Social and behavioral competence in young children can predict their academic performance in the first grade over and above their cognitive skills and family backgrounds.¹

- A landmark study in 2005 found that young children in the U.S. are being expelled from their preschool classrooms at roughly three times the rate of expulsions from K-12 programs.² Moreover, boys and children of color are disproportionately impacted.³
- Families with children at risk for expulsion often miss work due to problems related to disruption of childcare services.⁴
- Assistance with children’s challenging behaviors is the greatest need identified by preschool administrators and educators.

What is Early Childhood Mental Health Consultation?

Early Childhood Mental Health Consultation (ECMHC) is an intervention designed to improve the ability of early care and education (ECE) program staff and families to address challenging behavior and mental health concerns in children ages 0-5.

ECMHC Services include:

- observation and assessment of the child and the classroom environment;
- working in collaboration with Maryland’s Infants and Toddlers program, Child Find, and other appropriate mental health services;
- training and coaching of early care and education providers;
- assisting children in modifying behaviors;
- helping providers retain and serve children with behavioral and other mental health needs; and
- brokering resources to community partners (i.e., providing trainings, connecting families and providers to resources).

Who is Receiving ECMHC in Maryland?

The Maryland State Department of Education (MSDE), Division of Early Childhood Development funds 12 ECMHC programs, which serve all 24 jurisdictions in Maryland.

In FY15 (July 1st 2014-June 30th 2015):

1261 cases were referred to ECMHC Programs this year. 847 cases were accepted, for an average duration of 4.6 months. 24% of referrals (n=101) were not accepted due to a lack of available consultant. 83% of cases (n=703) were served in Child Care Centers, 8% of cases (n=67) were served in Family Child Care homes, 3% of cases (n=25) were served in school. The majority of the cases served were boys (76%, n=519). Of those served 53% (N=366) identified as White, and 28% (n=192) identified as African American or Black. The majority of the children served, 95% (n=542), are over 25 months. 10.6% (n=73) of children served were receiving childcare subsidy 4.4% (n=30) children served were in foster care.
**Success in Maryland:**

MSDE funded the evaluation of Maryland’s ECMHC in order to better define the Maryland model of ECMHC and to understand its impact on children’s behavioral and school outcomes. The evaluation was led by The Institute for Innovation & Implementation, University Of Maryland, School of Social Work. Data are collected on an on-going basis through an integrated web-based data collection system.

ECMHC reduced expulsions and improved classroom climate.

All children who received child-specific ECMHC were at risk of expulsion. 96% of children were retained in care during consultation.

![Preschool Mental Health Climate Mean Scores July 2014-June 2015](image)

Note: **p <.001 indicates significant difference in baseline to follow-up

From baseline to follow up assessment time, **classroom teachers showed significant improvement** in the following areas: transitioning smoothly between activities, providing clear directions and rules, deescalating potential behavioral challenges, cooperating with other staff, actively listening and interacting with children, engaging students, implementing developmentally appropriate lessons.

ECMHC improves DECA assessment ratings among parents.

From baseline to follow-up assessment time, **parents gave higher ratings for their children** in the following areas: actively seeking out adults and other children, gaining positive attention, being more affectionate and compassionate, handling frustration in a positive way, cooperating with others, displaying respect for others, showing initiative, and using problem-solving skills. Additionally, parents indicated there was a decrease in challenging and problem behavior.

The U.S. Department of Health and Human Services and U.S. Department of Education issued a joint policy statement. One of the aims was to “highlight early childhood workforce competencies and evidence-based interventions and approaches that prevent expulsion, suspension, and other exclusionary discipline practices, including early childhood mental health consultation and positive behavior intervention and support strategies”.

We need to support both the providers and the children who are in care. By expanding ECMHC programs to keep up with the growing number of preschoolers, we are ensuring future success.

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Prepared by the Maryland State Department of Education, Division of Early Childhood Development, The Institute for Innovation and Implementation, and University of Maryland, School of Social Work.