

Piloting Trauma-Informed and Culturally Responsive Infant/Early Childhood Mental Health Consultation in Wisconsin Birth to 3 Programs Executive Summary

The Wisconsin Department of Health Services (DHS) allocated funds from the American Rescue Plan Act (ARPA) to the University of Wisconsin Parent-Infant/Early Childhood Mental Health Program in the Department of Psychiatry, School of Medicine and Public Health to pilot Infant/Early Childhood Mental Health (IECMH) Consultation in Wisconsin Birth to 3 Programs. IECMH Consultation is an evidence-based and relational approach for increasing providers' and parents' capacity to support the social and emotional development and wellbeing of children in their care. It is both a preventative and early intervention service. Documented outcomes of IECMH Consultation include improving young children's social and emotional functioning, decreasing children's challenging behaviors, strengthening parent-child relationships, increasing provider self-efficacy and confidence promoting mental health and social-emotional development, increasing provider-family collaboration, increasing program quality and reducing staff turnover (Silver et al., 2023; SAMHSA, 2014).

Project Overview: A two-part project was implemented in which one arm piloted an Integrated Model of IECMH Consultation in five Birth to 3 Programs and another arm provided all Wisconsin Birth to 3 Programs with the opportunity to receive child/family centered mental health consultation in response to specific cases referred. The Integrated IECMH Consultation Arm concurrently focused on developing the IECMH Consultation workforce.

<p><i>Integrated IECMH Consultation Arm:</i> Milwaukee, Dane, Washington, Waupaca and Grant/Iowa Counties piloted IECMH Consultation integrated into local Birth to 3 programs. The IECMH Consultant at each site met routinely with Birth to 3 program leadership and providers and was available to provide a) reflective space, b) programmatic consultation, c) group consultation in team meetings and d) specific child/family centered mental health consultation with children with complex social and emotional needs. This integrated model of IECMH Consultation facilitated the development of relationships and access for consultation across these multiple levels.</p> <p>Consultants in this arm of the project were Mental Health Clinicians newer to providing IECMH Consultation and were provided with in-depth training and paired with highly experienced Mentors who provided direct observation, opportunities to shadow/partner and routine reflective mentoring.</p> <p>Duration of 14 months, including IECMH Consultation Training.</p>	<p><i>Statewide Referral Arm:</i> Birth to 3 Programs statewide were able to make referrals for child/family centered mental health consultation through a centralized intake process.</p> <p>This arm of the project supported Birth to 3 Providers in their work with a specific child/family. Referrals included children with complex social and emotional needs, including but not limited to children enrolled through the Child Abuse Prevention and Treatment Act (CAPTA) and children otherwise involved in child welfare.</p> <p>Consultants in this arm of the project were generally highly experienced IECMH Consultants at the level of expertise to mentor other consultants.</p> <p>Duration of 14 months.</p>
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Project Evaluation: Quantitative outcome measures in both arms of the project demonstrated statistically significant improvement at all levels evaluated, including Child, Birth to 3 Provider and IECMH Consultant outcomes. On measures where statistical significance was not observed, patterns of change were observed in the expected (positive) direction; thus, it is possible that this was a function of the small sample size. There was no control group and this was not a randomized trial.

Level of Evaluation	Results of Integrated IECMH Consultation Arm and Statewide Referral Arm
Child	<p>The <i>Brief Infant-Toddler Social Emotional Assessment</i> (BITSEA) completed by parents demonstrated statistically significant improvement on the Competence Scale in both arms of the project. There was a reduction in items endorsed on the Problem Scale. In the Statewide Arm only, Birth to 3 Providers also completed the BITSEA. For provider data, statistically significant improvement was seen on both the BITSEA Competence Scale and the Problem Scale.</p> <p>The <i>Devereux Early Childhood Assessment</i> (DECA) was used only in the Integrated Consultation Arm of the Project and did not show statistically significant change.</p> <p>The <i>Brief Parent-Child Early Relational Assessment</i> (B-ERA) was used as a project evaluation measure only in the Integrated IECMH Consultation Arm and demonstrated statistically significant change for the following three B-ERA Factors:</p> <ul style="list-style-type: none"> • Increased Parental Sensitivity and Consistency and less Intrusiveness • Increased Infant Positive Affect, Communicative and Social Skills • Increased Dyadic Mutuality and Reciprocity <p>Two additional factors showed statistically strong trends toward improvement.</p> <ul style="list-style-type: none"> • Less Negative Affect and Behavior • Increased Dyadic Organization and less Tension
Birth to 3 Providers	<p>Using a <i>Birth to 3 Provider Self-Assessment re: Sense of Confidence and Competence in Assessing and Addressing Social-Emotional Functioning</i> developed for this project, statistically significant change for the Total Sum Score was demonstrated in both arms with higher scores reflecting an increased sense of competence and competence. Additionally, statistically significant positive change was found in 18 of the 39 individual items in the Integrated IECMH Consultation Arm and 19 items in the Statewide Arm.</p>
IECMH Consultants	<p>Using a Self-Assessment developed by the Georgetown Center of Excellence for IECMH Consultation, statistically significant positive change was found in the overall rating and for the following IECMH Consultant Competency Scales: Consultant Role, Foundational Knowledge, Equity and Cultural Sensitivity, Child and Family Focused, Programmatic Consultation and Systems Orientation. This measure was only used in the Integrated IECMH Consultation Arm as the focus of this arm included IECMH Consultation workforce development.</p>

