



ZERO TO THREE
Early connections last a lifetime

Infant and Early Childhood Mental Health (IECMH) Policy Series

State Stories of IECMH Policy Innovation: Promotion, Prevention and Financing

March 25, 2021
Session 3 of 5

Introductions- IECMH Team



ZERO TO THREE



Lindsay Usry
Director of IECMH Strategy
Maryland



Dr. Lee Johnson III
Senior Policy Analyst
Washington D.C.



Julie Cohen
Associate Director of the
Policy Center, Arizona



Paola Andujar
Program Associate
Maryland



Therese Ahlers
Senior Technical Assistance
Specialist, Wisconsin



Meghan Schmelzer
Senior Policy Analyst
Michigan

Introduction of Partners: National Center for Children in Poverty (NCCP)



ZERO TO THREE



Sheila Smith

Co-Director

National Center for Children in Poverty
Bank Street Graduate School of Education



Dan Ferguson

Research Associate

National Center for Children in Poverty
Bank Street Graduate School of Education

State Presenters



ZERO TO THREE



Sami Bradley, MaEd. LIMHP
Assistant Vice President,
Early Childhood Mental Health
Nebraska Children and Families Foundation
Rooted in Relationships



Nicola A. Edge, PhD
Professor and Associate Director,
Research and Evaluation Division
Department of Family and Preventive Medicine
University of Arkansas for Medical Sciences



ZERO TO THREE
Early connections last a lifetime

Let's Take a Poll : Q1: What is your Primary Professional Role?



ZERO TO THREE
Early connections last a lifetime

Q2: Have you attended previous sessions in this webinar series?



Today's Agenda:

- Welcome!
- Introduction to NCCP's PRiSM
- Overview of IECMH Policy
- Specific strategies to advance IECMH Policy
 - Investing in Promotion and Prevention
 - Financing Across the Continuum
- Panel Discussion
- Wrap Up

Sheila Smith

Co-Director

National Center for Children in Poverty

Bank Street Graduate School of Education



Dan Ferguson

Research Associate

National Center for Children in Poverty

Bank Street Graduate School of Education



Introduction to PRiSM



- Online resource at www.nccp.org/prism-project/
- A searchable collection of profiles that describe the most promising, research-informed infant-early childhood mental health (IECMH) policies
- Most are statewide; some scaled initiatives; all supported by public funds
- Audience: state and local policy leaders, advocates, and stakeholder groups working on efforts to strengthen IECMH

PRISM IECMH Strategies

Child Social-Emotional (SE) Screening

Parent Depression Screening

Risk Factor Screening and Response

Effective Assessment and Diagnosis (DC: 0-5)

Case-management/Linkage to Services

IECMH Consultation in Early Care and Education (ECE) programs

SE Professional Development, Coaching, and Curricula in ECE programs

IECMH in Pediatric Settings

IECMH in Home Visiting

IECMH in Part C Early Intervention

Dyadic Therapy

Parenting Programs

Vulnerable Children

Workforce Development



National Center for Children in Poverty

Bank Street Graduate School of Education

PRiSM Profile Content

Profiles feature...

- Policies/Rules/Guidance
- Services Scale/Reach
- Implementation supports
- Monitoring data and evaluation
- Funding sources



PRiSM's Additional Content

- Research summaries: Evidence base for each strategy
- Resources: Key policy briefs and planning tools, organized by topic, including compilation of state DC:0-5 crosswalks
- Links to state/local resources, policies, and tools within profiles



[Oregon](#): Medicaid-funded PCIT and state-funded training

[Parenting Programs](#)

Parenting programs that help parents learn about and use positive, responsive parenting strategies that contribute to healthy social-emotional development and reduce behavioral problems.

[See summary of evidence](#)

[Colorado](#): **Right Start for Colorado** workforce development initiative

[Nebraska](#): Statewide COS-P and training cohorts

[North Carolina](#): Statewide **Triple P**

[IECMH in Part C Early Intervention Program \(EI\) Program](#)

Policies and practices in the EI program that identify and address the social-emotional needs of infants and toddlers (e.g., includes IECMH mental health specialist on evaluation team, provides IECMH treatment).

[See summary of evidence](#)

[See additional key resources on IECMH in Part C Early Intervention](#)

[Illinois](#): Social-emotional consultation for EI providers

[Louisiana](#): Consultation to EI providers

[Massachusetts](#): Statewide **PIWI** training for EI providers

[IECMH in Home Visiting](#)

Policies and practices that identify and address the social-emotional needs of infants and toddlers (e.g., screens for parent

[Arizona](#): **Smart Support** consultation in home visiting early care and education settings, including for family, friend, and neighbor providers, and year-long training for consultants

Massachusetts

(return to [PRiSM homepage](#))

Massachusetts Strategies

- [Maternal Depression Screening and Response](#) ([Learn more about this strategy](#))
- [IECMH in Part C Early Intervention Program \(EI\) Program](#) ([Learn more about this strategy](#))
- [Workforce Development](#)

Maternal Depression Screening and Response

Since 2014, the [Massachusetts Child Psychiatry Access Project for Moms](#) (MCPAP for Moms) program has supported health care providers, including obstetric, pediatric, adult psychiatric and primary care providers, in addressing the mental health and substance abuse concerns of their perinatal patients. The aim of the program is to build the capacity of health care providers to offer evidence-based treatment for maternal depression. MCPAP for Moms offers three core resources to health care providers: trainings and toolkits, psychiatric consultation and referral, and linkages to community resources. Providers call a hotline to speak with a resource and referral specialist who assesses their needs. These can then be addressed with a telephone psychiatric consultation, which is sometimes followed by a one-time face-to-face consultation with the patient, and with assistance connecting with community providers and resources.

IECMH Workforce Development in Part C Early Intervention Program: Parents Interacting With Infants (PIWI)

Massachusetts' Part C Early Intervention Program is using Parents Interacting With Infants (PIWI), a training component within the Pyramid Model designed to support positive parent-child relationships and infant-toddler social-emotional outcomes. The Pyramid Model is a framework for promoting evidence-based practices that support children's social-emotional development and address challenging behavior. Early Intervention specialists who receive PIWI training learn a wide range of strategies for working with parents to support social-emotional development through mutual enjoyment in parent-child interactions and responsive parent-child relationships.

To prepare for state-wide implementation, the Massachusetts Part C lead agency (the Department of Public Health (DPH)) conducted train-the-trainer sessions on PIWI so that current and future Early Intervention providers could receive training from a cadre of PIWI trainers. These master trainers included professionals that had Early Intervention, training delivery, and leadership experience. All master trainers were given extensive training on the foundations of Early Intervention and the PIWI approach and strategies. DPH consulted with one of the PIWI creators, as well as with local state partners involved with the national Pyramid Model center, to develop these sessions and the statewide rollout.

