

2015 Alliance Associations (League) Activity Summary

Culturally Sensitive, Relationship-Focused Practice

Promoting Infant Mental Health

A GRASSROOTS APPROACH TO CHANGE

Each year, participating Alliance/League leaders have prepared annual activity summaries that offer specific examples of the impact that the use of Competency Guidelines® and the Endorsement® has had on the promotion of infant mental health for professionals, institutions and systems in their states or regions. This year we have included summaries that address the relationship between infant mental health and other 0-3 and family programs; sustainability efforts; funding; in-service training and higher education; community collaboration; policy development and systems change; and reflective supervision/consultation.

What follows are activity summaries from participating associations in Alaska, Arizona, Colorado, Connecticut, Idaho, Indiana, Iowa, Kansas, Massachusetts, Michigan, Minnesota, New Jersey, New Mexico, Oklahoma, Rhode Island, Texas, Virginia, Washington, West Virginia, Western Australia, and Wisconsin.

Alaska – Alaska Association for Infant Mental Health

Fit Between IMH and other 0-3 Programs: The State of Alaska EI/ILP Part C program has integrated Level I and Level II competencies from the *Competency Guidelines® for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health* ® into its Early Intervention Developmental Specialist Competencies. Although not mandated, the goal is for all EI providers to obtain Level I or Level II Endorsement® by 2020.

Sustainability: IMH-E® is gaining visibility among practitioners in Alaska and the Association now has over 130 members. There is still much work that needs to be done to engage policy makers, program administrators and funders to support the sustainability of the Association. The Association has provided webinars on Level I and Level II to educate professionals about IMH-E ®.

Funding: Funds currently come from membership dues, Endorsement® fees and fundraising. AK-AIMH received a grant from the Alaska Mental Health Trust Authority to purchase a license to the EASy System.

Training: AK-AIMH purchased a 15 part web-based Infant Mental Health Community training form the Infant Mental Health Promotion, Toronto, Canada. The Association made the training available free of charge for all members. This was a great way to provide IMH training throughout the State of Alaska.

Alaska is in its second year of a two-year training in Connie Lillas’s Neurorelational Framework (NRF). The State of Alaska is sponsoring 10 individuals working in Part C programs to participate in this training. The goal is to build community trans-disciplinary teams to have a common approach when working with children and families. Dr. Lillas is training/mentoring 3 Level III Endorsed practitioners to deliver training in the NRF in the future.

Approximately thirty individuals including Part C providers and mental health providers and participated in a 4 day Circle of Security training facilitated by Deborah Harris, LISW, IMH-E®IV.

Community Collaboration: AK-AIMH continues to participate in the organization of the annual Early Childhood Mental Health Institute. The conference is a collaborative effort between the State of Alaska, The Alaska Mental Health Trust Authority, the University of Alaska, Anchorage, School of Social Work, Anchorage Community Mental Health Services and AK-AIMH.

Policy Development/Systems Change: (See Funding, Training, and Reflective Supervision)

Reflective Supervision: The capacity of individuals in Alaska who can provide Reflective Supervision has increased and 4 Part C programs are now providing RS to their staff with Endorsed Alaska practitioners.

The Early Childhood Comprehensive System (ECCS) supported Reflective Supervision for a group of Head Start Early Childhood Mental Health Consultants. This will be expanded to two groups in October 2015. ECCS continues to provide grants to agencies in Anchorage, Juneau and Fairbanks to provide early childhood mental health consultation and reflective supervision to programs.

The Master’s Early Childhood Special Education Program (EC/SE) at UAA integrated Reflective Supervision into the program for students during their practicum experiences.

Arizona – Infant Toddler Mental Health Coalition of Arizona

Fit Between IMH and other 0-3 Programs: Best for Babies educates all involved in the dependency system on the unique needs of infants and toddlers in out of home and in-home dependencies. This includes a multidisciplinary group in public and private agencies as well as foster parents. We are expanding the Substance Exposed Newborn Safe Environment (SENSE) to additional counties. This is a child welfare program. Baby CASA training is available; however monthly Forums have discontinued due to lack of funds. Early Intervention (EI) providers in the Easter Seals agencies incorporate IMH principles and practices in their work with children and families. The state level EI administration is focusing on improving social emotional development with additional IMH training, Fast Friday Facts, and involvement of ITMHCA in planning and training. IMH principles and practices are being infused throughout some Arizona tribes--courts, social services/behavioral health, child care/Head Start. Phoenix Children's Hospital has begun work with one tribe to educate about the impact of trauma and reduce the incidences of severe maltreatment of very young children. Child Care Mental Health Consultants and Child Care Health Consultants use IMH principles and practices in working with child care settings to assist teachers, parents and children to provide appropriate social emotional environments in child care. Home Visiting program staff receive training in IMH principles and practices, with practical tips for working with parents and children. MIECHV funds have been used to provide IMH training to home visitors around the state. 50% of counties employ a Home Visitor Coordinator to enhance community collaborations and trainings. MIECHV funded a 25 member cohort of home visitors from multiple home visiting programs to pursue IMH-E®. 10 are IMH-E® so far. A new Early Childhood Registry tracks practitioner progress thru career ladders for child care workers and others. IMH-E® is included as a "credential" that is recognized for both approved Instructors and for registrants. Registrants can use the Registry to help track their professional development leading to IMH-E®.