Qualitative data, some of which is included in the full report further captures the positive impact of this project, including the benefits of a) reflective space for leadership, b) programmatic consultation, c) case consultation during team meetings, and d) focus on staff wellbeing provided through the Integrated IECMH Consultation Arm.

Conclusion: It is remarkable to see statistically significant results given the short duration of this project and relatively small sample size. This data provides strong support for continuing to implement and expand IECMH Consultation in Birth to 3 Programs and suggests considerable benefit to doing so over time. Although positive outcomes were seen across both project arms, they are not directly comparable as the Integrated IECMH Consultation Arm was concurrently providing workforce development whereas most of those who provided consultation in the Statewide Referral Arm were highly experienced IECMH Consultants who were at the level of expertise to mentor other consultants. Interestingly, the Statewide Referral Arm of the Project began to look more like the Integrated Arm of the Project over time as once Birth to 3 Programs referred a case, they were likely to make subsequent referrals and continue to develop an ongoing relationship with the IECMH Consultant. From the onset, it was clear that this would be a contained, time-limited project due to the nature of the funding source. Ultimately, however, it is important that IECMH Consultation not be a project-based resource, but rather a core element of efficient and effective Birth to 3 programming. See Appendix A for recommendations and the full Grant Summary Report for additional details and references.

Appendix A: Recommendations

- 1) *Integrate IECMH Consultation Across Birth to 3 Programs:*** Although the project evaluation data demonstrates positive outcomes for both arms of this project, we highly recommend an Integrated IECMH Consultation approach in which Mental Health Clinicians are embedded within Birth to 3 Programs to provide routine, predictable and ongoing consultation and that the consultants be hired or contracted directly by the Birth to 3 Programs. IECMH Consultation is a relational service and as reflected by this project, is most likely to be utilized once a trusting relationship has begun to be established. An ongoing relationship between consultant and program allows for trust to develop and for providers and leadership to experience the value of the consultation which will likely expand and deepen their uses of consultation over time. An integrated model allows consultation to be provided at multiple levels and reflective space provided to leadership and programmatic consultation has the potential to have broad positive impact on the organization as a whole as well as families who are served.
- 2) *Increase Preparation Phase and Provide Training to Birth to 3 Programs to Enhance Readiness for IECMH Consultation:*** We recommend that in integrating IECMH Consultation into Birth to 3 Programs, the preparation phase be extended to include ample time to assess readiness of Birth to 3 Programs to implement IECMH Consultation and provide training to help prepare them. It will be important to thoroughly educate program leadership and providers about the role of an IECMH Consultant, what consultation may offer, what to expect, and how to best make use of consultation, as well as to spend ample time addressing concerns and questions and preparing collaboratively for implementation. Due to the time limited nature of this project, programs were encouraged to begin IECMH Consultation at all levels concurrently; however, in future implementation of IECMH Consultation, we recommend that consultation be flexible to meet the program where they are most ready to make use of consultation and trust as relationships continue to develop and the benefits of consultation are experienced by program leadership and providers, utilization will expand.
- 3) *Structure that Promotes Relationship Development, Slowing Down, Reflection, Thoughtful Conceptualization and Consultation to Increase Efficiency and Effectiveness in Improving Social and Emotional Outcomes:*** Across sites, it was observed that Birth to 3 Providers are often overextended and overwhelmed with high caseloads and pressures related to mandated deadlines with lack of time to pause and reflect on their work. It appears that slowing down would help Birth to 3 Providers better conceptualize children's and families' needs and to be more efficient and effective in their work. Integrating IECMH Consultation would support reflective practice and promote provider wellbeing and retention.
- 4) *Community of Practice (CoP) for IECMH Consultants across Birth to 3 Programs in Wisconsin:*** It is recommended that there be a CoP for IECMH Consultants across Birth to 3 Programs whether Consultants are developing or highly experienced in their IECMH Consultation work. IECMH Consultants will have unique roles within the Birth to 3 Programs and the opportunity to connect and reflect with others doing similar work will be helpful in supporting a parallel process that contributes to high quality and effective services.
- 5) *Consider the BITSEA and ITSEA for Determining Eligibility for Birth to 3 Services:*** The BITSEA demonstrated statistically significant change in child outcomes despite the brief one-year duration of the IECMH Consultation and relatively small sample size indicating that it may be more sensitive to change than some measures, such as the DECA which only focuses on areas of social and emotional protective factors. As the BITSEA is a relatively brief (5-10 minutes) 42-item screener, it may be readily implemented with all families whose children are assessed for eligibility. For those whose screeners indicate concerns in social and emotional functioning, the Infant-Toddler Social Emotional Assessment (ITSEA) may then be used as part of a more comprehensive assessment.