During the initial statewide PIWI rollout, beginning in June 2016, the state's 60 Early Intervention programs were divided into three training cohorts. Prior to in-person PIWI training, all Early Intervention providers completed the Pyramid Model Framework Overview Training, an introductory online module that reviews the fundamentals of infant and early childhood social-emotional development as well as the Pyramid approach. Each cohort then

Massachusetts

(return to [PRiSM homepage](#))

Massachusetts Strategies

- [Maternal Depression Screening and Response](#) ([Learn more about this strategy](#))
- [IECMH in Part C Early Intervention Program \(EI\) Program](#) ([Learn more about this strategy](#))
- [Workforce Development](#)

Maternal Depression Screening and Response

Since 2014, the [Massachusetts Child Psychiatry Access Project for Moms](#) (MCPAP for Moms) program has supported health care providers, including obstetric, pediatric, adult psychiatric and primary care providers, in addressing the mental health and substance abuse concerns of their perinatal patients. The aim of the program is to build the capacity of health care providers to offer evidence-based treatment for maternal depression. MCPAP for Moms offers three core resources to health care providers: trainings and toolkits, psychiatric consultation and referral, and linkages to community resources. Providers call a hotline to speak with a resource and referral specialist who assesses their needs. These can then be addressed with a telephone psychiatric consultation, which is sometimes followed by a one-time face-to-face consultation with the patient, and with assistance connecting with community providers and resources.

Maternal Depression Screening and Response

(return to [PRiSM homepage](#))

Introduction

Maternal depression screening allows pediatricians and other health care providers to identify mothers who may be experiencing depression. Standardized maternal screening instruments such as the [Edinburgh Postnatal Depression Scale](#) and the [Patient Health Questionnaire](#) can help health care providers determine if a parent requires an evaluation for depression and treatment, or continued monitoring. A positive screen for maternal depression can also suggest the need for enhanced monitoring of the child's social-emotional growth and other areas of development since maternal depression increases the child's risk for social-emotional difficulties and developmental delays. When screening leads to a diagnosis of maternal depression, families may benefit from interventions that address parenting and child social-emotional well-being, including [dyadic treatment](#) and [parenting programs](#).

State Profiles that Include Maternal Depression Screening and Response

- [Louisiana](#)
- [Massachusetts](#)
- [Michigan](#)
- [New York](#)
- [North Carolina](#)

Research Support for Maternal Depression Screening and Response

A large body of research shows that maternal depression harms children's development. Maternal depression in parents of infants and young children can interfere with mothers' responsiveness and positive parenting behavior

What is IECMH and Why is it Important?



ZERO TO THREE



The developing capacity of a child from birth to age five to:

- Experience, express and regulate **emotions**;
- Form close, secure interpersonal **relationships**; and
- **Explore** their environment and learn;

All in the context of family, community, and culture¹



Continuum of IECMH Supports & Services



Promotion



Prevention

Developmentally
Appropriate
Assessment and
Diagnosis



Treatment

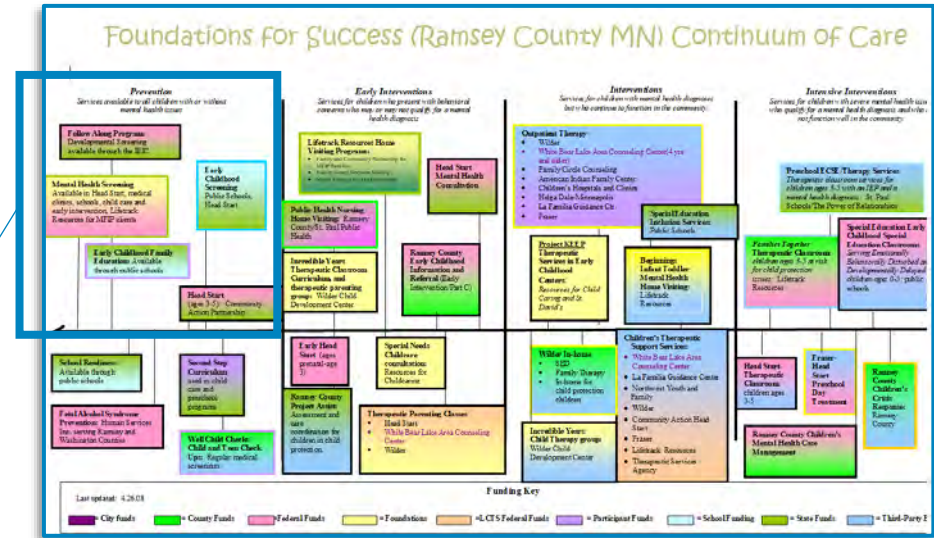
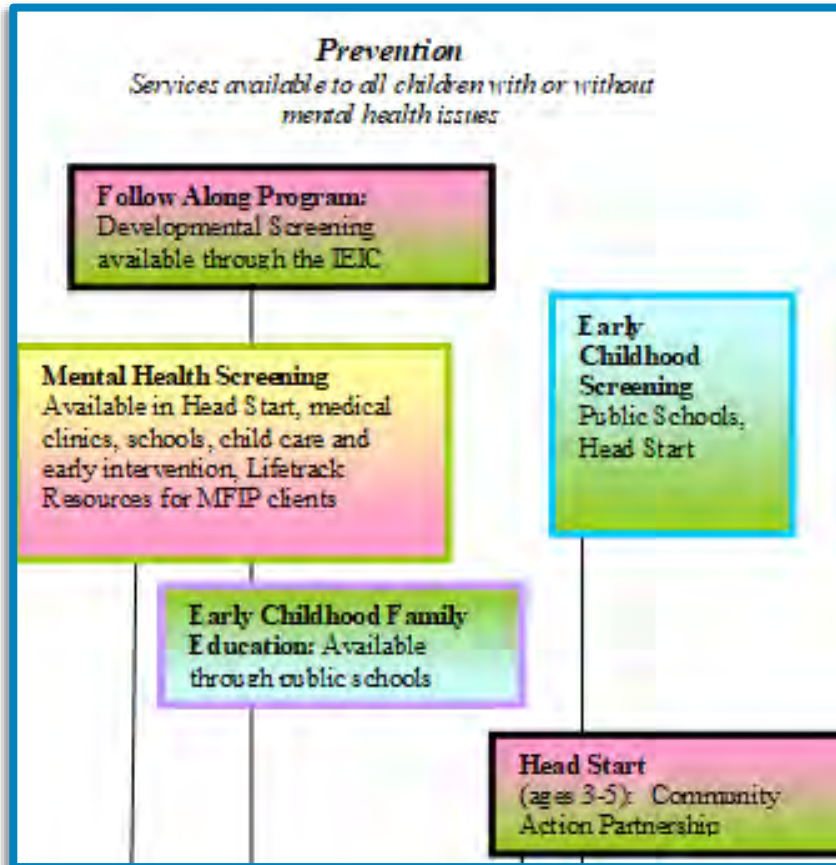


Increasing intensity and specialization of services and supports

Ramsey County: Minnesota's Approach to Continuum of Care Mapping



ZERO to THREE





Centering Racial Equity within the Continuum

Diversity-Informed Tenets for Work with Infants, Children, and Families

- **Diversity-informed practice:**

- is a dynamic system of beliefs and values that strives for the highest levels of diversity, inclusion and equity.
- recognizes the historic and contemporary systems of oppression that shape interactions between individuals, organizations and systems of care.
- seeks the highest possible standard of equity, inclusivity and justice in all spheres of practice: teaching and training, research and writing, public policy and advocacy and direct service.²

Questions to consider in every recommendation, policy, or practice:

- How is privilege and power shaping this?
- What assumptions are being made?
- Who is benefitting from this? Who is being further marginalized?
- What can we do to ensure that all families have access, equity, and justice?