Sustainability: IMH-E® is gaining visibility among practitioners. Work needs to be done to engage policy makers, programs administrators, funders. ITMHCA is moving toward recruitment of a paid Executive Director, working on a part-time basis to start. The ED will manage grants to provide training and RS, as well as court potential funders to maintain the position. The Endorsement® process has been presented at multiple meetings and conferences. A PowerPoint is shared among interested speakers to increase the reach of people educated about Endorsement®. As more home visitors earn IMH-E®, more members and training participants to renew IMH-E® will add funds to ITMHCA.

Funding: Funds currently come from membership dues (\$35/year); Endorsement® fees; community training tuition; Institute registration. Multiple graduate students have written grant proposals for class assignments that may garner new funding. Local and federal grants pay for training new professionals to deliver the Triple P (Positive Parenting Program) by behavioral health providers around the state.

Training: Arizona State University continues its Master of Advanced Study in Infant Family Practice. This MAS IFP program graduates about 20 each year. Students are placed in community internships in the Phoenix metro area from which many now get jobs as birth to five assessment workers and family support therapists. Southwest Human Development continues the Harris Training Program in Infant and Early Childhood Mental Health. There are both a one and two year programs. The 2-year program is for clinicians in IMH. Community Colleges in various counties also include IMH courses.

Community Collaboration: ITMHCA sponsors IMH related trainings at least quarterly in both central and southern Arizona. A northern training group is starting up this fall. The Arizona Department of Health, using federal MIECHV funds, contracts with IMH Endorsed® professionals to provide training and reflective supervision to 40 home visitors this fiscal year, statewide, to recognize their IMH expertise via Endorsement®. MIECHV funds will also provide targeted trainings in the upcoming fiscal year, statewide, for home visitors around topics related to IMH, regardless of their work toward IMH-E®. ITMHCA is planning the 2016 Annual Risk to Resilience Institute for Sept. 2016. Multidisciplinary presenters present on multiple topics to nearly 300 people from around the state and country.

Policy Development/Systems Change: Best practices for I/T in the courts are gradually being implemented statewide (i.e., placement decisions, parent-child coaching for visits, encouraging foster parents to fall in love with kids, timely access to needed services, child-parent psychotherapy, trauma therapy for parents). First Things First is developing a Professional Development Registry. IMH trainers will be able to register as trainers and participants will track trainings earned by age group, topic, trainer, date to be used in compiling their IMH-E® Portfolio. The Regional Behavioral Health Authorities around the state are increasing specific programs targeting families with children birth to 5 years. Support groups by child age group help with modeling developmentally appropriate practices.

Reflective Supervision: Several IMH-E®(III) professionals are listed on the ITMHCA.org site as qualified and available to provide IMH RS for individuals or groups via face to face, phone, or skype-type sessions. Some agencies (behavioral health, crisis nursery, home visiting) have contracted with Reflective Supervisors to conduct groups for staff. The MIECHV contract includes RS as needed for home visitors in order to meet requirements for Endorsement®. Many behavioral health community organizations contract to provide RS for staff involved with families and children birth to 5 years.

Colorado – Colorado Association for Infant Mental Health

Fit Between IMH and Other 0-3 Programs: Jo Koehn at Expanding Quality for Infants and Toddlers: cross walk, talking a lot in how it fits with other credentialing systems and using it when they plan new trainings; using it to plan for RS/C; MIECHV competitive funding focuses on MH support with home visitors.

Sustainability: CEP workgroup has monthly meetings, in which planning for sustainability is discussed.

Funding: Participation in the Alliance policy workgroup to look at Medicaid funding.

Training: We are building competencies into a new CoAIMH training curriculum for levels I and II.

Community Collaboration: Growing; written into LAUNCH; Expanding Quality for Infants and Toddlers building common language in community collaboration; Community Endorsement® Partnership spends time thinking about groups to outreach and talk about how IMH-E® would be of interest to them.

Policy Development/Systems Change: Endorsement® is being referenced and included in the newly adopted Colorado Early Childhood Strategic Plan.

Reflective Supervision: Development in Collaboration with Wisconsin of documents for the general public on identifying RS.

Connecticut – Connecticut Association for Infant Mental Health

Fit Between IMH and other 0-3 Programs: CT-AIMH has collaborated with the Connecticut Pyramid Partnership and the Connecticut Attachment Network to identify similar training efforts and to explore how these organization’s efforts align with the criteria for CT-AIMH Endorsement® at multiple levels and where “gaps” may exist. Other activities include engaging the CT perinatal community to discuss new Mind Over Mood training and how it matches IMH competencies, and participating in a panel the CT Department of Children and Families Training Academy to discuss IMH and promote Endorsement®.

Sustainability: CT-AIMH has now had a full time Executive Director (ED), Heidi Maderia, for one year. CT-AIMH included Endorsement® work in grant applications and applied for and was granted additional funding for a part time contractual Endorsement Coordinator, Heather Bonitz Moore. CT-AIMH continues to meet with key state agency representatives and other potential funders to encourage interest in CT-AIMH activities/staffing. We held our fourth **Stakeholder** event to recognize funders and to hear an update on the Alliance from Debbie Weatherston.

