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BABY & TODDLER TAKEOFF

TRACKING NY'S SURGE IN EARLY CHILDHOOD PROGRAMS AND POLICIES



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TABLE OF CONTENTS

Introduction	3
Report Highlights: Facts and Figures	4
Scope & Scale: What We've Reported and Why	5
At a Glance: Emerging Programs	6
Reaching Kids	
Support for New Families in Shelters	7
A Proven Parenting Program for NYC	8
Getting Ready for School	9
Improving Quality in Early Education	10
Talk to Your Baby	12
Treating Trauma	
High Hopes for Medicaid Reform	14
Therapies to Keep Young Kids Out of Foster Care	16
Uncertain Funding for Early Childhood Mental Health Programs	17
Making Family Court Better for Babies and Toddlers	18
Building a Workforce	
Creating a Statewide "Toolkit" for Early Intervention in Children's Emotional Problems	21
Trauma Training for Day Care Teachers	22
A Credential in Infant Mental Health	24
Training the Trainers	26

INTRODUCTION

Ten years ago, when Wendie Klapper opened the Parent-Infant Center that she directs at the Child and Family Institute of Mount Sinai St. Luke's-Roosevelt Hospital, she received, she says, one referral every few months.

Now the pace is seven or eight referrals a day. Many of them are from city foster care workers requesting Klapper's specialty—infant-parent dyadic therapy—an intervention that a few years ago few city workers knew existed.

As recently as three years ago, Dorothy Henderson, director of early childhood trauma services at the Jewish Board of Family and Children's Services, struggled year to year to help keep modest funding for infant mental health services off the city's budget chopping block. Now, that money is baselined in the projected budget for Fiscal Year 2017. And Henderson is knee-deep in two new projects for babies in the child welfare system using money newly available from the State Office of Children and Family Services and from the city's Administration for Children's Services (ACS). "I'm a good example of how things are changing," she says.

City government's sudden, surging interest in early childhood social-emotional development—what we're calling the "baby & toddler takeoff"—is unmistakable. It's in line with a rising national awakening, demonstrated, for example, by President Barack Obama's State of the Union pitches for supporting early childhood education.

At the local level, the takeoff is evident in a variety of ways—not least in Mayor Bill de Blasio's focus on pre-k education in his 2013 mayoral election campaign and in his first months in office. It's also on display in the public service subway ads urging parents to "Talk to Your Baby,"

which were unveiled at a high-profile press conference featuring Hillary Clinton and New York City First Lady Chirlane McCray. It's the subject of bi-monthly sessions of the Children's Cabinet, where heads of city agencies brainstorm how to better meet young kids' developmental needs. It's manifested by the addition to city agencies of top officials with backgrounds in early childhood development—including George Askew, the founder of Docs for Tots, now at the Department of Health, and Andrea Goetz, previously director of early childhood mental health at University Settlement, now an assistant commissioner at ACS, where she heads up a task force focused on children aged 0-3.

"Right now we're siloed and nobody knows what's going on."

It's also apparent in new city funding earmarked for young kids' emotional needs. In the budget for Fiscal Year 2016, which was adopted in June, City Hall earmarked at least \$15 million for new efforts—all but one launched since FY14—that are intended to support the social and emotional health of children ages 0-3. (We say "at least" because the budget doesn't specifically identify every dollar going to early childhood development, and even budget mavens who agree that funding is up aren't sure by how much.) That money represents a new and significant investment.

While past city programs for toddlers typically focused on issues of physical health and safety, today social-emotional development—what some refer to as "infant mental health"—is squarely on the radar.

Nevertheless, those involved in the baby & toddler takeoff acknowledge they are, in many respects, flying blind. In interviews with dozens of city officials, advocates, program directors and clinicians, the staff at the Center for New York City Affairs heard repeated examples of agencies working on new projects and policies regarding young kids with little knowledge of others doing similar work. We've also heard frequently how this lack of cohesion is hampering the impact of these new policies and programs.

The common refrain: silos.

"Things are still siloed because the funding streams are siloed," says Henderson of the Jewish Board.

Rami Metal, chief of staff for Councilman Stephen Levin, who chairs the Council's Committee on General Welfare, agrees. "Right now we're siloed and no one knows what's going on," he says.

"Here you have this incredible monolith of UPK but after that nobody knows what the hell is going on," adds Shelby Miller, principal of High Impact Partnering, which consults with social service organizations. "There is a large gaping hole of what the city's stance is on 0-3."

That's why The Center for New York City Affairs has created this new report looking at relevant city and state efforts, most that have launched in the last two years. We want to start piecing together a cohesive picture of the city's initiatives and goals in early childhood social and emotional development. In an attempt to show how all these initiatives fit together, we've organized them into three categories: "Reaching Kids," "Building a Workforce" and "Treating Trauma."

At the outset, this caveat: While we've striven to be comprehensive, we've probably been defeated in that effort by the very fragmentation bedeviling policies and programs in this field.

REPORT HIGHLIGHTS: FACTS AND FIGURES

- The current fiscal year, which began in July, will include at least \$15 million in new city and state funds (allocated within the last two years) for a range of programs that address New York City children's social and emotional health. (See "Introduction.")
- This marks a significant new investment in young children. In Fiscal Year 2013, Child Welfare Watch found that only \$1.65 million of city and state funding were earmarked specifically for early childhood mental health.
- Now \$7.4 million of the new funds are aimed at keeping very young children out of foster care by promoting healthy social and emotional development and providing early childhood mental health. (See "Therapies to Keep Young Kids Out of Foster Care.")
- Meanwhile, hopes to baseline the city's longest-standing source of dedicated funds for early childhood mental health—which have been on the chopping block year to year—have been pinned to FY17. (See "Uncertain Funding for Early Childhood Mental Health Programs.")
- Other initiatives include a major state-level overhaul of Medicaid that will, officials hope, increase screening, diagnosis and treatment of behavioral problems among toddlers. (See "High Hopes for Medicaid Reform.")
- This July also sees the launch of many other new city- and state-funded programs using innovative approaches to address toddler behavioral development. (See "Reaching Kids," "Treating Trauma" and "Building a Workforce.")
- Over the past few years, top officials with strong backgrounds in early childhood development have been appointed to oversee new efforts in the city's Department of Health and Administration for Children's Services. (See "Introduction" and "Support for New Families in Shelters.")
- Despite the current energy and enthusiasm for early childhood services, the reach of most of the efforts we outline is modest and does not address the likely tens of thousands of young children who could benefit from such services.
- Many in the field add that without greater coordination and communication among initiatives, the impact of these efforts will be compromised.

"Here you have this incredible monolith of UPK but after that nobody knows what the hell is going on...There is a large gaping hole of what the city's stance is on 0-3."

We have, however, made a good faith effort to identify and describe the key new state and city partnerships, initiatives and expansions that aim to support the social-emotional de-

velopment of young children. In the months ahead, as we learn more, we'll add to and elaborate on these accounts. We will also take on the proverbial elephant in the room: What will it take to connect these individual programs and policies and form what Bob Frawley, co-chair of the state Early Childhood Advisory Committee and former deputy director of the New York State Council on Children and Families, describes as "a comprehensive system of support" for young children?