5 Key Themes of IECMH Policy and Systems Building



1. Raise public awareness of IECMH
2. Establish cross-agency and stakeholder IECMH leadership
3. Develop IECMH professional capacity and competence for all who touch the lives of infants, young children, and their families.
4. **Invest in promotion and prevention through relationship-based strategies embedded in early childhood settings**
5. **Ensure adequate funding from an array of sources for high-quality services**



5 Key Themes of IECMH Policy and Systems Building

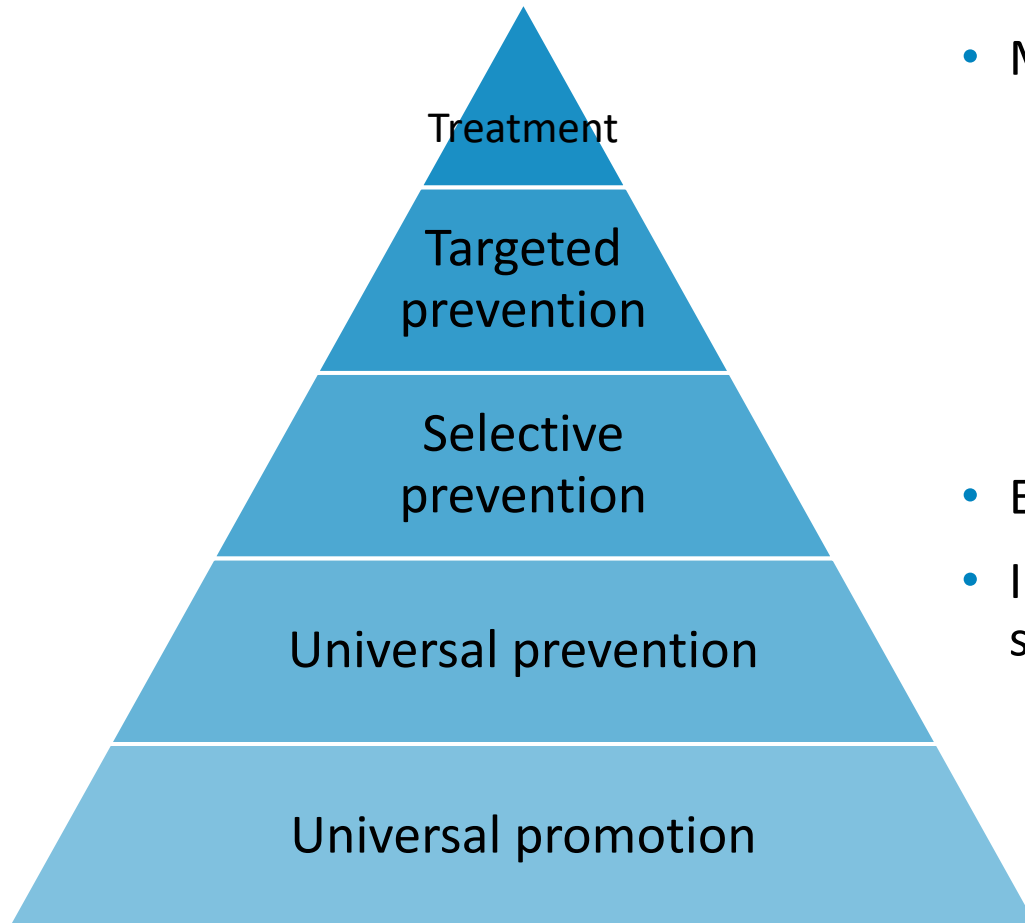


1. Raise public awareness of IECMH
2. Establish cross-agency and stakeholder IECMH leadership
3. Develop IECMH professional capacity and competence for all who touch the lives of infants, young children, and their families.
- 4. Invest in promotion and prevention through relationship-based strategies embedded in early childhood settings**
5. Ensure adequate funding from an array of sources for high-quality services

4. Invest in Promotion and Prevention Through Relationship Based Strategies Embedded in Early Childhood Settings



ZERO TO THREE



- Mental Health Consultation in:
 - child care
 - early intervention
 - primary care
 - home visiting
 - child welfare
- Enhanced Primary Care
- IECMH-informed practice in child-serving settings

4. Invest in Promotion and Prevention Through Relationship Based Strategies Embedded in Early Childhood Settings



ZERO TO THREE

Sami Bradley - Nebraska

MaEd. LIMHP

Assistant Vice President,
Early Childhood Mental Health
Nebraska Children and Families Foundation
Rooted in Relationships



