

Policy & Practice Briefs to Eliminate Child Care & Preschool Suspension

An NCECF & TREP Project Collaboration



Infant and Early Childhood Mental Health Consultation:
A Powerful Tool to Reduce Exclusionary Discipline by
Addressing Underlying Problems

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Young children who are expelled from child care and early learning programs miss out on the tremendous benefits that early education has for young learners. Families who have a child that has been expelled lose access to the child care they need to work and provide for their families. Worst of all, expulsions are much more common among [specific populations](#): boys are four times more likely to be expelled than girls, and Black children and children with disabilities or learning differences are also at much higher risk of expulsion than their peers. Given the overwhelming evidence that [early childhood exclusion has negative impacts on children's social, emotional, and academic development](#), many states are implementing policies to prevent or even prohibit excluding children from early learning programs.

This brief explores a highly-effective strategy for the management of young children's challenging behaviors, and the prevention of exclusionary discipline: ensuring that child care providers and preschool teachers have regular access to child development and mental health professionals.



[Infant and early childhood mental health consultation \(IECMHC\)](#) is an [evidence-based intervention](#) that addresses mental health and behavioral concerns among young children through consultative support for care providers, educators, and parents. IECMHC provides early care and education directors, educators, and families with direct access (by phone or in-person) with a mental health professional who provides [consultative services](#) focused on children's healthy development. [Services are most often offered](#) in early learning settings, such as Head Start, preschools, and child care, but can also be delivered in home-based care settings.

Consultants, who have training and expertise in infant and early childhood mental health, offer information, training, early identification of developmental challenges, and referrals. One of the most important aspects of these consultation services is that they build early educators' capacity to manage children's challenging behaviors by sharing information on child development, mental health, and handling concerns both in the classroom and at home.



The goal of mental health consultation is to build preventive practices and capacity in early childhood settings to promote positive child outcomes by [changing the behavior and attitudes](#) of adults in supporting children's healthy development. IECMHC has been shown to:

- 1 Reduce children's [disruptive behaviors](#);
- 2 Increase children's [adaptive behaviors](#);
- 3 Strengthen young children's [development of skills relating to and cooperating with others](#); and
- 4 Promote [socialization and communication](#).

Mental health consultation is a supplement to having a strong and well supported early childhood workforce that is professionalized through their training, continuing education, compensation, and other working conditions. As detailed in our [previous brief](#) there are many ways that policymakers can invest in strengthening the capacity of early care and learning educators to eliminate exclusion.

An added benefit of investing in IECMHC is that it has also been shown to [improve the social and collaborative skills of both the children targeted by the intervention, and their classmates](#), suggesting its utility in improving the overall care and learning environment. This benefit is likely due to the fact that consultative services increase early educators' use of [effective behavior management strategies, child-centered teaching practices, and developmentally-appropriate adult responses to challenging behaviors](#). Early educators who have access to IECMHC report [greater feelings of self-efficacy and improved teacher-child interactions](#), [encouraging more positive child functioning](#).

Given these many benefits, it is not surprising to find that mental health consultation is an effective intervention in reducing the use of exclusionary discipline in early care and learning settings. [Evidence from evaluations of mental health consultation programs](#) suggest that the implementation of consultative services is associated with reduced risk of young children receiving suspensions or expulsions. Classrooms that receive [ongoing and regular support](#) from mental health consults show lower rates of expulsion, compared with classrooms that receive no or inconsistent consultation.



Benefits include reduction in racial disparities

As detailed in our [first brief](#), research consistently shows that Black children, particularly Black boys, are much more likely than their classmates to be expelled from early learning programs. Mental health consultation can be a powerful tool in [reducing these racial disparities](#) and advancing equity.

Research suggests that IECMHC can lead to a [stronger reduction in child-teacher conflict and expulsion risk among Black children, compared to white children](#). [The impact of a positive relationship between a consultant and teacher](#) on child expulsion rates has been found to be stronger for boys of color, compared to their peers. The potential for IECMHC to [reduce implicit bias among teachers](#) can also positively impact disciplinary decisions. Targeted IECMHC services offer an additional protective factor for children exhibiting challenging behavior, encouraging them to complete early learning and stay in school.

Expulsion from early childhood settings can set a disastrous precedent for young children's academic futures by setting them up for continued exclusion from school, and increased likelihood of involvement in the criminal justice system as adolescents and beyond. Bringing consultative services into schools and early care settings gives teachers and other adults tools to [resist the criminalization of Black children by finding alternatives to exclusionary discipline](#).