THE BABY & TODDLER TAKEOFF'S SCOPE AND SCALE: WHAT WE'VE REPORTED, AND WHY

The 2010 Census tells us that roughly 6 percent of New York City residents—more than half a million of us—are under the age of 5. Nearly a third of these very young children belong to households that are, by Federal standards, impoverished.

The everyday stresses of this poverty can have powerfully corrosive effects on the crucial early years of their lives. (Many thousands more New York City children living in conditions of near poverty face quite similar hardships.) An array of publicly funded social, educational, medical and other services – in day care centers, Head Start programs, pediatric clinics, Family Courts and other settings—exists to offset these disadvantages. Together, they make up New York City's broad and varied early childhood services.

Traditionally—and for good reason—the top priority of these programs has been safeguarding the physical health and safety of these especially vulnerable children. Today, however, a concern about infant mental health is also rising to the top of their agenda. It's driven by an emerging consensus about the destructive effects that particularly intense poverty-related stresses, such as homelessness, neglect or

family violence, can have on the ability of young children to grow and learn, cognitively and emotionally. It's also informed by hopeful evidence that efforts by early childhood service providers to reach both small children and their parents—including through the interactive psycho-social work known as dyadic therapy—can prevent or counteract such harmful consequences.

For many researchers and practitioners who have long worked in early childhood development, these concerns and findings are familiar. What's new, however—and for that reason, what's the focus of this report—is the growing attention they're receiving in a wide range of agencies in city and state government, and in the community-based programs that they fund and work with. And the significance of that new awareness is magnified by the fact that government's ability to reach people needing help typically far exceeds that of even the most ambitious private or philanthropic undertaking.

In this report, we focus on initiatives that receive funding by the city or state, or with whom the city and state has partnered. We are also looking almost exclusively at efforts that have launched or expanded their vision over the past

two years. (We did not, for instance, include the Nurse Family Partnership program because it is long-established.) Most of these new programs are quite modest in size—especially measured against the vast unmet needs they confront.

While it's impossible to say with certainty how many very young children in the five boroughs are experiencing toxic developmental stresses, the best guess is that the number is likely to be in the tens of thousands. In the face of that daunting challenge, programs such as, for example, one designed to help young children involved in one Family Court in the Bronx are small-scale indeed. We also have heard reservations from those in the field that without greater coordination and communication, the reach

and impact of these new policies and programs will be needlessly hampered.

Other of the initiatives we report have the potential to impact a large number of families; a good example is a planned reform of how the state Medicaid program pays for infant mental health services, which could greatly increase diagnosis and treatment of early childhood social-emotional problems. Finally, while “siloing” certainly threatens to keep the Baby & Toddler Takeoff on the runway, we have seen signs that city and state policymakers recognize that danger and are working to overcome it, which we will report on in the coming months. The landscape of programs and possibilities is what this installment attempts to map.

AT A GLANCE: EMERGING PROGRAMS

Initiatives	Number Served	City and State Fiscal Year 2016 Funding	Lead Agencies/Partners
Therapies to Keep Young Kids Out of Foster Care	To be determined	\$7.4 million (new funding)	ACS; foster care preventive agencies; therapeutic programs
QUALITYstarsNY	26,000 kids in FY15; expansion in FY16	\$4 million total; \$2.5 million increase from FY15	QUALITYstarsNY; ECAC; NY Early Childhood PDI; NYSED; OCFS
Newborn Home Visiting in Family Shelters	2,000 newborns in homeless shelters	\$2.3 million (new funding)	DOHMH; DHS
City's First Readers	200,000 children over FY15	\$1.5 million (also received \$1.5 in FY15)	City Council; early literacy programs
Mental Health Under 5	4,000 children in FY15	\$1.25 million (longstanding funding)	City Council; DOHMH
Talk to Your Baby	Book bundles for 200,000 families	\$1 million (new funding)	DOHMH; Children's Cabinet
Trauma Training for Day Care Teachers	75 teachers trained	\$329,000 (Aug 2014 - Sept 2015)	UNH; NYCCD; High Impact Partnering
Medicaid Reform	700,000 children 0-5 statewide in FY17	N/A	DOH; DOHMH; Children's Medicaid Redesign Team
Early Intervention Reform	70,000 children each year	None - privately funded	ECAC; DOH's EICC; OMH; DOHMH
Infant Mental Health Credential	To be determined	None - privately funded	MI Assoc. for Infant Mental Health; NYS Assoc. for Infant Mental Health
The Pyramid Model	To be determined	None - funding from federal grant	ECAC; CSEFEL
Infant Court Project	To be determined	None - privately funded	CCI; Bronx Family Court; OCA
ABC Parenting Program	To be determined	To be determined	ACS; Power of Two; Stony Brook University



SUPPORT FOR NEW FAMILIES IN SHELTERS

What: All mothers with newborns in city homeless shelters will receive two visits from the city's Newborn Home Visiting Program.

The Players: The Department of Health and Mental Hygiene and the Department of Homeless Services.

How Much: \$2.3 million.

How Many: 2,000 mothers with their newborns.

When: Fiscal Year 2016.

Families are spending an average of more than 400 days in New York City homeless shelters, and nearly half of all their children are under 6 years old. Last year, some 1,800 babies were born to mothers living in city shelters. Yet there are virtually no developmental supports in place for homeless babies and toddlers, a recent investigation by the Center for New York City Affairs found.

For newborns, that's about to change. In the coming months, health educators from the Department of Health and Mental Hygiene's (DOHMH) Newborn Home Visiting Program will begin calling on babies whose first home is a shelter. "These are kids who are being born into the most significant social, emotional, economic and health challenges you can be

born into, and we want to do whatever we can to support their mothers and fathers," says George Askew, M.D., deputy commissioner of family and child health at DOHMH.

The program, which was established in 2004 and visited just over 2,300 families during 2014, sends health educators to visit parents with their babies in their homes soon after a birth. During one or two home visits, educators bring gifts for the baby and assist moms with breastfeeding and discuss other ways to bond with their newborns. They also scan homes for issues of safety—such as window guards that aren't properly installed, or de-funct smoke alarms.

"We're kind of flying a small airplane and we're going to make it a big airplane. "

With the ambitious aim of now reaching all babies born to mothers in shelters, DOHMH will need to find ways to tweak home scans for shelters and make the visits appealing to residents. Askew would like to see it expand its services as well. "It has great potential for looking at maternal depression or screening for it. There's an opportunity for screening

for paternal depression," he says. "We're kind of flying a small airplane and we're going to make it a big airplane."

A PROVEN PARENTING PROGRAM FOR NYC

What: A practical parenting intervention that aims to increase attachment between young children and caregivers will be available for vulnerable babies and toddlers in two high-needs neighborhoods. Ultimately, the model will expand throughout NYC.

The Players: ACS; Power of Two; community based organizations in Brownsville and East New York; Stony Brook University; private foundations.