Funding: CT-AIMH sought and successfully received funding through the **CT Department of Children and Families** to provide IMH training, for the fourth year, to child welfare staff and its community partners. The **CT Office of Early Childhood** allocated funding through Child Health and Development Institute (CHDI) to support CT-AIMH in providing IMH training for family and childcare program staff and pediatricians. CT-AIMH also received funding through **CT Elm City Project LAUNCH**, a federal SAMHSA grant, to provide IMH training for home visitors, fund a number of applicants to pursue Endorsement® and provide Child Parent Psychotherapy (CPP) training to clinicians. The CT Office of Early Childhood agreed to co-sponsor CT-AIMH’s fall conference. **Connecticut’s Birth to Three System (Part C)** has committed to funding two additional reflective supervision groups and also agreed to co-sponsor of the CT-AIMH fall conference. CT-AIMH has also continued to receive funding from the **Child Health and Development Institute (Children’s Fund of CT)** and **CT Head Start Collaboration Office** to support a number of initiatives. Membership and Endorsement® fees contribute to support CT-AIMH and membership and endorsement applicants are increasing. Attendance at CT-AIMH’s two annual conferences also continues to grow.

Training: CT-AIMH began exploring the possibility of creating and providing IMH training for foster care providers with CT DCF through the work of the CT-AIMH Professional Development Committee. CT-AIMH continues to have ongoing discussions around competency-based training and curriculum content with Central CT State University to promote the inclusion of IMH in higher education. Through two foundations, with the help of CHDI, communities may soon be able to opt to use funding to collaborate and request IMH training from CT-AIMH for family and early care and education providers. See above regarding funded LAUNCH trainings. CT-AIMH has contracted with UCONN to evaluate the knowledge gained from the last four child welfare and partners IMH trainings and the three early care and education provider IMH trainings and received suggestions to enhance evaluation around changes in practices and capacities for deeper thinking in professionals. CT-AIMH worked with Eastern CT State University to provide IMH content and interviews for video segments (training) funded through the CT Office of Early Childhood. CT-AIMH also initiated its first regional event focusing on innovative ways to promote attachment.

Community Collaboration: CT-AIMH continues to work with local Head Start communities to identify partners and to promote IMH principles and practices as well as the use of the Competency Guidelines® and

Endorsement ® process. CT-AIMH is represented on the following: the CT Alliance for Early Childhood, CT Home Visiting Consortium, the Early Childhood Cabinet's Homelessness sub-committee, the CT Early Childhood Comprehensive System's Grand Advisory Committee and the state Child Welfare/Head Start Collaboration.

Policy Development/Systems Change: CT-AIMH hosted a roundtable discussion with CT Congresswoman Rosa DeLauro and state experts to discuss the Infant Mental Health Workforce after the publication and release of *The Infant Mental Health Workforce: Key to Promoting the Healthy Social and Emotional Development of Children*, a CHDI IMPACT report that was co-authored by two CT-AIMH Endorsed professionals. **CT-AIMH is supporting the Zero to Three Amendment to CT Sen. Chris Murphy's *Mental Health Reform Act of 2015 (S. 1945)*** that will add a section focused on young children birth to five in his proposed legislation. **Paid Family leave** is a few steps closer to being passed in CT with the support of CT-AIMH. **The CT Home Visiting Consortium** is mandated by state legislation and is co-chaired by the new president of CT-AIMH. **CT Department of Children and Families (child protection) released an RFP** for Therapeutic Childcare that included requirements for IMH Endorsed staff, CT-AIMH membership and participation in IMH training.

Reflective Supervision: CT-AIMH is offering eight reflective consultation groups to child welfare, Part C, Early Head Start and community partners. Child welfare, Part C, and the CT Head Start State Collaboration Office fund the groups. The original group of Endorsees in CT continues to meet regularly in order to receive reflective supervision. UCONN Graduate student is doing research on reflective supervision in clinical practice.

Idaho – AimEarlyIdaho

Fit Between IMH and other 0-3 Programs: Idaho’s Part C program (Infant Toddler Program/ITP) has chosen to focus on improving social-emotional outcomes as a part of the State Systemic Improvement Plan (OSEP). Part C has invited representation from the association to participate in planning meetings. Reflective supervision is available to early intervention professionals in parts of the Northern Hub (regions 1 and 2). Part C is in the process of identifying a professional development system for early intervention professionals which may include Endorsement® at Level I and II. Collaboration between Idaho STARS and AimEarlyIdaho to align competencies at Level I for childcare providers is in process.

Sustainability: Sustainability is a big challenge. The association’s board is comprised of seven members (15 maximum) and we have many open board positions. Membership in the association has decreased significantly over the past year. With an all-volunteer board we have struggled to maintain our website, membership status, and our efforts to promote Endorsement®. AimEarlyIdaho hosted a stakeholder’s meeting May 1, 2015 to share information with a variety of stakeholders across the state. Interest in Endorsement® across programs that serve families with children birth to age three has grown. The Early Childhood Coordinating Council (EC3) generously provided funding to purchase the EASy system which hopefully will support our ability to process Endorsement® applications as interest increases.

Funding: The association has no funding from outside sources. A decrease in membership and a lack of Endorsement® applications has impacted funding. We received sponsorship from our Part C program (\$500) and EC3 (\$500) to assist with sponsoring our biennial Infant Mental Health Institute this year.

Training: AimEarlyIdaho continues to offer a biennial Infant Mental Health Institute in odd numbered years and provides break-out sessions for an Infant Mental Health track for the Early Years Conference which occurs in even numbered years in Idaho.

Community Collaboration: Board members work tirelessly to promote infant mental health practices and increase awareness of AimEarlyIdaho. Organized community collaboration has been a challenge. Stakeholder’s meeting this past spring was successful.