- 6) ***Use of the Brief Parent-Child Early Relational Assessment (B-ERA) in IECMH Consultation and Opportunities for Birth to 3 Providers to Access B-ERA Training to Focusing Intervention Efforts:*** The B-ERA was found to be a highly effective assessment and intervention method for IECMH Consultants in both arms of this project to come alongside Birth to 3 Provider(s) and Parent(s) to look together at the child's social and emotional functioning and parent-child interactions in Video Replay; encourage pausing and reflection; wonder about parents' experience being parented and the meaning of their child, child's behavior and child's delay or disability to them; explore parents' hopes for their child and family; collaboratively identify goals and engage in service planning.
- 7) ***Continue to Invest in Developing the Workforce of IECMH Consultants Prepared to Provide Consultation to Birth to 3 Programs:*** Given the apparent benefits of IECMH Consultation in Birth to 3 Programs and the limited workforce of Mental Health Clinicians in Wisconsin providing services for very young children and families, it is highly recommended that the Wisconsin DHS continue to invest in growing the workforce of Mental Health Clinicians prepared to provide Consultation to Birth to 3 Programs in preparation for identifying a plan to fund this initiative.
- 8) ***Continue Advocacy and Efforts to Identify a Braided Funded Approach for Ongoing Statewide IECMH Consultation in Birth to 3 Programs:*** From the onset, it was clear this would be a contained, time-limited project due to the nature of the funding source. The aim was to implement a pilot to provide Birth to 3 Programs with the experience of IECMH Consultation, develop the IECMH Consultation workforce and complete a project evaluation. Project evaluation outcomes provide a foundation of quantitative and qualitative data that may be used to advocate for further steps to build IECMH Consultation into the Wisconsin Birth to 3 System. A braided funding stream will be needed to integrate IECMH Consultation in Birth to 3 Programs including Core Part C Funding, Medicaid, and reimbursement from private commercial insurance when possible for coverable services. We also recommend staying apprised of and collaborating with the efforts of the Wisconsin Alliance for Infant Mental Health to lead others in advocating for funding to ultimately create and sustain a statewide IECMH Consultation System across service sectors serving children from birth through age five and their families to be included in the Governor's Biennial Budget and anticipate that participation on the Governor's Early Childhood Advisory Council (ECAC) will be an avenue for advocacy.
- 9) ***Progress Toward Hiring or Contracting with Mental Health Providers to Provide Both IECMH Consultation and Direct Mental Health Services within Birth to 3 Programs:*** We anticipate that it would be highly beneficial to include positions for Mental Health Clinicians in Birth to 3 Programs much as Physical Therapists, Occupational Therapists and Speech and Language Pathologists have historically been part of the team. Mental Health Clinicians could potentially provide both IECMH Consultation for other Birth to 3 Providers and ongoing Mental Health Services with families as part of their Individualized Family Service Plans though it would be important to differentiate these services as they involve different roles and approaches. The following Early Intervention services under the IDEA Regulations [34 CFR §303.13](#) clearly documents the provision of psychological assessment and treatment services. This is also outlined by the Early Childhood Technical Assistance Center.
- **Psychological services** include obtaining, integrating, and interpreting information about child behavior and child and family conditions related to learning, mental health, and development, and also psychological counseling for children and parents and family counseling ([34 CFR §303.13\(b\)\(10\)](#)).
 - **Family training, counseling, and home visits** include counseling by social workers, psychologists, and other qualified personnel (e.g., family therapists) ([34 CFR §303.13\(b\)\(3\)](#) and [34 CFR §303.13\(c\)](#)).
 - **Social work services** include social or emotional developmental assessment of the infant or toddler within the family context and [Providing individual and family-group counseling with parents](#) and other family members, and appropriate social skill-building activities with the infant or toddler and parents ([34 CFR §303.13\(b\)\(13\)](#)).