How much: To be determined; the majority of money to come from federal funding for kids in foster care.

How many: To be determined.

When: Families living in Brownsville and East New York will be able to participate in the Attachment and Biobehavioral Catch-Up (ABC) program beginning October 2015. Over the next three years, the model will expand to all five boroughs.

In late July, the Administration for Children's Services announced plans to provide vulnerable babies and toddlers with the Attachment and Biobehavioral Catch-up (ABC) program—a practical parenting intervention that aims to strengthen bonds between young children and their caregivers. "A young child's ability to form secure attachments is a proven, powerful factor that protects against stress and trauma, and is associated with lifelong positive outcomes," ACS explains on its website.

Starting as soon as October, young children and their caregivers in the Brownsville and

East New York sections of Brooklyn will be able to participate in the highly structured program, that was developed by psychologists at the University of Delaware. Many will be babies and toddlers who are living in foster homes or who have recently been reunited with their parents after leaving foster care. However, some will likely participate in ABC through foster care preventive services.

Using private money, the organization Power of Two will also make the intervention available to any family with young kids in Brownsville or East New York. The goal, says Anne Heller, executive director of Power of Two, is "to make a meaningful dent in intergenerational poverty by empowering caregivers to provide their infants with the foundation they need."

For several years, the Queens-based foster care agency Forestdale, Inc. has run a small ABC program for babies in their foster care program. ABC coaches visit babies, toddlers and their caregivers one hour a week in their homes, where they videotape caregivers interacting with their children and then give feedback. They point out the positive aspects of their parenting and discuss young children's developmental needs. They stress four principles of parenting young children: nurture babies and respond to their stress in comforting ways; follow the lead of young children and allow them to explore at their own pace; show delight in a child; and avoid behavior that a baby will find frightening or confusing, such as teasing.

Studies have found that the model has a strong completion rate with caregivers, and that young children who received ABC experienced less stress and were more frequently securely attached to their caregivers than children who received a different intervention.

Over the next three years, ACS expects the model to expand throughout all five boroughs. "Caregivers will receive concrete feedback, encouragement and support while learning to understand and positively relate to their children's emotions and behavioral cues," ACS says on its site.

GETTING READY FOR SCHOOL

What: An initiative that helps parents and teachers promote early literacy for children from birth to age 5. Funding from City Council expands programs' reach in libraries, doctor's offices and homes.

The Players: The City Council in partnership with the Queens Library, Brooklyn and New York Public Libraries; Jumpstart, Literacy Inc. (LINC); Parent-Child Home Program; Reach Out and Read of Greater New York (ROR GNY); and Video Interaction Program.

How Much: \$1.5 million in Fiscal Year 2015; \$1.5 million in Fiscal Year 2016.

How Many: 200,000 children annually.

When: Launched Fiscal Year 2015.

Last year the city launched "City's First Readers," a program composed of eight organizations that share the collective goal of better preparing children under 6—and especially those from low-income families—for school. Though a few of the programs send specialists to child care centers, most see working with kids and parents together as central to their mission, aiming to increase both the quality and quantity of their interactions. In June, "City's First Readers" received an endorsement from the American Academy of Pediatrics.

"It's a back and forth where the child has heard more words and also has practiced how to use them. If you come to class without those language skills, you are likely to be less comfortable trying."

The program reached 200,000 families in Fiscal Year 2015 and is slated to receive a renewed commitment of \$1.5 million from the City Council in the current Fiscal Year.

"It's a program designed to help parents and caregivers be their child's first teachers," says Daniel Nkansah, the coordinator of children's services for the Queens Library system, which is a participant of City's First Readers. "Most immigrant parents have told us they want to get their child ready for school but they don't know how. They don't know that reading and things they can do at home will lay the foundation for school."

Nkansah's program engages families at libraries with cozy, inviting areas for parents and babies to read and play together and workshops where mothers new to the country can pick up English as they receive specific instruction on how to read to toddlers and preschoolers in ways that encourage them to ask and answer questions—skills important to school success. Two other "First Reader" programs reach families during routine pediatric exams.

The most intensive program under the City's First Readers umbrella is the national research-based Parent-Child Home Program. It sends literacy paraprofessionals directly into

families' homes for 30 minutes two times a week over a two-year period. Bearing books, toys and games, these home visitors model for parents how to read, play, and converse with young kids in ways that get them talking.

"It's all about not only using quality language and asking open-ended questions when you're reading a book and engaged in a game, but also about using positive language instead of negative," explains Sarah Walzer, the program's CEO. "It's a back and forth where the child has heard more words and also has practiced how to use them. If you come to class without those language skills, you are likely to be less comfortable trying."

Critical to the program's success is that home visitors speak the same language and are typically from the same neighborhoods and communities as the families they visit—something that studies suggest may be key to establishing trust with families who are isolated and wary of anyone resembling a social worker.

"Their lives are hard and chaotic and they're struggling just to keep a roof over their child's head and food on the table and to keep their kids safe," says Walzer. "This positive interaction and happy bonding with their child is something that sometimes they just don't have time and the emotional bandwidth to do."

One study found that children in the program who were at higher risk of being unprepared for school than a comparison group had caught up on social-emotional and early literacy skills by kindergarten.

Another study suggested that young adults who had who completed the program as toddlers were less likely to have dropped out of school and more likely to have graduated from high school than young men and women in a control group.

Walzer says she has seen the ripple effect of a harried mom spending just a half-hour a day of fun learning with her kids. When a child learns how to, say, recite *Brown Bear, Brown Bear, What Do You See?* or recognize colors, parents "feel a sense of agency because they understand that they're the person who makes that happen. It's not the home visitor coming in twice a week, it's them riding the bus and going to the grocery store with their child, and talking about what they're seeing, and it's a wonderful thing," she says. "You see this amazing change in your child that lights up parents and kind of inspires them to do more."

IMPROVING QUALITY IN EARLY EDUCATION

What: A major expansion of QUALITYstarsNY, a quality rating and improvement program for early childhood education programs (including home-based day cares, child care centers and in-school pre-kindergarten programs) serving kids from birth through age 5.

The Players: QUALITYstarsNY; the Early Childhood Advisory Council; the New York Early Childhood Professional Development Institute at the City University of New York; the New York State Education Department; the Office of Children and Family Services.

How Much: \$4 million for Fiscal Year 2016, a net increase of close to \$2.5 million from the program's FY 2015 budget.

How Many: QUALITYstarsNY currently serves 330 early education programs throughout the state, reaching a total of about 26,000 children. Approximately one-third of the providers are in New York City. The program will expand significantly in the coming year.

When: Ongoing.

This year's state budget provides a major increase in funding for QUALITYstarsNY, a quality rating and improvement program for early education providers.

Historically, the quality of New York City's early childhood education programs has varied widely, ranging from nationally recognized preschools to day cares where babies and toddlers may spend large chunks of the day in front of a TV. Parents have had few tools to help distinguish between high quality and low.

QUALITYstarsNY aims to establish consistent sets of standards for early education programs, measuring areas such as learning environment, family engagement and staff qualifications and experience.