Policy Development/Systems Change: Recent collaboration with Part C and EC3 may lead to some policy development and systems change in the future. Part C’s decision to pay Infant Toddler Program contractor’s for meeting time if they participated in reflective supervision was a significant and important building block of change.

Reflective Supervision: Part C/Infant Toddler Program has supported an endorsed clinician (Carol Grise) in the Northern Hub to make reflective supervision available to staff in that area of the state. Carol facilitates 4 reflective supervision groups and two individuals in reflective supervision in region 1 (4 speech language pathologists, 3 occupational therapists, 4 developmental specialists, 1 physical therapist, 1 clinician, 1 service coordinator for a total of 14). Carol is also providing reflective supervision to a developmental specialist in region 2 (endorsed at level III) who in turn is providing reflective supervision to one developmental specialist in region 2. Part C Central Office approved payment for reflective supervision for Carol Grise. There is interest within Part C to grow capacity for reflective supervision practices across the state.

Indiana – Indiana Association for Infant and Toddler Mental Health

Fit Between IMH and other 0-3 Programs: Indiana continues to advocate for IMH Endorsement® with a variety of partners including home visitors (Healthy Families, Nurse Family Partnership – both supported through a jointly administered project between the Indiana State Department of Health and the Family Social Services Administration, Division of Children and Families), FSSA - Office of Early Childhood and Out of School Learning, Project LAUNCH, ECCS Grant (ISDH), Head Start, Indiana Association for Child Care Resources and Referrals, Indiana Association for the Education of Young Children, Ball State University and the Happy Baby Group (a strategic planning group started from a 0-3 funded project). A great deal of effort has been spent partnering and collaborating with these groups to discuss infant mental health and discover the connections that support children and families. There has also been effort to establish crosswalks with other competency lists and training curricula to support the application process of various partners.

Sustainability: An ongoing discussion. Currently the IAITMH has funding from the Division of Mental Health and Addictions to help support the ongoing work involved with Endorsement®, etc. We anticipate that funds from increased membership (annually) and from Endorsement® fees to help build a portion of the ongoing funds needed. The IAITMH continues to look for grants and partners in this work to maintain current levels of effort. At the current time the IAITMH has 1 full time equivalent who takes on a great deal of responsibility. There are also many volunteers to support the review of Endorsement® applications and to serve on the board and committees.

Funding: In the past year the IAITMH was successful in continuing funding from the Division of Mental Health and Addiction to support a variety of activities performed by the Infant Mental Health Director. The activities include supporting the Endorsement® project, training programs, promotion of Endorsement® and infant mental health topics, and the Children’s Mental Health Awareness month activities.

Training: The IAITMH has sponsored a one day Infant Mental Health Conference, typically in August, for over 15 years. The topic is selected by the board based on identified needs and interests. In addition, Indiana has a statewide, collaborative conference offered in spring and fall. The event is supported by a variety of state program partners in an effort to pool resources to provide a robust training program that meets multiple program needs. The IAITMH participates on the planning committee and regularly presents sessions on infant mental health topics. The IAITMH also promotes the inclusion of national speakers as appropriate on topics of infant mental health to appeal to all levels of learning and interest in the topic. The format of this conference is over three days with a mix of workshops and plenary sessions. The IAITMH also exhibits at this conference. New this fall, the conference organizers gave out ribbons to those individuals with Endorsement® to encourage discussion and questions about what it is and how to get it. This idea was generated by the staff at the Division of Child and Family Services.

Community Collaboration: Please see other sections for evidence and experience with community collaboration.

Policy Development/Systems Change: As articulated in other sections, the advocates for Endorsement® have been working consistently to participate in the various projects that support infant/toddler education and services. The result is that many of the groups are now seeking ways to encourage their constituents to pursue the Endorsement®. This has required many hours of talking and listening to translate and frame the IMH

Endorsement® message and materials into word and concepts understood and appreciated by other types of providers. There is also an effort to help education legislators and policy-makers about the value and outcome of investments in infant and early childhood.

Reflective Supervision: Given the real challenge in Indiana to provide accessible RS, a creative approach is underway through the support of the ECCS grant. There is a limited number of Level III providers to offer RS throughout the state. And those who qualify do not essentially reach all areas of the state. To help alleviate this issue, an online RS group format has been implemented since February 2014. The groups use AdobeConnect to access video feed of members and a conference call in number to hear and speak. The groups have been limited to about 10 people each. They meet twice monthly for 90 minutes each session. The hope is that this model will meet the expectations of good reflective supervision and consultation while simultaneously making the process available to individuals throughout the state. Groups have been offered at different times of the day to accommodate varying schedules. The first cohort will finish in December 2015. Plans include offering another series of groups beginning in January 2016.

Kansas – Kansas Association for Infant Mental Health

Training: The 2015 Annual Kansas Association for IMH Conference was held on April 30th and May 1st. 175 people of multiple disciplines attended an in-depth training by Dr. Tina Payne Bryson, co-author of *The Whole Brain Child* and *No Drama Discipline*. This was her second year as a speaker at our conference, back by popular demand. Dr. Bryson presented on attachment science, brain development and sensitive child-rearing. Her down-to-earth and humorous presentation style make her a joy to listen to while she presents important information for all levels of professionals working with infants and toddlers.

