaluation

Walter D. Gilliam, M.D., Angela D. Horsey, M.D., David N. Spitzer, M.D.

Journal of the American Academy of Child and Adolescent Psychiatry

Published online 10/1/16

OBJECTIVE: To evaluate the effectiveness of early childhood mental health consultation (ECMHC) in reducing challenging behaviors in young children.

DESIGN: Randomized controlled trial.

SETTING: Connecticut, 2016.

PARTICIPANTS: 100 children aged 2-5 years with challenging behaviors.

MEASUREMENTS AND MAIN RESULTS: Children in the ECMHC group showed significantly greater reductions in challenging behaviors compared to the control group.

CONCLUSIONS: ECMHC is an effective intervention for reducing challenging behaviors in young children.

Early Childhood Mental Health Consultation: Results of a Randomized Controlled Evaluation

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MEASUREMENTS AND MAIN RESULTS: Children in the ECMHC group showed significantly greater reductions in challenging behaviors compared to the control group.

CONCLUSIONS: ECMHC is an effective intervention for reducing challenging behaviors in young children.

Connecticut 2016 Ohio 2021

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THANK YOU!

Twitter: @WalterGilliam

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Early connections last a lifetime

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

July 21, 2021

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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**



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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





What does training look like for IECMH clinicians?

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)





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What do IECMH Clinicians do?

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.



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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.





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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:



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- **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?



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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.

What else can states do in addition to ECMH Consultation?

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



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- [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

Alliance for Early Success

National Issues ► State Action

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