"Historically, the quality of New York City's early childhood education programs has varied widely."

Providers (who work with the program voluntarily) receive an initial rating of one to five stars based on how well they meet the standards, then work intensively with quality specialists to improve on any weaknesses. For example, if a program rates poorly on teacher qualifications, QUALITYstarsNY might pay for teachers to take more coursework. If it needs help creating an optimal learning environment, QUALITYstarsNY might bring in puzzles or culturally appropriate books.

Providers continue to work with the program even when they have achieved a 5-star rating.

Program ratings are not yet made available to the public, though providers are free to share their ratings with parents and others if they choose. The hope is that ratings will eventually be widely available.

Across the country, 39 states have already implemented some form of quality rating system for early education programs, according to a new report by Child Trends (a national, non-profit research center). Many are much further developed than New York's. For example, 4,300 providers are enrolled in Wisconsin's state-led quality improvement programs—a number that represents 80 percent of regulated early education providers in the state.

New York State, however, has not previously allocated stable funding to such efforts. In Fiscal Years 2012-15, QUALITYstarsNY received a portion of the funds allocated to the state through a federal "Race to the Top" grant, as well as a \$500,000 yearly grant directly from the state's Office of Children and Family Services (OCFS). Altogether, yearly program funding totaled about \$1.5 million.

This year, the state budget allocated \$3 million to the program through the State Education Department. Together with continued OCFS funding, a four-year federal Preschool Expansion Grant of \$260,000 and undisclosed private funding, the program's budget will rise to \$4 million for Fiscal Year 2016.

Program coordinators plan to use the increased funding to expand to new providers and to deepen services at existing sites. QUALITYstarsNY currently works with more than 330 early education programs, one-third of which are located in New York City. Approximately 120 of the current providers serve children aged 0-3.

The program is not exclusively aimed at promoting social and emotional learning, but many of the standards—particularly those around teacher training and effective family engagement—support healthy development in early education classrooms, says Ariel Davis, the project's coordinator.

Coordinators say that it's difficult to estimate how many new programs will be added in the coming year, since providers vary widely in size and need.

The first public evaluation of QUALITYstars-NY will be released in fall 2015, according to Sherry Cleary, executive director of the NYC Early Childhood Professional Development Institute, which administers the program.

TALK TO YOUR BABY

What: A public awareness campaign to encourage New York City parents to talk, read and sing to their babies to promote brain and language development.

The Players: The Department of Health and Mental Hygiene in partnership with the Children's Cabinet.

How Much: \$1 million in Fiscal Year 2016. The children's book publisher Scholastic, Inc. is donating \$1.5 million in books.

How Many: Book bundles to be distributed to 200,000 families.

When: Fiscal Year 2016.

Last spring, posters with wide-eyed babies and doting parents appeared on subway cars. Their message: "Talk to Your Baby. Their Brains Depend On it."

"The more interactions a child has with a parent, the more chances she has for quality communication."

The \$1 million city-sponsored campaign, which is part of a larger public awareness effort that includes distributing 200,000 book bundles to families, was inspired in part by the seminal finding made 20 years ago that by age 3, a child from a low-income family has already heard 30 million fewer words than a child from a wealthier home. This disparity, the study found, sets lower-income kids behind educationally long before they enter kindergarten.

A growing body of research has added nuance to this so-called "word gap" finding by demonstrating that it is not merely the quantity of words a young child hears that matters when it comes to building vocabulary and later school success. The quality of communication between parent and child may be even more crucial: talking in a baby voice, responding to a baby's coos promptly, and even using the kind of exaggerated smiles and other facial expressions pictured in the "Talk to Your Baby" posters may all help kids learn language.

In one study published in Proceedings of the National Academy of Sciences (PNAS) in 2013, adult participants watched muted videos of parents talking to their toddlers, and were asked to guess from a parent's nonverbal cues what words they spoke. Three years later, the children of parents whose words were easily identified had larger vocabularies than the kids of parents whose words could not be guessed.

This correlation held true even when the researchers controlled for number of words spoken, implying that quality of communication had an effect on building vocabulary over and above any effect of quantity of communication.

"Researchers found 'high quality' communication as likely to occur in low-income homes as in more affluent ones."

In one of the study's most striking findings, researchers found "high quality" communication as likely to occur in low-income homes as in more affluent ones. The authors speculated that the well documented difference in vocabulary between preschoolers from poor and af-

fluent families may result not from differences in the quality of their parents' communication, but because of "the greater amount of talking by parents to their children in higher socio-economic homes, which, in turn, increases the number of quality learning instances encountered overall."

In other words, quantity may matter largely because the more interactions a child has with a parent, the more chances she has for quality communication.

With this in mind, Sarah Walzer, one of the city's literacy experts as CEO of the Parent-Child Home Program, says the "Talk to Your Baby" campaign is "a good reminder for parents up and down the economic spectrum." But she adds a cautionary note for anyone who imagines the education should stop there: "If you're telling them to talk to their child in the grocery store when nobody talked to them in the grocery store, they aren't going to know how to do that."



HIGH HOPES FOR MEDICAID REFORM

What: Medicaid will switch to a managed care system for screening and treating low-income children with emotional and behavioral health issues.

The Players: New York State Department of Health; the state Office of Mental Health; the city Department of Health and Mental Hygiene; Children's Medicaid Redesign Team Behavioral Health Subcommittee, which has been tasked by the governor to help reform Medicaid; private insurance companies.

How much: To be determined.

How many: Approximately 700,000 children aged 0-5 who are eligible for Medicaid statewide; approximately 424,000 in NYC.

When: Calendar year 2017.

A 2012 analysis by the Citizens' Committee for Children of New York estimated that more than 47,000 children under the age of 5 in New York City have "behavioral"—meaning emotional or mental health—problems. Children are more likely to have these difficulties if they are low-income, in foster care, living in a violent home or if their parent has a mental illness, is depressed or a substance abuser.

Unfortunately, the mental health issues facing most young kids now fall through the cracks

of the health care system. By one estimate, 70 percent of children with developmental disabilities and mental health problems are not identified until they start school.

Now, advocates and others in New York State are looking to a redesign of Medicaid to help attack this problem. The Children's Medicaid Redesign Team Behavioral Health Subcommittee, which has been tasked by the governor to help reform Medicaid, hopes that changes set to take effect in 2017 will result in more screening of the youngest New Yorkers for possible behavioral problems, better coordination of the various services that children may need, and improved care for parents and children together. They also want to tailor care for specific groups of children, such as those in foster care, and to provide services to babies and toddlers in their homes and child care centers, where they're easy to access, not just in clinics.

Currently, clinics and doctors are reimbursed for specific mental health services they provide to toddlers. Experts offer a number of reasons why this is problematic.

For one, they say that Medicaid may not adequately reimburse health care providers for screenings, or for the kind of treatment that infant mental health specialists say works best for young children. Under the existing Medicaid system in New York, there is considerable

confusion in the early childhood mental health field regarding who can and cannot be reimbursed for this so-called dyadic care—where the parent is treated along with the child.