In 2015 we also completed our training series called *Building Better Brains*. This was a series of trainings available to KAIMH members and included opportunities to learn through articles, videos and a group discussion led by a local expert in the field. Topics for the year included The importance of breastfeeding, Capturing Beautiful moments, Trauma-informed care and Temperament.

We as an association have provided Endorsement® and IMH trainings in various locations across the state, such as the Kansas Division for Early Childhood conference and the Kansas Parents as Teachers conference.

We have a committee of reviewers and exam reviewers that continue to look at the portfolios that come through our state and make note of any training or experience gaps that we see, and then work with our Education committee to see how we can help address those gaps.

For the year 2015 we have 180 current members.

Sustainability of the Association: This year KAIMH celebrated its 20th anniversary!! We celebrated this accomplishment at our conference with cake and ice cream for all attendees. It has been heartwarming to reflect back on the past 20 years and see so many dedicated leaders, both old and new, helping Kansas become a more nurturing state for babies. We also had the opportunity to award the Alice Eberhart-Wright Visionary Award to a deserving individual who has been a true champion for the young children in Kansas. This award has been such a great way to remember how many infant mental health heroes are hard at work in our state.

Funding and challenges/barriers: This year has been a particular challenge when it comes to funding. Despite many efforts to search for funders within our state, we have had to make several cost-cutting changes to our association, including saying goodbye to some very valuable and dedicated staff. Along with these difficult circumstances, however, have come a renewed need to refocus our efforts and figure out how to "do more with less." Through these difficult conversations, we have seen our relationships as a board grow and have found a renewed energy and focus that will prove to be an asset in the future, despite our funding situation.

Systems change: KAIMH has continued an effort to work toward implementing safe babies court. This year we dedicated a board committee to work on this endeavor. We are lucky to have some dedicated professionals who are willing to work on building relationships within their communities and educate stakeholders on the importance of change for infants and toddlers within the court and child welfare systems. This year has seen baby court trainings for CASA, the Department of Children and Families, foster care agencies, guardian ad litem, and citizen review boards as well as KAIMH representatives at community and task force meetings.

Michigan – Michigan Association for Infant Mental Health

Fit Between IMH and other 0-3 Programs:

Medicaid Regulations Tied to Endorsement®:

Since 2009, staff who provide home-based therapy to infants 0-47 months and their families in a CMH service provider agency are required to be Endorsed as Infant Family Specialist (II) (minimum) or Infant Mental Health Specialist (III) (preferred).

Part C/Early On:

See **Policy Development/Systems Change** section below for details about the use of Infant Family Associate (I) Endorsement® to help meet federal personnel standards.

Maternal Infant Health Program (MIHP):

See **Policy Development/Systems Change** section below for details about the encouragement for direct service staff to earn Infant Family Specialist (II) Endorsement®.

Other Home Visiting Programs:

Many Early Head Start sites and at least one Nurse Family Partnership site are receiving reflective supervision/consultation from Endorsed professionals, most often Infant Mental Health Mentor – Clinical (IV-C). Many teachers and home visitors from these programs are working toward Endorsement®.

Sustainability:

Endorsement:

EASy 2.5 is complete and a new EASy Manual with the updates/changes has been completed and dispersed to all Alliance/League states. We are currently compiling updates/changes for EASy 3.0; these changes will not go into effect until mid-2016.

On-going improvements to EASy are intended to improve sustainability for MI-AIMH and the licensed IMH associations of the Alliance.

MI-AIMH sent out a “tips on reference ratings” e-blast mid-summer and also updated our website to include the same information. You can find it here: <http://mi-aimh.org/endorsement/requirements/tips-regarding-reference-ratings/>

MI-AIMH:

This summer, MI-AIMH announced the creation of its new website: mi-aimh.org. The newly updated website has a space “For Parents,” “For IMH Professionals,” and for the “Alliance.”

In the summer of 2014, MI-AIMH added Avery Eenigenburg as Development Officer. Avery has been working to increase sponsorships and donations, as well as marketing MI-AIMH publications and writing grants to support IMH Home Visiting Evaluation and the provision of competency-based training.

In 2015, Faith Eidson was hired as Quality Assurance Coordinator for the Alliance, working to support the licensed IMH associations of the Alliance and ensure integrity of the Competency Guidelines® and Endorsement® across all states.

Competency-Based IMH Training: This is the seventh year that MI-AIMH has received funding from Detroit/Wayne County to provide competency-based training for staff providing IMH home based services to infants, toddlers and their families in Detroit/Wayne County, the largest county in Michigan. The training for Detroit/Wayne County included a 3-day Introduction to Infant Mental Health, a 3-day Attachment Series, as well as 8 individual, 6-hour trainings with faculty from Michigan and other states, including: “Beginnings: Pregnancy and the Adjustment Period,” “Using Reflective Supervision to Make Space for Change,” “Climbing Mountains & Building Bridges: Essential Steps Toward Providing Cultural Informed IMH Services,” and “Strengthening Parents’ Reflective Capacities.”

MI-AIMH hosted its 39th MI-AIMH Conference this year in Kalamazoo, MI. Our Conference, “Caring for the Whole Child: Working Together for the Health and Well-Being of Infants, Toddlers and their Families,” had over 600 attendees, from 11 different states. Attendees ranged in discipline, including, early care and education, research/faculty, infant mental health home visitor, etc. National and international keynote speakers, Connie Lillas, PhD, MFT, RN, Colleen Kraft, MD and Kaija Puura, MD, PhD spoke over the three days of the Conference.

