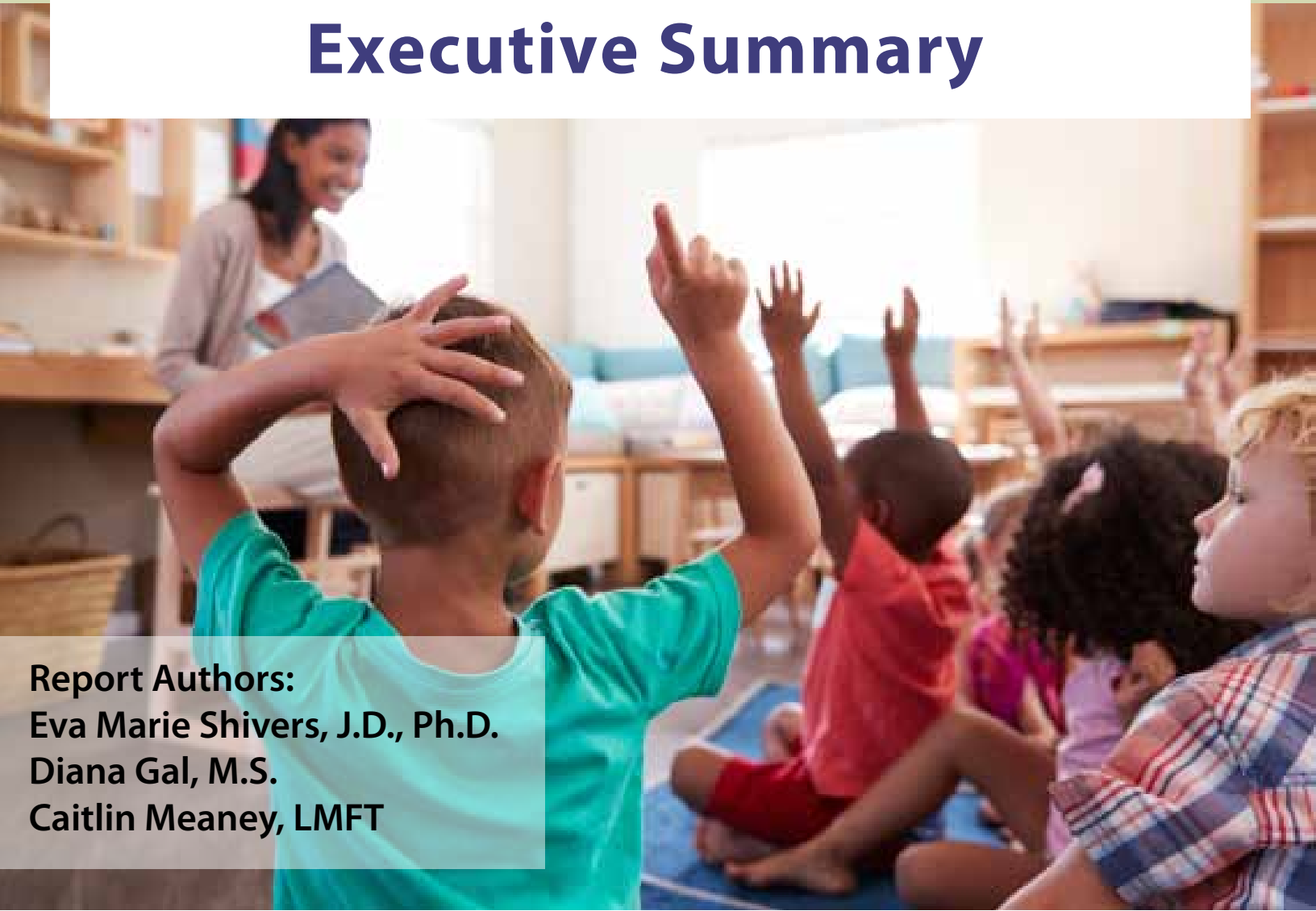


Evaluation of Alameda County Behavioral Health Early Childhood Mental Health Consultation Standards of Practice Training and Technical Assistance Pilot **Executive Summary**



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Background

Early Childhood Mental Health Consultation (ECMHC) is an evidence-informed, preventative service that identifies potential mental health concerns in young children and reduces the risk of school suspensions and expulsions, as well as addresses less severe, yet disruptive behaviors that present challenges within the classroom environment. ECMHC reduces the likelihood that less severe behaviors intensify to a higher level of severity and impairment.