Nor does Medicaid coordinate care across areas. All too often, advocates say, children may get care for physical issues in one place, developmental issues in another and any emotional and behavioral help in still another, with little coordination. Day care providers who see a child all day may have little to no contact with the professionals addressing a child's emotional trauma or physical problems. "Families are often served by a disjointed, overlapping, non-comprehensive and costly series of services," stated a 2011 report by the Children's Medicaid Redesign Team Behavioral Health Subcommittee.

"You want to get to young children early. You're not looking for kids to develop a full-blown mental health issue."

Under the planned redesign of Medicaid, the existing fee-for-service system for covering treatment of toddlers with emotional and behavioral problems will be replaced by a managed care approach, similar to what now exists for medical care, in which families enroll their child in a plan provided by a private insurance company that provides the child with primary care as well as whatever specialized medical services are needed. This, its supporters believe, will put a new focus on screening for social and emotional issues. The goal, described in a presentation by the Children's Medicaid Redesign Team Behavior-

al Health Subcommittee, is to serve "children more effectively—the right services, at the right time, in the right dose."

"You want to get to young children early. You're not looking for kids to develop a full-blown mental health issue," explains Gail Nayowith, former executive director of the nonprofit social services agency SCO Family of Services and member of the Behavioral Health Work Group.

The Medicaid redesign team proposes that screenings be a routine part of well-child visits, not just something called upon when a doctor suspects something is amiss. By the time a child is 3, he or she is expected to have had 11 such routine visits, giving ample opportunity for the child to be screened for social and emotional problems.

Nayowith believes that the proposed changes will also better coordinate services and allow care to be tailored to specific populations, such as children in foster homes. The redesign team has written that it hopes to break down "silos" and "better align systems to yield continuity of care, access and cost efficiency" as well as better integrating primary and behavioral-health care.

While some advocates see the Medicaid redesign as key to getting vulnerable kids the services they need, it alone will not address the many deficiencies in mental health services for young kids in New York. For instance, many providers may not be aware of the importance of detecting problems early or of the significance of these problems. They may, for example, believe that a child's upset is a passing phase or not be knowledgeable of the effect that a parent's depression, say, or witnessing a violent incident can have on even the youngest children.

"There's a lot of information about early childhood attachment that nurses don't get in their training" and pediatricians don't either, says Candida Cucharo, the infant mental health planning specialist at Adelphi University's Institute for Parenting.

Too often, those kids who do get screened and are determined to need help are then met with a dearth of services. In its 2012 analysis, the Citizens' Committee for Children found that the Bronx, Brooklyn and Staten Island had only 270 slots for mental health treatment for children aged 4 and under—1 percent of what the committee found was needed. (No data were available for Queens and Manhattan.)

This lack of services may arise partly from skepticism about how effective treatment is. But advocates say the evidence is clear. "There are interventions that work and change the life course for very young children and interrupt the cycle of mental health problems," Nayowith says.

To help others get on board, some experts urge better training in mental health issues for all who work with young children and public education efforts aimed at parents, health care providers and others. "Infant mental health is not just the responsibility of mental health professionals but everyone one who serves the child. Every system really needs to look at families of young children and build support," says Susan Chinitz, the former director of the Early Childhood Center at Albert Einstein College of Medicine.

The specifics of the managed care approach have not yet been worked out but much of it will "be detailed...by the end of the calendar year," a spokesperson for the state Office of Mental Health said in an email. The State's re-

design committee has not, for example, confronted the reimbursement issue or how to deliver services to kids in their homes or day care centers.

Meanwhile, advocates are clamoring to make their voices heard. The state Early Childhood Advisory Council, a group of experts appointed by the governor to advise the states on issues affecting young children, for example, has proposed an increase in screening for maternal depression—which can impact a child's behavior—as well as for "evidence-based services" that have been demonstrated through research to work for children and their families, including dyadic treatment and parenting education.

So far, Nayowith said, the redesign team's group has been largely in agreement on key issues, but she added, "Once we get to financing and implementation things will get more complicated."

THERAPIES TO KEEP YOUNG KIDS OUT OF FOSTER CARE

What: Services and other social-emotional supports, including dyadic therapy, to keep young kids out of foster care.

The Players: The Administration for Children's Services; a handful of foster care preventive agencies serving the Bronx and Brooklyn; therapeutic programs.

How Much: \$7.4 million in Fiscal Year 2016.

How Many: The SafeCare and Child-Parent Psychotherapy programs, which have been available on a limited basis, will expand significantly to serve 300 more families with young kids each year. In addition, a number of families with young kids will receive dyadic and trauma-informed therapies.

When: Families will begin receiving services in the fall of 2015.

During 2014, more than 49,000 New York City children received services designed to keep them out of foster care. Some 20 percent were younger than 4 years old. In the months ahead, for the first time, hundreds of such children and their parents will begin receiving a range of supports catered to meet their particular needs.

In the fall, the Administration for Children's Services (ACS) will roll out a \$7.4 million initiative providing targeted services for families in parts of the Bronx and Brooklyn. Much of the help will be clinical in nature, including trauma-informed therapy as well as dyadic therapies that treat children and their parents together.

The city's evidence-based foster care prevention programs SafeCare and Child-Parent Psychotherapy, which are already available to families, will expand to annually serve 300 more families with young kids. Meanwhile, other programs tasked with keeping kids out of foster care will begin coordinating with clinicians to link families with therapeutic interventions earmarked for babies, toddlers and their parents.

Three years ago, ACS launched an effort targeting preventive services to families with teens. This new initiative is the first designed to keep a large number of babies and toddlers at home and out of foster care.

UNCERTAIN FUNDING FOR EARLY CHILDHOOD MENTAL HEALTH PROGRAMS

What: Dedicated funding for early childhood mental health services.

The Players: The City Council; the city Department of Health and Mental Hygiene; various city-based mental health service agencies.

How Much: Approximately \$1.25 million in Fiscal Year 2016.

How Many: Programs funded under this initiative served more than 4,000 children in Fiscal Year 2015. It is unclear how many programs will be funded, or how many children will be served, in FY16.

When: Ongoing.

The future remains uncertain for a core set of programs providing city-funded mental health services to children under age 5.

Since 2004, the New York City Council has funded a group of service agencies to provide dedicated mental health services for very young children across the five boroughs. For several years, the funding project—known as the Children Under 5 Initiative—represented the only significant, dedicated source of city money for early childhood mental health services.

Funding for the initiative rose and fell during its first few years, but stabilized at \$1.25 million from Fiscal Years 2011-14, according to Nora Moran, a policy analyst at United Neighborhood Houses, which represents one of the longtime grantees of the fund. The money supported eight service agencies across the city, with the capacity to serve more than 4,000 young children each year.

"Children's mental health needs are complex, with unique family structures, language, culture, and religious practices all shaping the situation. Neighborhood-based providers are well-equipped to understand and address these issues."