This fall, MI-AIMH hired a Training Activities Coordinator (Lindi Kanine) part-time. The Training Activities Coordinator is responsible for working alongside the Training Institute Director and ensuring that quality, diverse, competency-based training is being offered to MI-AIMH members, throughout the entire state.

University Partnerships: MI-AIMH staff participate regularly in Wayne State University IMH Advisory Board meetings providing consultation on curriculum for the Dual Title program and its relationship to the Competency Guidelines® and Endorsement®.

MI-AIMH staff worked with faculty from Eastern Michigan University to develop a qualitative evaluation for outcomes specific to grant funded trainings in reflective practice and supervision. The materials have been shared with other league states as they build capacity in providing RS/C toward earning Endorsement®.

Endorsed faculty from the University of Michigan, Michigan State University, Eastern Michigan University, Wayne State University and Central Michigan University, and MI-AIMH staff have formalized the Michigan Infant Toddler Research and Evaluation (MITRE) Corridor to promote research and evaluation with IMH principles and practices in mind.

Eastern Michigan University, Wayne State University, the University of Michigan, and Grand Valley State offered seminars and/or brief courses specific to IMH for students and visitors. All courses are competency-based and linked to criteria toward Endorsement®.

Central Michigan University held their first Early Childhood Summit for legislators, policy-makers, and educators, which was largely supported by national & state foundations. MI-AIMH presented a policy-oriented “Lightening Talk” about IMH in the continuum of care, and a workshop on Endorsement®.

Community Collaborations: MI-AIMH staff planned and coordinated IMH trainings with a variety of organizations across the state, including association chapters, educational systems, community mental health

programs, Statewide IMH Collaborative, Great Start Collaborative in Macomb, to name a few. All of the trainings met criteria toward Endorsement®. MI-AIMH partnered with the Wayne State University's Merrill Palmer Skillman Institute for Child & Family Development to co-sponsor 2 training days, linked to the Competency Guidelines®, "Relational Play Therapy for Toddlers and Preschoolers."

Policy Development/Systems Change: MI-AIMH staff and members represent IMH principles, practices and the competency-based Endorsement® process on the following committees: Michigan Department Community Health Professional Development Stakeholders Group; Home Visiting Core Knowledge Work Group; Michigan Infant Toddler Research and Evaluation (MITRE), Wayne State University Dual Degree Program: Advisory Board and Consultant to interdisciplinary staff; University of Michigan Graduate Certificate in Infant Mental Health Interdisciplinary: Planning group; Infant Mental Health Home Visiting Evaluation: leadership team; QCP: Stakeholders Group & Credentialing Workstream Group; Early On: Higher Ed Advisory Group & Credentialing Group; ECIC Advocacy, Social Emotional and Policy Committees; ECIC: Infant/Toddler Comprehensive System Meetings; Early Childhood Advocates; Department of Health and Human Services: Defending Childhood Priority 3 Workgroup; Baby Court; NASW - Michigan Collaborative; Central Michigan University Early Childhood Summit ; Infant Mental Health Statewide Meetings; Northwest Michigan Training Consortium; plus other chapter collaborations across the state.

As a result, many have integrated the Competency Guidelines® into their plans and are more invested in the promotion of IMH. Specifically, Early On (Part C) and Maternal Infant Health Program (MIHP). Early On Personnel Standards have been changed to include MI-AIMH Endorsement for staff are not otherwise licensed or credentialed. Earning the MI-AIMH Endorsement® as an Infant Family Associate can be used to meet the personnel standards. This is only for those staff who are doing the evaluation of the child or assessment of the child and family; providing family training, counseling, and home visits; or providing service coordination.

Maternal Infant Health Program MIHP is an evidence-based program for pregnant women, infants, and families and is provided statewide. While Endorsement® is not required for MIHP providers, it is strongly encouraged.

A crosswalk of MI-AIMH Trainings to the MIECHV Core Knowledge areas has been created and the hope is to utilize this to offer training to MIECHV home visitors.

Reflective Supervision: MI-AIMH staff planned and coordinated reflective supervision/consultation (RS/C) training for those providing RS/C in Detroit/Wayne County. The three-day series, "Using Reflective Supervision to Make Space for Change," included the following topics: making the most of the collaborative relationship for growth and retention, helping staff manage secondary trauma, use of self, and parallel process.

MI-AIMH staff developed a 3-hour training, "Explorations in Providing Reflective Supervision/Consultation, Module 2: Building Reflective Capacity Through Shared Experiences of Vulnerability, Wonder and Connection." Two IMH mentors, developed the 3-hour training, "Not Doing it Alone: The Role of Thinking and Feeling Together in Reflective Supervision," and offered it in the southeastern part of the state. Both trainings meets requirements for a minimum of 3-hours of training related to the provision of RSC for annual renewal of Endorsement® of those who provide RSC to others.