In 2017, the [National] Center of Excellence for Infant and Early Childhood Mental Health Consultation conducted an extensive review of existing IECMHC consultation programs around the country and found that all successful programs require four foundational building blocks: (1) eligibility, (2) service design, (3) workforce, and (4) infrastructure (Center of Excellence for IECMHC, 2017). As this specialty area expands, there is a growing need and desire for a national consensus on ECMHC competencies, and what is required to support and expand an effective ECMHC workforce (COE IECMHC, 2017; Johnston et al., 2013).

Indeed, providing guidance for aligning ECMHC core components, such as organizational infrastructural support, workforce development, and service design across multiple ECMHC grantees were key goals and motivation for the development of the Alameda County ECMHC Standards of Practice. Alameda County community-based mental health organizations, Alameda County Behavioral Health, and First 5 Alameda County have been partnering to provide training and early childhood mental health consultation services (ECMHC) since 2000. Although the services and training continue to grow, the following gaps and barriers preclude a fuller expansion.

- Lack of consistent coordination among agencies in the provision of ECMHC services.
- Lack of identifiable, consistent ECMHC Standards of Practice that provide structure and accountability in ECMHC service delivery.
- Lack of consistent training on ECMHC services to support ECMHC workforce development.
- Lack of consistent technical assistance to support ECMHC workforce development.
- Lack of outcomes-based evaluation.
- Lack of a consistent funding source that supports the use of ECMHC Standards of Practice, and ECMHC services in general.

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ECMHC Standards of Practice Training and Technical Assistance Pilot Intervention

To this end, Alameda County Behavioral Health (ACBH) and First 5 Alameda County partnered to develop proposed ECMHC Standards of Practice to be piloted in 2016-2018. Training and technical assistance was designed and implemented by ACBH. The training and technical assistance for this intervention pilot was delivered by a very seasoned mental health professional who has worked with Alameda County Behavioral Health Services for 19 years. The T/TA coordinator had extensive expertise and background in offering additional professional development and technical assistance to ECMHC grantees throughout Alameda County.

Evaluation Background

The goal for this study was to pilot an evaluation that met several objectives: 1) to determine whether the delivery of training and technical assistance for ACBH's ECMHC Standards of Practice met its stated objectives; 2) to inform Alameda County ACBH's technical assistance and Standards of Practice in terms of ongoing design and implementation; 3) to add to the field of literature on effective strategies for infant and early childhood mental health consultation; and 4) to provide findings that could guide Alameda County and other communities' and states' efforts to build a comprehensive system of ECMHC standards in order to align multiple ECMHC grantees and impact the system in a more coordinated fashion.

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Specific research questions were as follows:

1) Was there growth on key outcomes after mental health consultants implemented infrastructure components as detailed in the ECMHC Standards of Practice?

2) How did participants rate and reflect on their experiences with the ECMHC Standards of Practice implementation?

Methods

This evaluation was both a summative outcome evaluation and a process / exploratory evaluation, which included data collected from 2017 through 2019. The main purpose of this evaluation was to explore the impact of ECMHC Infrastructure Components on ECMHC service delivery as measured by outcomes and feedback through multiple informants (e.g., teachers, directors, consultants, ECMHC agency leadership).