Shortly before leaving office in late 2014, then-mayor Michael Bloomberg baselined the initiative into the city budget, with funds to be distributed by the Department of Health and Mental Hygiene. DOHMH maintained the City Council's existing grantees in FY 2015, but released a plan to have providers compete for FY 2016 funding.

Under the DOHMH plan, funding would be distributed to fewer direct service providers (one per borough, rather than the City Council's eight), as well as an agency responsible for training and technical assistance.

Providers, their advocates and City Council members objected to DOHMH's competition plan, citing concerns that families would have to travel too far for services, and that fewer providers would make for less cultural diversity among programs. "Children's mental health needs are complex, with unique family structures, language, culture, and religious practices all shaping the situation. Neighborhood-based providers are well-equipped to understand and address these issues, and can be responsive to these needs," writes Moran of United Neighborhood Houses.

As a result of the conflict, funding for the programs was placed back under the control of the City Council for the current fiscal year, though it is still baselined in the projected budget for DOHMH in FY17. At the time of this writing, it is still unclear how funds will be distributed during the current fiscal year, says Dr. Gary Belkin, the executive deputy commissioner of the Division of Mental Hygiene. DOHMH officials will meet with City Council members in late July to negotiate the program's future.

MAKING FAMILY COURT BETTER FOR BABIES AND TODDLERS

What: A new pilot project in the Bronx aims to get better services for babies and toddlers in Family Court, and to move cases in which they're involved more quickly through the system.

The Players: The Center for Court Innovation (CCI); the Bronx Family Court; the Office of Court Administration; the Administration for Children's Services; The Bronx Defenders; 18B panel attorneys; the Legal Aid Society.

How much: Current funding comes from private foundations and is undisclosed. Projects similar to this one cost CCI approximately \$100,000 per year.

How many: To be determined. The project will start by serving children aged 0-3 whose cases come on the docket of a particular Bronx Family Court judge.

When: Starting June 2015, ongoing.

A new pilot program in the Bronx aims to improve the experience of babies and toddlers in Family Court. With new resources and attention, program providers hope to move young children aged 0-3 through the court process

more quickly, and to identify services that will help babies and their families thrive.

Each year—both nationally and in New York City—more children aged 3 and younger enter the child welfare system than kids in any other age range. In fact, a baby is more likely to come under court supervision or enter foster care before age 1 than during any other year of life.

Once a baby is removed from his parent, the instability endemic to foster care can cause real harm. Cases may drag on for years while kids bounce from home to home, with no chance to form lasting attachments to caregivers. The cumulative chaos can disrupt brain development in ways that may do permanent damage.

In the past few years, at least two city organizations (The Jewish Board of Family and Children's Services in Manhattan and the Albert Einstein College of Medicine in the Bronx) have set up parent-child therapy programs for babies and toddlers involved in Family Court.

Beginning in summer 2015, the Center for Court Innovation's "Bronx Infant Court" project aims to help Family Court judges make better, faster decisions about babies' cases. The project will start by serving children aged 3 and younger whose cases come on the docket of a particular Family Court judge. A newly hired, court-based "infant coordinator" will oversee these cases, conducting detailed clinical assessments of kids and their parents and referring them to services particularly tailored to the family's needs.

Currently, court-ordered services often fail to address the particular problems that land families in court in the first place, says Susan Chinitz, a coordinator of the project and a

former professor of clinical pediatrics at the Albert Einstein College of Medicine. Kids and parents "may have very different needs," Chinitz says. "Sometimes a mother is severely depressed and has low frustration tolerance, or it's a young, cognitively impaired mother with no social supports. When you know all that information, you can identify services that are truly relevant."

"Each year—both nationally and in New York City—more children aged 3 and younger enter the child welfare system than kids in any other age range."

The coordinator will convene monthly meetings involving community service providers, foster care agencies, attorneys and parents with young children in Family Court. They will discuss each infant and toddler, with the goal of agreeing on a plan for the family which can be presented to the Family Court judge. In turn, the judge has agreed to hear infants' and toddlers' cases monthly, rather than allowing the typical multi-month delays that can make child welfare cases drag on.

Each month, the project will also offer training for court staff on topics like infant development, services for babies and strategies to foster parent-child attachment in the context of problems like substance abuse. (Attorneys receive continuing legal education credits for attending.) "Lawyers and judges are not trained in child development, certainly not in the most recent findings in infant mental

health and attachment,” Chinitz says. Yet, “they make very critical decisions affecting the lives of babies and young children every day.”

For now, the Bronx Infant Court has no public funding. The Bronx Family Court and the legal organizations representing parents and children (including the Legal Aid Society, 18B panel attorneys and The Bronx Defenders) are contributing staff time, as are attorneys for the Administration for Children’s Services. Project coordinators are working to raise more funding, and hope to develop the project into a model that can be replicated across the city’s Family Court system.

Historically, it has proven difficult to sustain improvements in the Family Court process without stable funding. Nearly two decades ago, the New York State court system launched

a program called “Babies Can’t Wait,” designed—much like the Bronx Infant Court—to move babies through foster care more quickly, and to pay better attention to their developmental health. The project ran workshops for court staff and foster care workers, hired social workers to monitor babies’ court cases, and encouraged judges to prioritize babies’ existing attachments when making placement decisions. The initiative lost its funding in 2005, however, and the project withered.

Organizers of the Bronx Infant Court project hope that it will bring permanent, positive changes to the practices of Family Court. “The primary focus is on teaching people to look at cases through an infant-focused lens,” says Liberty Aldrich, the director of domestic violence and Family Court programs at CCI. “It has to become a habit.”

BUILDING A WORKFORCE

SCHEMES TO MAKE ALL CHILD-SERVING SYSTEMS RESPONSIVE TO DEVELOPMENTAL NEEDS

CREATING A STATEWIDE “TOOLKIT” FOR EARLY INTERVENTION IN CHILDREN’S EMOTIONAL PROBLEMS

What: A comprehensive document that will provide recommendations, resources, screening tools and instructions for service providers in the Early Intervention Program—which identifies delays and disabilities in young kids—to better set standards and achieve expectations in the healthy social-emotional development of children under the age of 3.

The Players: Joint task force made up of members from the New York State Early Childhood Advisory Council and members of the State Department of Health’s Statewide Early Intervention Coordinating Council; New York State Office of Mental Health; the city’s Department of Health and Mental Hygiene.

How Much: A \$10,000 grant will be used to hire a writer who will distill the work product of EICC and ECAC members.

How Many: New York State’s Early Intervention program is the second-largest in the nation, serving approximately 70,000 children with high needs each year.

When: 2015.

Keeping young children developmentally on track is the mission of the state’s Early Intervention Program, which is overseen by the

Department of Health. Like similar statewide programs across the nation (and New York’s is the nation’s second largest), it receives referrals from parents, physicians, educators and others, and connects the affected families with service providers.

In theory, its mission includes addressing the needs of children whose only reported problems are social-emotional. But advocates and researchers say that in practice—and in contrast with some major early intervention programs elsewhere in the U.S.—New York’s Early Intervention Program all too often fails to act appropriately in such cases, instead focusing almost exclusively on developmental disabilities and delays. The reasons they cite include a state failure to offer clear guidelines, training and skills concerning behavioral and emotional problems of small children to providers.