Circle of Security Parenting™ in Nebraska

Sami Bradley, LIMHP

Assistant Vice President of Early Childhood Mental Health

Rooted in Relationships



Circle of Security Parenting™

✓ 8 week program

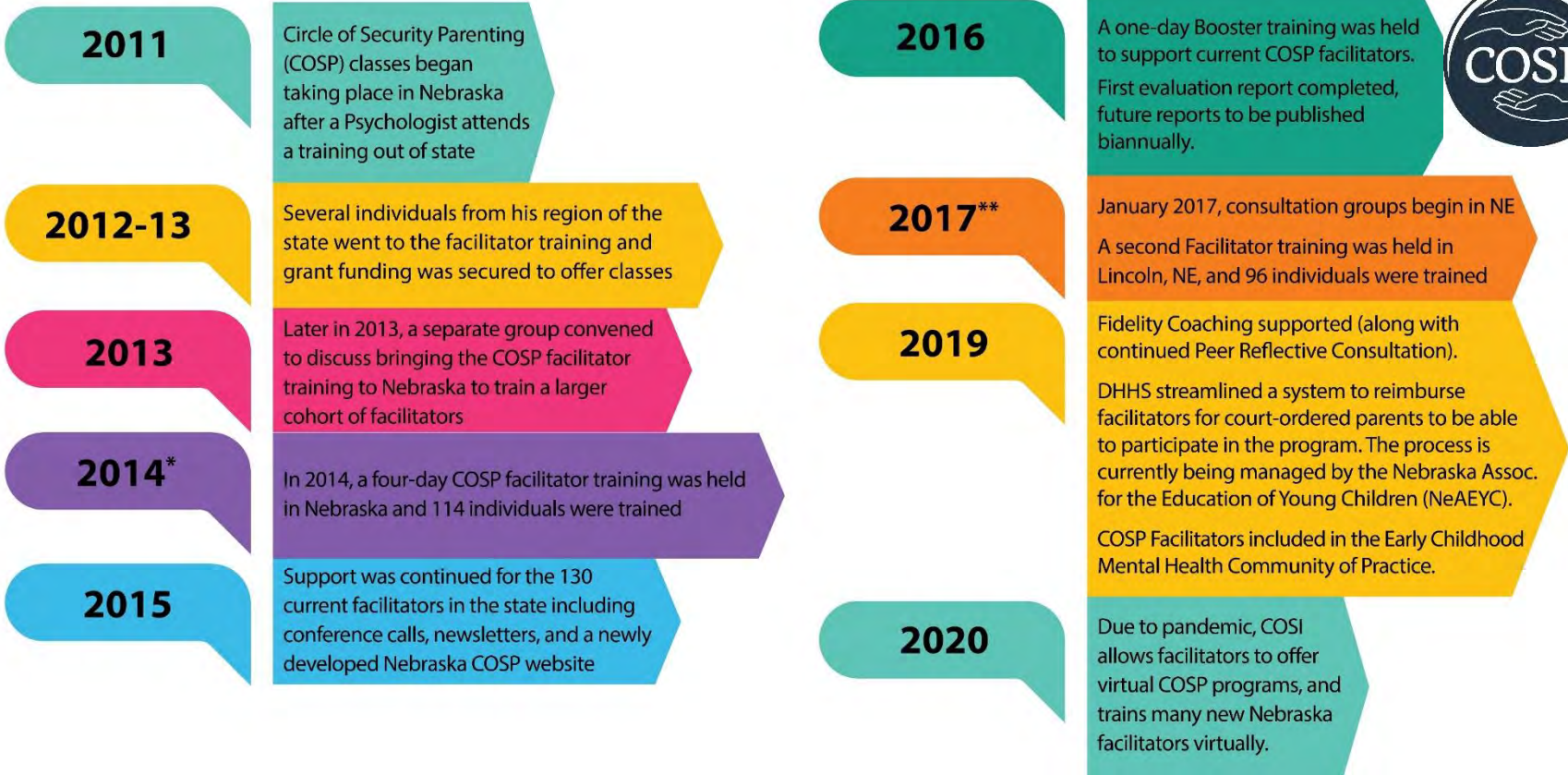
🕒 1.5-2 hours each week

🧠 Reflection Model

👤 Facilitators have completed a 4 day initial training to be able to offer.

🌐 www.circleofsecurityinternational.com





*The Nebraska Department of Education, Office of Special Education (Part C provided funding for scholarships which supported 80 individuals to attend from across the state.

Since 2014, Rooted in Relationships (RiR) has continued to provide systems-level support for COSP. Support consists of building a stronger statewide website (www.necosp.org), utilizing common evaluation and marketing tools,

**RiR continued to build capacity for reflective consultation to support facilitators via a pilot process approved by Circle of Security International. Full implementation of this model began in 2017.

Who is at the table?

- Early Childhood Initiatives (Rooted in Relationships)
- Department of Education
- Department of Health and Human Services
- Head Start
- COSP Facilitators
- Community Based Coordinators
- Association for the Education of the Young Child
- Policy Makers

- Reflective Consultation
 - Offered biweekly, any facilitator is welcome to attend.
- Fidelity Coaching
- Sessions in Early Childhood/Mental Health Conferences
- Website
- Grant opportunities
- Evaluation
- State Specific Materials (video, handouts)

Statewide
Support Offered

Supporting Circle of Security Parenting (COSP) to Fidelity

Tier 3: Developing Community & State Capacity to Implement COSP with Fidelity

COSP facilitators exist across the state due to local training opportunities.

Statewide system in place for evaluating the effectiveness of participating in COSP

Ongoing support and resources being provided by Nebraska Children and Families Foundation to facilitators trained in the model.

Tier 2: Providing Specialized Support

Rooted in Relationships (RiR) has supported one individual to become trained to be a COSP Fidelity Coach.

RiR has supported three individuals to be trained to provide consultation groups for facilitators.

RiR continues to support ongoing funding for consultation groups to occur throughout the year.

Tier 1: Supporting the Parent Child Relationship

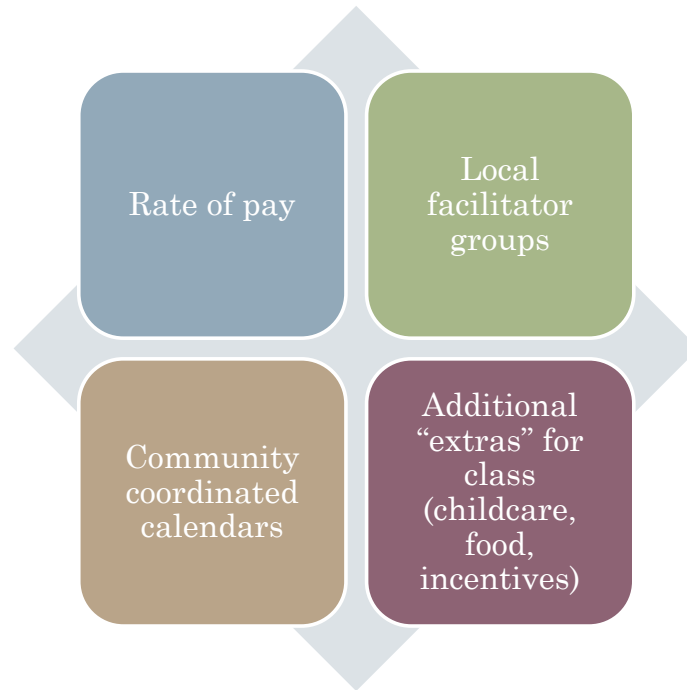
Trained facilitators will provide support to parents utilizing an evidence based model both to support and build parent child relationships in order to prevent future mental health issues.

