

# Infant and Early Childhood Mental Health Systems and Supports Developing the Workforce

2020



As a professional area of practice, infant and early childhood mental health (IECMH) has grown around the country. States have formalized their work within this area and developed

diverse strategies for increasing workforce capacity and addressing ongoing training and support needs. There are concrete examples of how states have operationalized a SOC for IECMH, including ways in which an infrastructure has been developed to support the workforce.

The field of IECMH is a specialty area of practice within children's mental health care that can be delivered across a variety of settings, including childcare locations, Head Start/Early Head Start programs, family homes, and traditional mental health clinics. The workforce is comprised of a range of professionals and paraprofessionals, each with distinct needs related

to training and support. Across practice settings, IECMH professionals focus heavily on the relationship between the parent/caregiver, seeking to empower and build caregiver capacity to promote young children's healthy social-emotional development. In addition, the workforce may engage in activities such as clinical observations and assessment of the caregiver and child relationship, provide direct clinical intervention, consult with early childhood educators and other care providers, provide home visiting services, and connect families to additional supports.

## Infrastructure for IECMH Workforce

State approaches to the development of infrastructure for an IECMH workforce vary, and there is typically a partnership among key state agencies. The collaborating agencies depend on the existing state resource related to early childhood care, Medicaid, public health, and behavioral health. The system-level design often includes more than one public entity. Because federal funding is passed to states for early childhood health and education initiatives via various mechanisms, mapping of these programs and their oversight is a critical step in creating connections and thinking about areas for innovation.

Many states have furthered the development of IECMH workforce infrastructure through the establishment of a statewide association for IECMH professionals, such as an Association for Infant Mental Health (affiliates of the [Alliance for the Advancement of Infant Mental Health](#)), which serves as the credentialing and training entity for the field. These associations are membership-driven organizations for a range of professionals working in the IECMH field within a state and provide the backbone infrastructure for workforce initiatives such as credentialing and reflective supervision.<sup>1</sup> Many states across the Southeast have already

established an Association for Infant Mental Health, including Tennessee, Alabama, Florida, North Carolina, South Carolina, and Louisiana. Funding to kick-start and sustain these associations is varied and includes grant funds from federal sources, such as the [Substance Abuse & Mental Health Services Administration \(SAMHSA\)](#), state-level budget allocations, private foundation grants, and membership dues.

Additional models for workforce support include Project ECHO for IECMH, a consultation model in use by Alabama. Children's Project ECHO: Behavioral Health brings together diverse clinical professionals in Alabama working in early childhood mental health in a small consultative group setting. A series of sessions are facilitated with this small, committed group of clinicians with rotating opportunities for each member to share his/her unique expertise. There is also an opportunity to bring current cases of children being served to the group for interprofessional consultation.<sup>2</sup> Project ECHO is a well-known model for peer-to-peer consultation for health specialty areas, and creates unique opportunities for virtual connection with colleagues that may be geographically distant or otherwise inaccessible.

<sup>1</sup> Reflective supervision is a framework for the clinical supervision practice of IECMH professionals. Standards of reflective supervision guide the supervisor-supervisee relationship through reflection, collaboration and regularity. <https://www.zerotothree.org/resources/412-three-building-blocks-of-reflective-supervision>

<sup>2</sup> <https://www.childrensai.org/project-echo-behavioral-health>



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## Training and Ongoing Support for the Workforce

It is widely accepted that IECMH practice requires a range of skills and a supportive clinical supervision model that can address the special challenges, and opportunities that arise in treating the caregiver-child dyad. Interest in evidence-based interventions (EBI) such as [Child-Parent Psychotherapy \(CPP\)](#), [Circle of Security](#), and [Parent-Child Interaction Therapy \(PCIT\)](#) continues to grow among policymakers and practitioners alike. Each EBI comes with its own training requirements and costs, and may include ongoing requirements for training and fidelity monitoring to maintain certification. South Carolina is one example of how states have leveraged grant funds to roll out EBI trainings for the public mental health workforce. Through funding from SAMHSA, the South Carolina Department of Mental Health Services has trained and certified therapists based in safety-net community mental health centers to provide EBIs such as CPP, Attachment and Bio-behavioral Catchup or PCIT.



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## State and Local Partnerships for Training

Partnerships among state agencies are critical to ensuring that a diverse workforce has access to quality training and the professionals have opportunities for networking and learning collaboratively. Training on IECMH is needed for a range of professional and para-professional roles, including home visitors, early care providers and educators, IECMH clinicians and supervisors, and pediatricians, among others. In Louisiana, the Title V Home Visiting Program developed a 33-hour training program on infant mental health for its home visiting workforce, and the training is now also available to partners from child welfare and early intervention services. This collaboration among public health, child welfare and Medicaid has extended the reach of the training to the workforce across multiple delivery settings.

Examples of state-level efforts throughout the Southeast region to support development of workforce infrastructure and to provide ongoing training support for the field are provided next:

### Alabama



Alabama Department of Early Childhood Education leveraged a \$10.6 million grant to develop a 0–5 system of care infrastructure. **Through a partnership with Troy University, they developed a graduate career path**, implemented a training plan for IECMHC, and increased the number of licensed clinicians trained in Child-Parent Psychotherapy.<sup>3</sup>

**Alabama is piloting a learning collaborative aimed at building capacity to add reflective supervision to IECMH consultation and training.**

**First 5 Alabama offers early childhood mental health endorsement for a range of professionals.** Alabama Medicaid has agreed to support the IMH and ECMH Endorsement® of mental health professionals by requiring those who treat children and families, birth through age 5, to be endorsed in order to bill for services.

**Alabama is working to develop a guidance document to be used by any professional working with very young children.** The document will help professionals understand how to bill for mental health services, not just through Medicaid, but through private insurance and Alabama’s children’s health insurance program as well. It will also cross-walk the DC:0-5 with DSM-5, ICD-10, and CPT codes.<sup>4</sup>

### South Carolina



**South Carolina Department of Mental Health Services has been awarded multiple rounds of funding through SAMHSA to extend training to clinicians in the field, including safety-net providers.** Training/certification on evidence-based interventions for infants and toddlers **includes Attachment and Bio-Behavioral Catchup and Parent-Child Interaction Therapy.**

The state established the **South Carolina Infant Mental Health Association in 2017** to provide support to the workforce and infrastructure for professional development, quality supervision, and credentialing<sup>5</sup>.

### Louisiana



Early on, the Louisiana Maternal, Infant and Early Childhood Home Visiting (MIECHV) program saw a lack of mental health services for children younger than 5 years old or pregnant women. Because of this, they developed a 33-hour training on infant mental health. **Foundational Infant Mental Health training is now offered to all MIECHV home visitors.** The training is also available to community partners from Early Intervention and the Department of Family Services.

<sup>3</sup> Alabama presentation in 2020 to the Georgia House Study Committee on Infant and Toddler Social-Emotional Well-being

<sup>4</sup> DC 0:5 is the diagnostic classification manual of early childhood disorders, DSM-5 is the fifth edition of the Diagnostic & Statistical Manual of Mental Disorders (for ages 5 through adulthood), ICD is the International Statistical Classification of Diseases and Related Health Problems, 10th Edition. CPT codes are billing codes used by health insurance companies to identify services provided to a patient.

<sup>5</sup> <https://www.scimha.org/>