Proven effectiveness of mental health consultation in practice

IECMHC has been shown to be effective in a variety of contexts and settings, including [rural areas](#), [urban communities](#), [home visiting programs](#) and [primary medical care](#). Evidence from state-wide implementation of [IECMHC programs](#) points to the effectiveness of broad initiatives in improving child outcomes and reducing exclusion:

Michigan's [Childcare Expulsion Prevention \(CCEP\) Program](#) was established in the late 1990s by the Michigan Department of Community Health to provide IECMHC services to children in community-based early care and learning settings.

- A 2011 [evaluation of the program](#) found that children served by the CCEP Program presented significant decreases in problem behaviors, and parents reported improvements in children's social skills and attention.
- Parents also reported lower parenting stress as a result of receiving IECMHC.
- Providers reported greater capacity and confidence in managing children's behavior and working with parents.

Arkansas' state-wide IIECMHC program Project PLAY partners with BehaviorHelp - a centralized suspension and expulsion prevention system within Arkansas' Office of Early Childhood (OEC) - to deliver targeted consultative services to young children at risk of exclusion in early learning settings across the state.

- In a [survey of teachers who had received ProjectPLAY consultation](#), 90% reported feeling increased competence in dealing with children's challenging behaviors.
- External evaluations of Arkansas's IECMHC program have also revealed positive results, including reductions in [exclusion risk](#) and [emotional and behavioral problems](#).

Connecticut's Early Childhood Consultation Partnership (ECCP) is a state-wide program that delivers IECMHC to children exhibiting social-emotional challenges who are at risk for exclusion.

- The structured intervention is centrally monitored, and delivered in partnership with state agencies and early care programs such as Head Start.
- Research suggests that the program has been effective in [building the capacity of early educators to improve child well-being and reduce exclusion](#).

Developing a statewide mental health consultation program

State legislators and other policy makers who seek to end expulsion from early learning and child care can collaborate with mental health practitioners and early care and learning providers to develop statewide mental health consultation programs. IECMHC programs promote children's well-being, and can reduce exclusion from care and learning. A central consideration is how to strengthen and streamline funding for IECMHC services.

Medicaid can be a key source of funding for mental health consultation programs, when specific barriers are addressed. Under the [Early and Periodic Screening, Diagnosis and Treatment program](#), states are required to provide comprehensive benefits to children enrolled in Medicaid, including mental health services. Please check out this 50 state review of [Medicaid Policies to Help Young Children Access Infant-Early Childhood Mental Health Services](#).

While [an increasing number of states' Medicaid policies support access to IECMHC for young children](#), many states' policies continue to make this access difficult. Barriers can include not recognizing payment for consultative services, or not requiring

the use of evidence-based services for mental health treatment.

Reimbursement systems for insurance programs like Medicaid, state children's health programs, and private insurance are [designed for single face-to-face services and patients with diagnoses, often with the result that consultation services become ineligible](#).

North Carolina's Medicaid program [does not provide direct reimbursement](#) for child-specific mental health consultation. However, NC's Medicaid Waiver program allows payment for [behavioral health services](#) in community-based settings if an enrollee has a diagnosis (e.g. mental illness, developmental, intellectual disability). Coverage is also possible for [school-based psychological services](#) if a child has a behavioral health diagnosis.



Policymakers should consider these best practices when seeking to limit or end exclusionary discipline in their state:

- **Incorporate infant and early childhood mental health consultation into state-wide exclusionary policies.** As of 2021, [*eight states \(AL, AR, AZ, OR, PA, SC\) require IECMHC to be implemented*](#) as an intervention in reducing exclusionary discipline in early care and learning settings.
 - An additional 18 states encourage the use of IECMHC in their state policies on exclusion.
 - More states considering legislation can require the use of consultative supports as an alternative to exclusionary discipline.
- **Build early childhood educator capacity.** Policies aiming to reduce the use of suspension and expulsion should include a focus on increasing educators' abilities to respond to challenging behaviors in developmentally appropriate ways.
 - Policymakers can require that a certain number of early childhood educators' yearly professional development hours be dedicated to child development and effectively addressing challenging behaviors.
- **Encourage professional connection and collaboration.** Effective policies should require that educators have regular face time with their supervisors, colleagues, and mental health consultants (eg., psychologists, social workers).
 - Building these professional relationships can serve as a support to educators when their students present behaviors that they find challenging.
 - Research shows that [*educators who have supportive supervisors and regular check-ins with an onsite mental health consultant are less likely to recommend suspensions and expulsions*](#) for their students.
- **Incorporate funding for data and evaluation into new policies.** [*High-quality evaluations of IECMHC programs*](#) can produce comprehensive and reliable data about the utilization and outcomes of IECMHC services state-wide.
 - These data can be used to assess the effectiveness of services, improve and develop programs, and promote [*reporting on child outcomes*](#).
 - State-wide data can also be used to build the case for support of IECMHC programs to policymakers, communities and other decision-makers.