Registered Circle of Security Parenting Facilitators



Updated January 26, 2021

Map of Nebraska Facilitators



Community Driven

Funding

Training for
facilitators

Individual COSP
programs

State level support

Evaluation

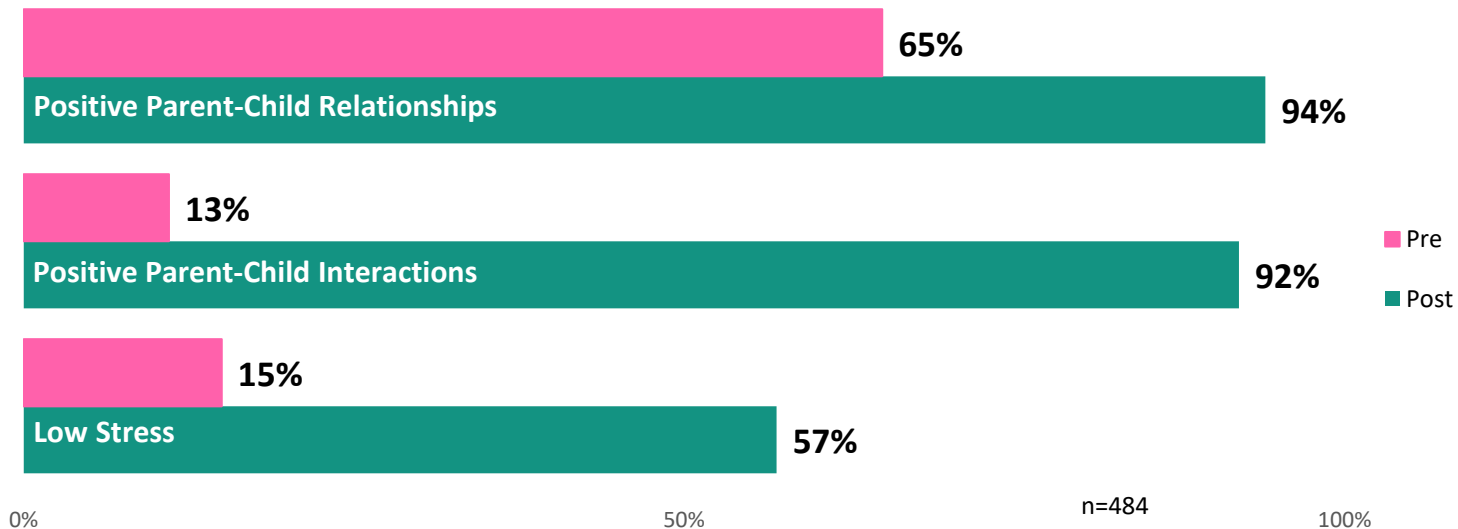
- Pre/Post Assessment for Caregivers
- Facilitator Survey
- Attendance Sheet



Parent Child Relationships

Most of the participants met the program goal in adopting positive parent-child interactions and had positive parent-child relationships.

Parenting stress was lowered by the end of the COS-P session.



Reach of COSP in Nebraska





Additional Promotion/Prevention Examples



Additional Promotion/Prevention Examples: HealthySteps



ZERO TO THREE

January 2021

National Network

178

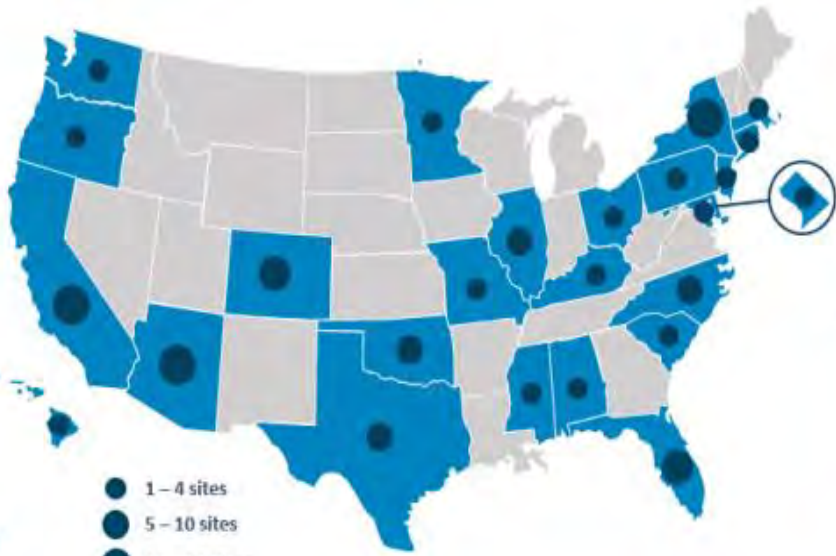
sites

— ACROSS —

24

states

Washington, D.C. & Puerto Rico



- 1 – 4 sites
- 5 – 10 sites
- 11 – 14 sites
- 15+ sites

51

FQHCs

— SERVING —

55,500

children

©2021 ZERO TO THREE. All rights reserved.





5 Key Themes of IECMH Policy and Systems Building



1. Raise public awareness of IECMH
2. Establish cross-agency and stakeholder IECMH leadership
3. Develop IECMH professional capacity and competence for all who touch the lives of infants, young children, and their families.
4. Invest in promotion and prevention through relationship-based strategies embedded in early childhood settings

5. Ensure adequate funding from an array of sources for high-quality services

5. Ensure adequate funding from an array of sources for high-quality services



ZERO TO THREE

Nicola A. Edge, PhD - Arkansas

Professor and Associate Director,
Research and Evaluation Division
Department of Family and Preventive Medicine
University of Arkansas for Medical Sciences



STATE STORIES OF IECMH INNOVATION: ARKANSAS

Nicola A. Edge, PhD

Goals

- Describe development of DHS/Medicaid requirements designed to support improved services for the 0-4 population in AR
- Describe approach to workforce development for mental health professionals serving young children and their families

Background on the Need

- Few AR graduate training programs include training on the assessment and treatment of young children
- Only 12% of AR clinicians serving children were comfortable assessing children 0-2, and 43% were comfortable assessing children 3-5.
- Prior to 2014 - lack of availability of evidence-based treatments (EBTs) for children 0-5.

Background on Behavioral Health Transformation

Tier 1

- Time-limited outpatient services
- Accessed without prior authorization or Independent Assessment
- **Includes Infant Mental Health services**

Tier 2

- Includes home and community based services
- Requires Independent Assessment

Tier 3

- Includes therapeutic communities and residential treatment
- Requires Independent Assessment

Infant & Early Childhood Mental Health Transformation through Medicaid

- Behavioral health providers may provide evidence-based dyadic treatment to beneficiaries aged 0-47 months and the parent/caregiver of the eligible beneficiary.
- All performing providers infant mental health services must be approved by DAABHS to provide those services.



Emphasis on Parent-Child Relationship

- DHS/DAABHS recognizes that Infant Mental Health (IMH) services should focus on transforming the interaction between the child and the parent/caregiver to:
 - Strengthen relationships/attachment
 - Restore child's sense of safety
 - Improve cognitive, behavioral and social functioning
- IMH services must include the caregiver

Infant and Early Childhood Mental Health Standards Workgroup

- Charged with designing an approval process for clinicians intending to provide mental health treatment services for children 0-47 months under Medicaid.
- Identifying gaps in mental health prevention, promotion and treatment services that may need to be filled with other resources.



IMH Standards - Training

- Completion of the one-day training in DC:0–5™: Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood
- Supports clinicians in diagnosing mental health concerns in the earliest years in a developmentally appropriate way
- <https://www.zerotothree.org/our-work/dc-0-5>

IMH Standards - Training

- Completed training in an evidence-based dyadic treatment for children 0-47 months and their caregivers OR active participation in an approved training process
 - DAABHS will maintain a list of accepted models. Trainings not on that list should be presented for prior approval.