Minnesota – Minnesota Association for Infant and Early Childhood Mental Health

Fit between IMH and other 0-3 programs:

- The Minnesota Department of Health (MDH): MIECHV-funded building capacity in reflective supervision and consultation for evidence-based home visiting programs, using endorsed reflective consultants and promoting Endorsement®.
- The Minnesota Department of Human Services (DHS) and the Minnesota Department of Education are now represented on the MAIECMH Board. As well, MAIECMH is represented on the DHS Infant Toddler Child Care Development Fund Advisory Workgroup
- The Targeted Home Visiting Coalition
- The Children’s Youth and Family Consortium of the University of Minnesota is also represented on the MAIECMH and MACMH boards.
- MAIECMH has representation on the following initiatives:
 - The Governor’s Task Force on the Protection of Children: Child Welfare Professional Development Work Group
 - The Targeted Home Visiting Coalition:
 - DHS Adult Education Advisory Board
 - The Developmental Wellbeing Work Group (Children's Hospital)
 - DHS Infant Toddler CCDF Advisory group
 - Relationship-based Professional Development advisory group

Sustainability of Endorsement®/Association: In collaboration with parent organization MACMH, a contract position for a part-time Coordinator has been secured and a part time MAIECMH Coordinator has been hired. The contract is funded from September 2015- August 2016 at approximately 10 hours/week. As well, current Board members and endorsed volunteers continue to provide ongoing time and support to the Association. Also, Daring/Dream Interest Groups (DIGs) were formed in response to the Strategic Planning meeting held in July 2015. These workgroups were established and participants volunteered as ‘one year core’ participants to facilitate achievement of identified Deliverables proposed for the MAIECMH Coordinator. Four areas were identified as DIG Workgroups: 1) Training/Project Development 2) Endorsement® 3) Funding 4) Membership/Outreach. Also, MAIECMH is considered the "early childhood division" of the Minnesota Association for Children's Mental Health (MACMH), and as such shares 501C3 status and a fiscal host. One of the MAIECMH co-chairs represents MAIECMH on the MACMH Board of Directors. As well, the MAIECMH Coordinator provides a foundation in balancing the needs of MAIECMH within MACMH. MAIECMH in partnership with MACMH is investigating the most successful ways to maintain and track information regarding Members, Endorsement® candidates, and payments. MAIECMH Endorsement®® Workgroup will be advising on ways to support in the Review process, including developing supports and training for Reviewers, as well as identifying Endorsed Candidates that would like to become Reviewers.

Lastly, The Competency Guidelines® and Endorsement® are now incorporated into the following initiatives:

- The University of MN Infant and Early Childhood Mental Health Certificate Program

- MN Dept. of Health Family Home Visiting Program MIECHV-funded *Reflective Supervision Mentoring and Training and Infant Mental Health Consultation*
- The MN Targeted Home Visiting Coalition Competencies
- The DHS/CEED developed *Minnesota Infant/Toddler Credential* for early care and education providers
- Minnesota's Knowledge and Competency Framework for Early Childhood Professionals: Working with Infants and Toddlers

Funding: MAIECMH held a Summer Training Series. A cost analysis of the training series was completed in partnership with MACMH to inform our future training marketing and planning. In addition the Training and Professional Development Workgroup has been tasked with advising on future trainings, aligned with Competency Guidelines® and informed from the results of the state wide training needs survey completed in 2014. MAIECMH is currently developing a Reflective Supervision and Consultation Training with three different targeted locations throughout the State. Projected time to Pilot first training is January 2016. Focus is on broadening the capacity of and opportunity for Reflective Consultation and continuation of support for Endorsement® Candidates. Grants, partnerships, trainings, and other funding streams are being sought out by MAIECMH's part-time Coordinator in collaboration with MAIECMH's Funding Workgroup. Current Marketing and Outreach strategies are being reviewed to support ongoing outreach, marketing, and communication with MAIECMH Members as well as identifying potential interest groups within MACMH and other Community and Statewide groups. A revision of an Infant and Early Childhood Mental Health Guide/Manual for early interventionists and other non-mental health practitioners is planned for 2016.

Training (Higher Education): MACMH's Annual Conference continues to offer high quality opportunities for an Infant and Early Childhood Training Track. Additionally, we hosted the 2015 Faculty Symposium on Embedding Infant and Early Childhood Mental Health into Curriculum. The Infant and Early Childhood Mental Health Consortium, a group of cross-disciplinary faculty and staff from colleges and universities representing the MnSCU, University of Minnesota, private college/university systems, and the Minnesota Association for Infant and Early Childhood Mental Health (MAIECMH), has been meeting for two years to develop strategies for building capacity in infant mental health in pre-service learning across disciplines. Funding and support for this event were provided by multiple sources. The event was attended by 35 people, including 23 multi-disciplinary faculty representing 11 institutions of higher learning in Minnesota (both two and four year colleges/universities); one two-year college faculty member from North Carolina; and 11 facilitator/staff of the event. Disciplines represented included early childhood, early care and education, parent education, early intervention, nursing, speech and language pathology, public health, mental health and social work. The group focused on current research, theory and practice in the field of infant and early childhood mental health. Four Learning modules, (the primacy of relationships, neurobiology, assessment and intervention) were presented as part of the Minnesota Infant and Early Childhood Mental Health Instructional Unit Packet for College and University Instructors. Each module was explored in both large and small groups with a focus on what students need to know and how they will use it in their discipline. Outcome Evaluation of the Symposium indicated significant increase in knowledge. The group will be re-convened in the summer of 2016 to continue to expand and integrate shared knowledge; in the interim, participants will participate in an online learning community that includes three webinars based on topics suggested by participants.