Infant and early childhood mental health consultation in practice

Mental health consultation is an effective way to [promote positive child outcomes](#) and reduce exclusionary discipline practices because of the consistent on-site engagement with program staff and families. Characteristics of an effective IECMHC program include:

Classroom-based consultation

- Helping staff create [individualized interventions for challenging behavior](#);
- Suggesting practices that promote safe and conducive classroom environments, such as consistent routines, developmentally appropriate activities, equitable disciplinary systems;
- Promoting a culture of understanding mental health and wellness among staff; and
- Supporting staff through regular check-ins and consultations about difficult situations.

Family-focused consultation

- Collaborating with families to find solutions to challenging child behaviors;
- Creating goals with families to encourage children's healthy development; and
- Sharing information and resources to promote child mental health, parental stress reduction, and positive parenting practices.

Professional development

- Offering tailored trainings and workshops to staff on child development, behavior management strategies, and mental health;
- Leading activities that promote staff well-being and self-care; and
- Provide support for existing evidence-based practices, such as the [Teaching Pyramid](#).



Best practices for integrating IECMHC into early child care and learning settings:

- ✓ **Establish consistency in IECMHC services.** Ensure that consultants are a reliable presence in the early care and learning setting. This facilitates the process of building trust with families and staff.
 - To ensure consultants are regularly available to staff and families, [Head Start Program Performance Standards](#) require scheduling consultation services regularly and frequently.
 - [SAMHSA's Center for Excellence for IECMHC](#) recommends providing on-site consultation at least every other week, for three hours per visit. However, the context, needs, and capacities of staff and families should be considered when establishing routine schedules.

- ✓ **Encourage reflective practice.** IECMHC shares principles with [interventions that address implicit bias](#), including building positive relationships and encouraging self-reflection among adults.
 - Reflective practice can offer an opportunity for consultants and program staff to acknowledge prejudices, develop plans for addressing bias, and reflect on their own positions of power relative to children and families.
 - [Incorporating regular clinical and administrative supervision into IECMHC programs](#) can serve as an important tool in encouraging reflective practices among program staff and consultants.

- ✓ **Seek to understand the role that racism plays in excluding children from early learning and care.** Consultants and program staff should aim to acknowledge and address the inequities that often occur in early care and learning settings, including the disproportionate use of exclusionary discipline on students of color.
 - IECMHC consultants can play a powerful role in responding to the specific needs of Black children and parents by [affirming the experiences, wisdom, and culturally-specific expressions of Black families](#).
 - Consultants should incorporate trauma-informed approaches in collaboration with families and educators, in order to avoid further perpetuating race-based trauma in the early care setting.

- ✓ **Maintain active engagement with families.** To effectively [engage families in the consultation process](#), consultants and program staff should incorporate a strengths-based perspective, acknowledging that parents are the first and most important teachers and experts in children's lives.
 - Consultants should encourage shared decision making throughout the consultation process, and approach families with humility and responsiveness to cultural differences.
 - Consultants and program staff should seek to understand how parents' own traumatic experiences and mental health may shape their relationship with their child and parenting.

- ✓ **Involve other professionals in the collaboration process.** Pediatricians and mental health professionals outside of early care and learning settings who have positive relationships with families can help identify behavioral and developmental challenges early, encourage and support the use of IECMHC services, and empower families to connect with resources in their communities.
 - Early care and learning staff and consultants should establish communication with these professionals to ensure that children and families are offered comprehensive support.

In the next brief, we will discuss how early learning intervention can serve to promote change that can directly reduce racial and ethnic biases in children’s child care and preschool experiences. We offer recommendations on how to meaningfully shift the present reality in which the burden of exclusion from early care and learning settings falls more heavily on Black children and their families.



The **North Carolina Early Childhood Foundation** (NCECF) promotes understanding, spearheads collaboration, and advances policies to ensure each North Carolina child is on track for lifelong success by the end of third grade.



The **Trauma Responsive Educational Practices (TREP) Project** aims to create schools and classrooms that can meet the social, emotional, and academic needs of students coping with toxic levels of stress and trauma.