Examples of Evidence-Based Treatments

0-47 months

- Parent-Child Interaction Therapy (PCIT)*
- Theraplay
- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)*
- Child Parent Relationship Therapy (CPRT)
- Child-Parent Psychotherapy (CPP)*
- Early Pathways
- Filial Family Therapy

*Trainings routinely offered by in-state trainers

IMH Standards - Process

- Applications go to DAABHS for review and renewal every two years
 - Details available at https://humanservices.arkansas.gov/wp-content/uploads/Infant_Mental_Health_Therapist_8-13-2020.pdf
- Evidence-based dyadic treatment for 0-47 months is reimbursed at a 10 percent higher rate

Workforce Development

ARBEST
Arkansas Building Effective Services for Trauma

MISSION

Improve outcomes for traumatized children and their families in Arkansas through excellence in



CLINICAL CARE



TRAINING



ADVOCACY



EVALUATION

Interventions Disseminated

- Trauma-Focused Cognitive Behavioral Therapy

3 ————— 18

- Parent-Child Interaction Therapy

2 ————— 7

- Child-Parent Psychotherapy

0 ————— 5



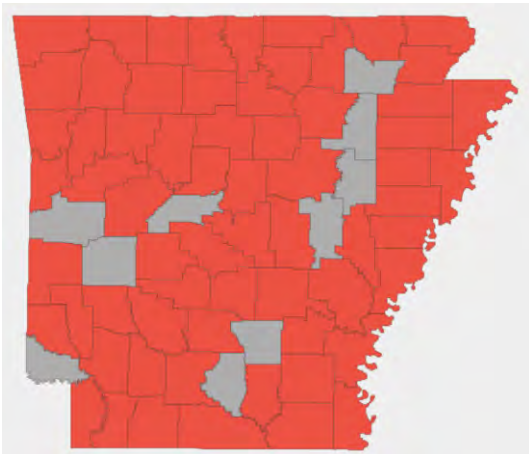
0

9

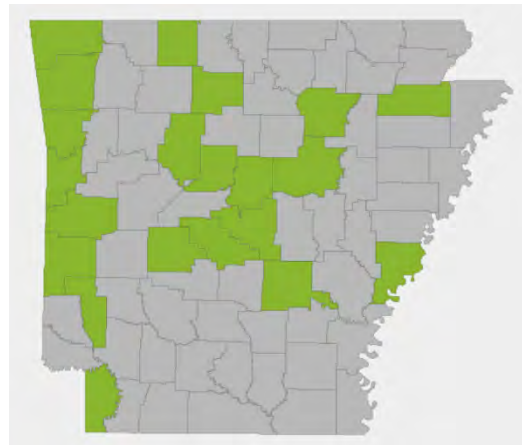
18

Age Continuum

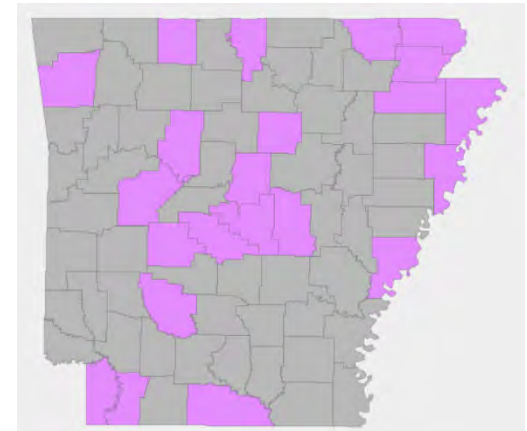
EBT trained therapists are now in 66 of Arkansas' 75 counties (about 200 approved as IMH providers).



**Counties with TF-CBT
Trained Therapists**



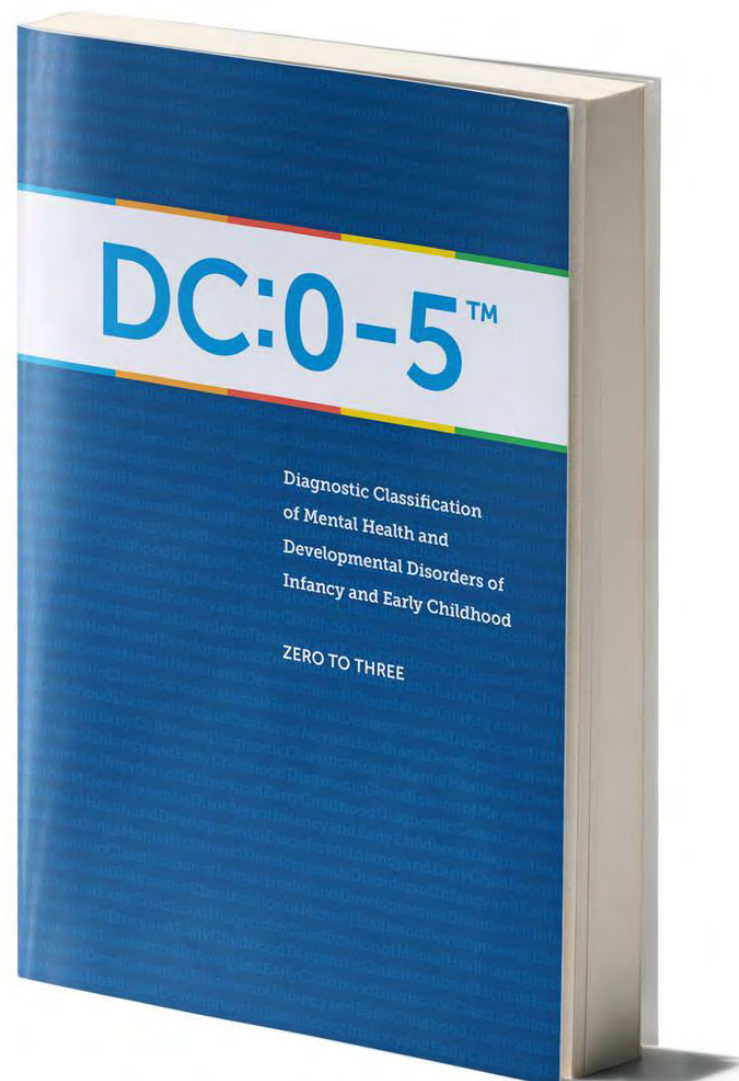
**Counties with CPP
Trained Therapists**



**Counties with PCIT
Trained Therapists**

DC:0–5™

- Partnered with Zero to Three to bring regional rounds of 2 day DC:0-5™ training to Arkansas.
- DAABHS supported a train-the-trainer event.
- Now offered routinely in Arkansas (free through ARBEST).