A 2014 report by Adelphi University’s Institute for Parenting reported, for example, that of the 12 states with the highest numbers of children under 3 receiving Early Intervention services, New York is the only one without a system of social-emotional development measurement standards.

The influential New York State Early Childhood Advisory Council, and other advocates in this field, are now seeking to remedy these shortcomings. A small but important first step will be the publication and distribution, expected

by the end of 2015, of a new “guidance document” for the Early Intervention Program.

The guidance document will, says Bob Frawley, the Council’s co-chair, “help the field understand best practices to promote [social-emotional health] and to prevent social-emotional development issues from occurring.” It will also link to resources such as the U.S. Department of Health and Human Services publication “Birth to 5: Watch Me Thrive.”

The goal is to provide a kind of toolkit for developmental screening and other practices says Mary McHugh, director of strategic clinical solutions at the Division of Children and Family Services in the New York State Office of Mental Health.

TRAUMA TRAINING FOR DAY CARE TEACHERS

What: Early childhood specialists train day care teachers in “The Incredible Years,” an evidence-based curriculum designed to promote healthy social and emotional development in the classroom.

The Players: United Neighborhood Houses; New York Center for Child Development; High Impact Partnering; Henry Street Settlement; Grand St. Settlement; Hudson Guild; The Shorefront YM-YWHA; the Office of Children and Family Services.

How much: A one-year grant of \$329,000.

How many: Seventy-five early childhood teachers have been trained. Approximately 190 children were screened for trauma, stress and developmental delays. Early childhood specialists consult weekly with three early childhood classrooms at each of four day care providers in Manhattan and Brooklyn.

When: August 2014 - September 2015.

There is a problem in Room 302 at the Henry Street Settlement Day Care Center. It’s naptime. Eleven kids are snuggled on cots, quietly fiddling with their blankets or drifting off to sleep. But 3 1/2 year-old Bella* doesn’t want to lie down.

She sits next to her cot, tucking in her stuffed kitten and explaining why naptime—at least for today—isn’t for her: She’s not tired. She’s hungry. She maybe has to go to the bathroom? Kitty isn’t comfortable.

“Kids who face traumatic experiences—or who live chaotic, unstable lives at home—are far more likely than other children to act out in classrooms.”

Qing Lei, Room 302’s 25-year-old assistant teacher, is used to this routine. Bella is not a kid who complies easily with instructions. She doesn’t eat school snacks, or line up nicely with her partner when it’s time to walk to the playground. She has trouble socializing with other kids and paying attention during story or counting time.

Kids like Bella are far from uncommon, but they make life complicated for day care and preschool teachers who need to wrangle classrooms-full of squirmy young children through their daily routines—and who may have little training in strategies to manage disruptive behavior. Worse: when the behaviors are caused by undiagnosed developmental problems, they can intensify as kids get older, derailing years of early education that are hard to make up.

At Henry Street, however, Lei and other early childhood teachers are getting an innovative kind of help. Through a creative use of federal funds intended for Superstorm Sandy recovery, a child psychologist visits their classrooms weekly, spending time with the kids and encouraging teachers to think about behavior problems in a new way: as possible manifestations of trauma and chronic stress experienced by the children in their care.

In the past two decades, child psychologists have developed a large body of evidence suggesting that kids who face traumatic experiences—or who live chaotic, unstable lives at home—are far more likely than other children to act out in classrooms, even as early as preschool or day care. “Teachers often see tantrums, or kids having a lot of trouble listening to teachers, or running around and not being able to sit still,” says Katie Lingras, an early childhood specialist at the New York Center for Child Development.

At Henry Street, many of the children’s challenges stem from the stress caused by grinding poverty, Lingras says. “We frequently see kids who are living in shelters or moving around a lot. There’s a lot of domestic violence, or just the cumulative effects of parental stress: family conflicts, arguments, separations.”

When teachers have strategies to address these issues early, Lingras says, they can help kids get back on track, preparing them for success in kindergarten and beyond.

But traditional training programs don’t necessarily prepare teachers to deal with the developmental fallout of chronically stressed or traumatized kids. “It’s very hit-or-miss,” says Shelby Miller, a consultant whose firm, High Impact Partnering, will conduct an evaluation of the pilot program at Henry Street.

Under the program, teachers get special training in “The Incredible Years,” an evidence-based curriculum that’s been implemented, with convincing results, in jurisdictions across the United States and 20 other countries. In the form being used here, the curriculum is designed to give teachers concrete strategies to promote healthy development in the classroom.

If the project is successful in New York City, organizers will push the city’s administration to incorporate trauma training into its requirements for all city-funded early education programs—a move that could change preschool and day care for thousands of vulnerable kids, Miller says.

For now, the project is being coordinated by United Neighborhood Houses (UNH), an umbrella organization representing dozens of city nonprofits. Using funds from a block grant for social services in areas hit by Sandy, UNH hired early childhood specialists to work with teachers from four city day cares. In addition to Henry Street (on the Lower East Side), the project serves teachers at Grand St. Settlement and Hudson Guild (both in Lower Manhattan) and the Shorefront Y in the Brighton Beach neighborhood of Brooklyn.

Teachers from each agency received six full days of training in The Incredible Years curriculum. Twelve classrooms also get weekly visits from consultants, who discuss challenges posed by individual kids. The initial conversations started with the potential traumas caused by Superstorm Sandy—which affected many of the teachers, as well as the families of the kids they serve—but The Incredible Years curriculum is designed to help teachers counter the impact of any kind of stress in kids’ lives.

The basic tenet of the curriculum is that stressed-out kids need a high level of consistency and routine. Teachers can ward off many

bad behaviors by building positive relationships with students: getting down on their level, playing with them and inquiring about their ideas. The curriculum also offers kids techniques to manage their feelings. For example, they can pull into cardboard-box “shells,” like turtles, to calm down when they feel angry.

When undesirable behaviors crop up, the curriculum suggests an escalating series of strategies, such as praising the kids who are following instructions (“I like the way Alicia is sitting on the rug”) or giving defiant kids a limiting pair of choices (“Do you want to hold my left hand or my right hand while we cross the street?”) Negative consequences are a last resort, and should only be delivered in a gentle and consistent way.

On a Monday afternoon this spring, Center for Child Development consultant Elaine Liebman joined recess-in-progress at a playground near the Henry Street day care. She was greeted by a stampede of excited 3- and 4-year-olds, armed with creative strategies to hold her attention. They showed their big muscles and roared like dinosaurs. Two pigtailed girls argued—largely via a contest of volumes—about who had remembered Elaine’s name first.

Liebman responds with a level of energy that’s hard to imagine being sustained by the kids’ full-time teachers, who spend much of recess repeating a directive to go *down* the slide, rather than up it. She squats down to make eye contact, admires the loudest roars and asks kids about the flowers, trees and buildings around them.