Quantitative, standardized data was collected at the program, classroom, teacher and child level across three different time points: baseline, 6 months and 12 months (directors and consultant measures only). Background information and qualitative feedback data was also collected from the JFCS East Bay mental health consultants, JFCS East Bay supervisors, ACBH leadership and participant child care administrators. Quantitative data was collected via a combination of questionnaires, observations, and surveys. Qualitative data was collected via interviews and focus groups. The measurement and design strategy were largely based on the program developers' theory of change and child care research on effective Early Childhood Mental Health Consultation (ECMHC) models

Results

The data from this evaluation presents compelling evidence the Alameda County ECMHC Standards of Practice Training and Technical Assistance pilot program was a success as measured by statistically significant increases on almost all of the key evaluation outcome measures, and overwhelming positive feedback from teachers, directors, and consultants. Key findings are summarized below.

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Increases in Key Outcomes

We found statistically significant growth on most of the key evaluation outcome measures:

- Consultant self-efficacy (improvement over a period of 12 months)
- Consultant hopelessness (decreased over a period of 12 months)
- Director self-efficacy (improvement after 6 months and also after 12 months)
- Classroom emotional climate (improvement over a period of 6 months)
- Children's attachment (improvement over a period of 6 months)
- Children's self-regulation (improvement over a period of 6 months)
- Children's initiative (improvement over a period of 6 months)
- Children's risk of expulsion (decreased over a period of 6 months)

Testing our Hypotheses about the Theory of Change:

Consultants who received more 'dosage' (e.g., more training and technical assistance on the ECMHC Standards of Practice) also rated higher on:

- Consultant self-efficacy
- Fidelity in implementing Standards of Practice
- Director self-efficacy
- Director engagement with ECMHC
- Teacher-consultant relationship

The findings related to Consultant Self-Efficacy seem to shed even more light on an emerging theory of change for this training and technical assistance intervention. We discovered that higher ratings on consultant self-efficacy were positively associated with improvements in child outcomes and improvements in emotional classroom climate.



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Feedback from Participants

Teachers' and directors' feedback on the ECMHC they received from JFCS East Bay was overwhelmingly positive. Average feedback and satisfaction scores averaged 3.65 out of a possible 4.00.

Director qualitative feedback: The top 3 themes from the focus group with directors included:

1. There was positive director buy-in and engagement with ECMHC.
2. Director- consultant relationships were stronger with consultants receiving more T/TA from the intervention.
3. Directors' self-efficacy was positively impacted by their relationship with mental health consultants.

Consultant qualitative feedback: The most salient themes that emerged from consultants' conversations during the focus groups included the following:

1. Consultants hired specifically for the ECMHC SOP T/TA intervention had positive experiences with the T/TA coordinator.
2. Consultants hired specifically for the ECMHC SOP T/TA intervention reported feeling extremely supported by their supervisor and ECMHC program leaders.
3. The larger group of consultants who tended to be more seasoned and didn't receive as much T/TA also had positive experiences, and reported feeling more grounded and efficacious in their work as a result of receiving T/TA during the group sessions.
4. Having a bifurcated system of T/TA support created some negative tension among the consultants.

Future Directions and Recommendations for Next Steps

- **Top Recommendation: Pursue comprehensive funding that will adequately support growth and change in an organization's capacity and infrastructure. This includes offering similar dosage of T/TA to all the mental health consultants in an agency.**
- Continue to refine the T/TA model. For example, provide the same dosage with all consultants in an agency. In addition, explore ramping down dosage intensity toward the end stages of T/TA.
- Continue to articulate and test the theory of change for offering T/TA on the ECMHC Standards of Practice.
- Continue to fund an evaluation that can help test the theory of change and offer insight into the efficacy of the T/TA model.
- Expand the use of ECMHC Standards of Practice tools with additional Alameda County community based mental health agencies.
- Collaborate with partners to integrate ECMHC Standards of Practice in their ECMHC training efforts.
- Continue to explore other system levers in Alameda County for enhancing organizational capacity to support a highly qualified ECMHC workforce, effective ECMHC programming, and a clearly defined model.