Financing of Workforce Development

- Clinicians can receive training in EBTs free of charge through ARBEST
 - Funded primarily through a state legislative appropriation
 - Additional financial support for training and infrastructure was made available through DHS

Challenges/Lessons

- Some children 0-47 months will need more than the tier one service array
- Certain additional codes may need to be activated to ensure all components of EBTs are billable
- Demand still exceeds capacity in many areas of state
- High level of agency commitment needed to help new trainees succeed through IMH training process

Questions? Contact us at

NAEdge@uams.edu

<http://arbest.uams.edu>

<https://www.facebook.com/arbestuams>



Ensure adequate funding from an array of sources for high-quality services across the continuum



ZERO TO THREE

Use Federal Funding Streams to support IECMH services


- Child Care Development Block Grant (CCDBG)
- Community Mental Health Services Block Grant
- Substance Abuse Prevention and Treatment Block Grant
- Title V Maternal and Child Health Block Grant
- Title IV – B Child Welfare Services and Title IV E
- IDEA Part C and B
- Medicaid/EPSDT

Time Limited Funding

- Preschool Development Funding
- American Rescue Plan
- Previously Race to the Top



Critical Area 4:
Supporting Strong
Social-Emotional Health



| The Need | | The American Rescue Plan |
|--|---|---|
| Critical Area 1: Sustaining Child Care and Early Learning |  | <ul style="list-style-type: none"> \$40 billion for child care, for total of \$50 billion since December 2020 \$1 billion for Head Start/Early Head Start Enhanced Child & Dependent Care Tax Credit \$250 million for Part C of IDEA (Early Intervention) |
| Critical Area 2: Boosting Families' Economic Security |  | <ul style="list-style-type: none"> Enhanced child tax credit (\$3,600 for young children) for 2021 \$300 emergency UI through 9/6/2021 \$1,400 per person direct payments Enhanced emergency paid leave tax credits through 9/2021 |
| Critical Area 3: Supporting Strong Families |  | <ul style="list-style-type: none"> \$250 million for CBCAP \$100 million for CAPTA State Grants \$150 million for MIECHV \$10 million for National Technical Assistance Center on Grandfamilies and Kinship Families |
| Critical Area 4: Supporting Strong Social-Emotional Health |  | <ul style="list-style-type: none"> \$10 million increase for NCTSN for individuals with violence-related stress \$80 million increase for Pediatric Mental Health Care Access Program \$5 billion for substance abuse and mental health block grants |
| Critical Area 5: Meeting Basic Needs |  | <ul style="list-style-type: none"> \$43 billion for emergency rental assistance: housing vouchers; tribal and rural housing assistance; homelessness assistance; and homeowner assistance \$800 million to support children and youth experiencing homelessness 15% SNAP benefit increase extended through 9/30/2021 \$390 million for WIC modernization and outreach Boost WIC Cash Value-Benefit to up to \$35/month for 4 months \$4.5 billion for LIHEAP through FY2022; \$500 million water assistance |
| Bonus: Health Provisions |  | <ul style="list-style-type: none"> State option to provide 12 months post-partum coverage for women on Medicaid and CHIP; sunsets in 5 years Incentives for states to adopt Medicaid Expansion Improves ACA: fully subsidize coverage up to 150% poverty for 2 years; covers 100% of private health insurance for laid off workers, ends 9/21/21 |

- \$10 million increase for NCTSN for individuals with violence-related stress
- \$80 million increase for Pediatric Mental Health Care Access Program
- \$3 billion for substance abuse and mental health block grants



Funding Examples

Prevention, Promotion

- **North Carolina and Oregon:**
Have *Medicaid* reimbursement for preventive IECMH treatment services for young children **at risk** of developing a mental health disorder **without** requiring a diagnosis
- **Wisconsin:**
Mental Health Block grant and CAPTA funds supported IECMH workforce development and endorsement
- **Michigan:**
Has utilized *Substance Use Disorder federal Block Grant Prevention funding* for IECMH Consultation

Treatment

- **California:**
Medicaid reimburses for dyadic treatment
- **Colorado:**
Medicaid reimburses for Child Parent Psychotherapy (CPP) using a variety of existing codes
- **Florida:**
Medicaid reimburses for dyadic interventions as individual and family therapy



ZERO TO THREE
Early connections last a lifetime

Panel Discussion

IECMH Resources: Promotion, Prevention & Financing



ZERO TO THREE

Promotion, Prevention

- [Embrace](#)
- [Family Spirit](#)
- [UCSF EMBRACE: Perinatal Care for Black Families](#)
- [Triple P – Positive Parenting Program](#)
- [ParentCorps](#)
- [Strengthening Families](#)
- [The Power of Fathers- Irving Harris Foundation](#)
- [Supporting Resilience in Black Families: Advancing Racial Equity in Early Childhood Mental Health Policy](#)
- [Plan and Provider Opportunities to Move Toward Integrated Family Health](#)

Financing

- [Georgetown: Using Medicaid to Ensure the Healthy Social and Emotional Development of Infants and Toddlers](#)
- [EPSDT: A Primer on Medicaid's Pediatric Benefit](#)
- [Medicaid Managed Care: Transformation to Accelerate Use of High Performing Medical Homes for Young Children](#)
- [Guide to Leveraging Opportunities Between Title V and Medicaid for Promoting Social-Emotional Development](#)
- [Massachusetts: Moving to the Vanguard on Pediatric Care: Child and Adolescent Health Initiative Recommendations for the MassHealth Section 1115 Waiver Renewal](#)



Resources from Webinar 1

- [How to Talk About IECMH Infographic](#)
- [State of Babies Yearbook](#)
- [Diversity-Informed Tenets for Work with Infants, Children, and Families](#)
- [EPIC – Empowered Parents in Community](#)
- [GARE: The Local and Regional Government Alliance on Race and Equity](#)
- [The Racial Equity Institute](#)
- [We Are: Working to Extend Anti-Racist Education](#)
- [Exploring State Strategies for Financing Infant and Early Childhood Mental Health Assessment, Diagnosis, and Treatment](#)
- [Infant and Early Childhood Mental Health Policy Series](#)
- [Expanding Infant and Early Childhood Mental Health Supports and Services: A Planning Tool for States and Communities](#)
- [Planting Seeds in Fertile Ground: Actions Every Policymaker Should Take to Advance Infant and Early Childhood Mental Health](#)
- [Building Back Better: ZTT's Transition Plan](#)
- [Join Think Babies!](#)

Resources from Webinar 2 Awareness and Leadership



ZERO TO THREE

- **Awareness**

- ZTT: [Strolling Thunder](#)
- NCCP: [Alabama - Help Me Grow PRiSM profile](#)
- NCCP: [North Carolina - Triple P PRiSM Profile](#)
- [VROOM: Free, easy-to-use learning tips for children 5 and under](#)

- **Leadership**

- NCCP: Arkansas: [Infant and Early Childhood Mental Health Standards Workgroup](#)
- NCCP: Minnesota: [Minnesota Interagency Developmental Screening Task Force](#)