When naptime comes, Liebman spends time with teachers in each classroom. Back in Room 302, Lei, Bella’s teacher, says it helps to have time to reflect and strategize about difficult kids. The training has given her new ideas for

working with Bella—as well as more confidence in sticking to limits once she’s put them in place. “You can’t expect all kids to behave the same,” Lei says. “If we make progress with her, that’s good.”

Funding for this round of training is scheduled to run out in September 2015. The project’s evaluation will be completed by the end of the summer. So far, the results look promising, Miller says. “The best prospect is that we can show it’s possible to implement this. You can deliver the services, and it’s not that expensive.”

Beyond that, Miller says, “It needs to be integrated into the system.”

*(*Children’s names have been changed to protect their identity.)*

A CREDENTIAL IN INFANT MENTAL HEALTH

What: State infant mental health advocates are bringing to New York the Michigan Association of Infant Mental Health’s endorsement system—a way for New Yorkers who work with young kids to earn a credential demonstrating their savviness in infant mental health.

The Players: A committee composed of New York State advocates and experts; the Michigan Association for Infant Mental Health; the newly created New York State Association for Infant Mental Health, which holds the license to use the Michigan Association’s system, and is based at Adelphi University’s Institute for Parenting.

How Much: \$45,000 from a private funder to purchase a license to use the Michigan endorsement system for three years, with a renewal fee of \$1,000 annually after the three year period. In addition there are fees for technical assistance.

How Many: One optimistic stakeholder expects to see about 120 early childhood professionals endorsed in 2016.

When: The endorsement system is expected to launch in calendar year 2016.

New Yorkers working with young children will soon have a way to prove to employers and clients their savviness in infant mental health.

In an effort to build a workforce that is more responsive to the social-emotional needs of young children, a committee composed of New York State early childhood advocates and experts has taken the first steps to bring to New York what's called the Michigan Association for Mental Health Endorsement System—a credentialing system for professionals and paraprofessionals working with young children. This effort coincides with a new state requirement that, starting this calendar year, licensed social workers must engage in ongoing professional development. The hope is for the new credentialing system to put early childhood mental health squarely on that professional development menu.

"We want to introduce the idea of relationships, and how important relationships are to supporting the social-emotional growth, the cognitive development and the school readiness" of young children, says Candida Cucharo, the infant mental health planning specialist at the Institute for Parenting at Adelphi University, who is helping to spearhead the initiative.

Using a small grant from a private foundation, the newly created New York State Association for Infant Mental Health, which is based at Adelphi's Institute for Parenting, now holds the license to use the Michigan Association's system. In the next few months

they will meet with the Michigan Association to strategize a rollout for the credentialing system in New York State. Cucharo expects early childhood workers to be able to receive the endorsement sometime during 2016, and optimistically predicts that about 120 will receive an endorsement soon after the system launches.

"One small survey found that endorsement had improved providers' job knowledge, confidence, professional status and the quality of supports they provide to families."

The Michigan system has four levels of endorsement. The first, intended for teachers at child care centers, focuses on promoting healthy social-emotional development and preventing problems from arising in vulnerable kids. The fourth, or highest, level is intended for clinicians, and requires a master's degree. Those seeking endorsement at this level must conduct research.

The system has already been adopted in about 20 other states, but its impact—as well as that of similar credentialing endorsements—has not been formally evaluated. One small survey found that the roughly 20 Colorado professionals who have received the Michigan endorsement felt that the process had improved their job knowledge, confidence, professional status and the quality of supports they provide to families.

In some states the Michigan Endorsement has helped endorsed clinicians secure Medicaid reimbursement for infant mental health treatment.

Nevertheless, the system's reach has, so far, been modest. As of August 2014, only about 1,000 individuals nationwide had received an endorsement from the Michigan system, according to a report by the Institute for Parenting, with about 1,000 more engaged in the process at the time.

It remains to be seen how the Michigan system will play out in New York. Most likely, participation in the endorsement system will be voluntary, says Cucharo, and so the New York State Association for Infant Mental Health must find ways to make it sustainable as well as appealing to a wide range of professionals and paraprofessionals, including the often overworked and underpaid early childhood workers.

TRAINING THE TRAINERS

What: The Early Childhood Advisory Committee (ECAC) is bringing to New York the Pyramid Model for Supporting Social-Emotional Competence.

The Players: The Early Childhood Advisory Committee, an initiative of the state's Council on Children and Families; the Center on the Social and Emotional Foundations for Early Learning (CSEFEL), the federally funded research institute that developed the Pyramid model.

How much: \$30,000 from a federal grant ending in September 2015; pieces of other grants are likely to be cobbled together to continue the effort.

How many: The goal is to prepare 30-50 trainers to help a wide range of early childhood programs to use the Pyramid Model.

When: Calendar year 2015.

For nearly a decade, the Early Childhood Advisory Committee (ECAC) has wanted to bring to New York the Pyramid Model for Supporting Social-Emotional Competence—a kind of toolbox for helping programs better support young kids' social emotional development. Bob Frawley, co-chair of ECAC, says the stars have finally aligned. Using a small federal grant, ECAC, an initiative of the state's Council on Children and Families, has taken first steps to build a cadre of trainers who will be equipped to help New York programs and practitioners use the model.

"Everything is kind of going right for us," says Frawley. "OMH (the state Office of Mental Health) is very much on board."

"Put 'challenging behavior' in the title and you'll have a full house. People are so desperate for answers."

As would be expected, the Pyramid Model, which was developed with federal funding at Vanderbilt University's Center on the Social and Emotional Foundations of Early Learning (CSEFEL), is often depicted with the visual image of a pyramid. The pyramid's foundation represents what all kids needs. Its tip symbolizes interventions for the most challenging children.



Taken from the Center on the Social and Emotional Foundations for Early Learning.

Pyramid trainers educate early childhood workers about the philosophy behind the model and give them research-backed best practices and tools, such as a curricula for child care centers that they can use in their day to day interactions with children and families.

Rob Corso, project coordinator at CSEFEL, gives the example of a preschool teacher who says she’s tried everything to address a kid’s problem behavior. “And she usually means she’s tried about three things: redirect the child, ignore the behavior, or give a timeout,”

says Corso. A Pyramid Model trainer would expand her repertoire, potentially giving her over 20 new concrete tactics for addressing behavior issues.

In April, ECAC had a first meeting with CSEFEL to strategize bringing the model to New York. Over the next few months, 30-50 trainers will be guided in learning the model, and eventually begin providing professional development for a wide range of workers in the field.

Corso believes that drawing an audience to these trainings will not be difficult: Put “‘challenging behavior’ in the title and you’ll have a full house,” he says. “People are so desperate for answers that it’s not been too difficult to get folks to training [in other states where the model has been implemented].”

What will be trickier, he says, is convincing programs to commit to deepening their work in this area after a training ends. One of the model’s goals is for some program leaders to receive individual coaching and consultation over an extended period of time. This is where Corso says he sees the most promising results. “We know we can train ‘til the cows come home, but without follow-up people just don’t change,” he says.

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