Resources from Webinar 2 Workforce Development



ZERO TO THREE

- ZTT: [IECMH Clinical Workforce Solution Pathways](#)
- ZTT: [Infant and Early Childhood Mental Health Competencies: A Briefing Paper](#)
- ZTT: [Infants, Toddlers, and Early Childhood Mental Health Competencies: A Comparison of Systems](#)
- ZTT [Professional Development: DC:0-5, The Growing Brain, Critical Competencies for Infant-Toddler Educators](#)
- NCCP: Massachusetts: [PIWI training for EI providers](#)
- NCCP: Oregon: [PCIT Training Center](#)
- NCCP: Wisconsin: [Pyramid Model](#)
- ***The Alliance for the Association of Infant Mental Health and Michigan Association of Infant Mental Health (AAIMH):*** AAIMH: [Infant Mental Health Journal](#)
- AAIMH: [Best Practice Guidelines for Reflective Supervision/Consultation](#)
- AAIMH: [RC/S via Distance Technology Guidelines](#)
- AAIMH: [IECMH Workforce Development as Part of a Solution to the Opioid and Substance Use Disorder Crisis](#)
- AAIMH: [Forming an Association for Infant Mental Health: A Getting Started “Idea Booklet”](#)
- AAIMH: [What Makes an Association for Infant Mental Health Strong?](#)
- AAIMH: [Endorsement is Good for Babies](#)
- AAIMH: [Endorsement Capacity Assessments](#)
- AAIMH: [General information on Endorsement](#)
- ***The National Center of Excellence for Infant & Early Childhood Mental Health Consultation (CoE)***
- CoE: [Foundational Knowledge for Mental Health Consultants](#)
- CoE: [Workforce Building Resources](#)
- CoE: [Equity in IECMHC webinar resources](#)
- [Illinois Association of IMH: IECMH Credential \(I/ECMH-C\) and Reflective Practice Groups](#)
- [Alabama’s Infant Mental Health Association: First 5 Alabama](#)
- [The Intersection of Leadership and Vulnerability: Making the Case for Reflective Supervision/Consultation for Policy and Systems Leaders](#)



Additional IECMH Resources from ZTT

- [Exploring State Strategies for Financing Infant and Early Childhood Mental Health Assessment, Diagnosis, and Treatment](#)
- [ZERO TO THREE Infant and Early Childhood Mental Health Policy Vignettes](#)
- [Nurturing Change: State Strategies for Improving Infant and Early Childhood Mental Health](#)
- [Planting Seeds in Fertile Ground: Steps Every Policymaker Should Take to Advance Infant and Early Childhood Mental Health](#)
- [DC:0–5™ Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood](#)
- [Parenting Resources](#)



Webinars To Come:

ZTT/CLASP: April 6th

What's in the American Rescue Plan for Infants, Toddlers and Their Families?

Session 4: Thursday May 6th

Advocacy

Session 5: Thursday June 3rd

Opportunity for Questions and Reflective Dialogue





ZERO TO THREE
Early connections last a lifetime

Many THANKS!!!



ZERO TO THREE

Early connections last a lifetime

Therese Ahlers – Senior Technical Assistance Specialist
tahlers@zerotothree.org

Paola Andujar – Program Associate
pandujar@zerotothree.org

Julie Cohen – Associate Director of the Policy Center
jcohen@zerotothree.org

Dr. Lee Johnson III – Senior Policy Analyst, IECMH
ljohnson@zerotothree.org

Meghan Schmelzer - Senior Policy Analyst, IECMH
mschmelzer@zerotothree.org

Lindsay Usry - Director of IECMH Strategy
lusry@zerotothree.org

ZERO TO THREE's Infant and Early Childhood Mental Health Policy Team



ZERO TO THREE

Early connections last a lifetime

NCCP:

Sheila Smith sheila.smith@nccp.org

Daniel Ferguson ferguson@nccp.org

Nebraska:

Sami Bradley sbradley@nebraskachildren.org

Arkansas:

Nikki Edge naedge@uams.edu

National Center for Children in Poverty

Dr. Sheila Smith sheila.smith@nccp.org
Project Director



ZERO TO THREE
Early connections last a lifetime

Sheila Smith is Co-Director of the National Center for Children in Poverty. She is a psychologist and early childhood researcher who leads NCCP's early childhood team. Her work focuses on research-informed policies and programs to promote the healthy development of infants and young children. She leads policy research and technical assistance at NCCP focused on strengthening IECMH in different sectors and advancing two-generation policies for families with young children facing economic hardship. She has a Ph.D. from University of Chicago and served as a Congressional Science Fellow in Child Development and Social Policy.

PRiSM: Promoting Research-informed State IECMH Policies and Scaled Initiatives

National Center for Children in Poverty

Daniel Ferguson ferguson@nccp.org
Project Manager



ZERO TO THREE
Early connections last a lifetime

Daniel Ferguson is a Research Associate at the National Center for Children in Poverty, where he has been since 2003. His work on the center's early childhood team focuses on state policies and initiatives to promote infant-early childhood mental health. He is a graduate of Keble College, Oxford University, where he holds an MA (Oxon) in philosophy, politics, and economics.

Nebraska

Sami Bradley sbradley@nebraskachildren.org



ZERO TO THREE

Early connections last a lifetime

Sami Bradley is an Assistant Vice President of Early Childhood Mental Health at Nebraska Children and is with the Rooted in Relationships Initiative where she works with state and community partners to develop systems of care that support the social and emotional well-being of children birth through age 8. Sami has experience working with children birth to 18 as a Licensed Independent Mental Health Practitioner who specialized in Play Therapy, Family Therapy, and Child Parent Psychotherapy. She also is a Circle of Security Facilitator and serves as the Nebraska liaison with Circle of Security International. She is currently one of the co-leads of the Nebraska Association for Infant Mental Health.

[A History of Circle of Security Parenting in Nebraska](#)
[Rooted in Relationships](#)
[Circle of Security – Parenting in Nebraska](#)

Arkansas:

Nikki Edge, naedge@uams.edu



ZERO TO THREE

Early connections last a lifetime

Nikki Edge, PhD is a Professor in the University of Arkansas for Medical Sciences in the Department of Family and Preventive Medicine. Her areas of research include children and families impacted by maternal substance use, depression and traumatic events such as abuse or neglect and she has published widely in these areas. She also focuses on designing and studying interventions in early care and education settings designed to build social and emotional skills in young children and increase trauma-informed practices. She directs an Early Childhood Mental Health Consultation program in Arkansas, called Project PLAY as well as a teacher training and coaching program, called REACH. She is co-director of AR BEST (Arkansas Building Effective Services for Trauma).

Arkansas Building Effective Services for Trauma
PRiSM Profile: Arkansas



References

¹Zero To Three. (2001). *Definition of infant mental health*. Washington, DC: Zero to Three Infant Mental Health Steering Committee.

²Diversity Informed Tenets. (2020). Overview of the tenets. Retrieved from <https://diversityinformedtenets.org/the-tenets/overview>