Community Collaboration (see also "Fit between IMH and other 0-3 programs"):

MAIECMH is collaborating with the following groups in various ways:

- The Professional Development Work Group of the Governor's Task Force on the Protection of Children is developing competencies and a training academy for child welfare workers.
- The Targeted Home Visiting Coalition is developing competencies based on the New Mexico competencies for targeted home visiting programs.
- The DHS Adult Education Advisory Board
- The Developmental Wellbeing Work Group (Children's Hospital)
- DHS Infant Toddler Child Care Development Fund Advisory Group: This group is tasked with identifying emerging State and community strategies to improve Infant and Toddler services. Current discussions around Relationship Based Professional Development and Training and expanding awareness and participation in training leading to MN IMH Endorsement®.
- Relationship-Based Professional Development Advisory Group
- Task force for Collaborative Infant Mental Health Programming in Greater MN: Stakeholders representing the U of M, MnSCU system, other pre-service learning groups to establish a multidisciplinary core curriculum in infant/early childhood mental health. Continue to meet to plan for Symposium in 2016.
- Medicine/Pediatric Residents- University of Minnesota: Requested an informational training regarding IMH, Early Intervention System, Social-Emotional Assessments, and Referrals. Infant Mental Health principles were presented and discussions were started regarding fit within the Clinic and Pediatric Primary Care System.

Policy Development/Systems Change: (see "Community Collaboration)

Reflective Supervision: MAIECMH-endorsed practitioners continue to provide reflective consultation for Parent Aware coaches (quality improvement in child care) and to advocate for continued funding for RS as the project expands. Additionally, at our Centers for Excellence- Coaches will begin Receiving RS/C. There is also training being developed with a pilot date of January 2016. Further, there is discussion regarding how the current providers of RS/C are getting support and creating a place to do this. We are investigating online virtual systems.

New Jersey – New Jersey Association for Infant Mental Health

Fit Between IMH and other 0-3 Programs: Over this past year, the field of infant and early childhood mental health took a large leap in our state due to the provision of a grant project administered by Montclair State University, the host site for the NJ-AIMH. The *Keeping Babies and Children in Mind: Infant and Early Childhood Mental Health Training Project* was an initiative of the Center for Autism and Early Childhood Mental Health at Montclair State University, funded through the Department of Children and Families from a Social Service Block Grant issued from the federal government for Superstorm Sandy recovery. This project provided up to seven 3-hour sessions of infant and early childhood mental health training to all professionals who work with infants, children and families from birth through age eight in the 10 counties designated as most effected by Superstorm Sandy. At the close of the project in August, Montclair State University trained 1869 professionals in at least one workshop, and over 400 of these completed all 21 hours of the series.

As a part of this contract, those participants who took at least 18 hours of the training and were eligible and interested to apply for Endorsement® could have their NJ-AIMH membership fee and Endorsement® Processing Fee covered by the grant. To date, we have had over 100 professionals from this project apply for Endorsement®, mostly at Levels I and II.

In addition, the Association has also been in conversation with the Early Intervention system to ensure that more professionals pursue training in IMH topics with the Association and apply for Endorsement®. The NJ-AIMH is also very involved with the implementation of the CSEFEL Pyramid Model as a state-wide model for infant, toddler, preschool, and early elementary school practices.

Sustainability of Endorsement®/Association: Largely due to the KBCM project described above, our Association has been gaining significant notoriety and visibility in our state. As of this report, we have 172 active members. The Endorsement® system has been embraced by stakeholders in the Department of Education, the Department of Children and Families, and the Department of Health, and initially funded by the interdepartmental New Jersey Council for Young Children. Competencies are being announced for trainings within the childcare, early intervention, and doula/childbirth/lactation professional fields. This year, we launched three regional centers in the North, Central, and Southern regions of the state which has allowed us to have a larger reach across the entire state for training locations and ‘hubs of connection’ for all IMH professionals in NJ.

We have also established a well-trafficked website and a strong Facebook and Twitter presence, which has allowed our reach to grow without the confines of geography.

Funding: This year, our Association has been significantly supported from a subcontract from federal money from the Social Service Block Grant for Superstorm Sandy recovery efforts, through the New Jersey Department of Children and Families, Office of Early Childhood. In addition to this subaward, we are funded by our membership dues and Endorsement® fees. Our Development Committee instituted a yearly commitment of \$250 for each of our twelve Board members in personal donation, fundraising, or in-kind donation, which will guarantee consistent revenue of approximately \$3,000 per year. The Center for Autism and Early Childhood Mental Health at Montclair State University continues to offer in-kind office space and administrative support for our Association, helping to keep overhead costs low.

Training (Higher Education): Our host and University partner, the Center for Autism and Early Childhood Mental Health at Montclair State University, offers a graduate certificate in Infant and Early Childhood Mental Health which meets requirements for all competencies in Theoretical Foundations, provides 25 hours of reflective supervision throughout the certificate, and provides direct service experience with the birth to three population under supervision. This University is also responsible for all the training and technical assistance in the child care centers state-wide who are participating in New Jersey's Quality Rating and Improvement Scale through the Race to the Top – Early Learning Challenge. Because of the close connection between our Association and Montclair State University, the Competencies are woven through all of this work, and the Endorsement® process is discussed at all levels.

Our Training and Education Committee has also made a commitment to provide a bi-monthly training opportunity throughout our state over the 2015 year. Five of these were offered face-to-face, and one was offered as a webinar. We also co-sponsor an annual conference in May which has over 200 consistent attendees. All of these training opportunities offer Competencies.

Community Collaboration: As stated before, the main collaborative effort between the state, University partner and our Association comes through the Keeping Babies and Children in Mind initiative wherein the NJ-AIMH has been introduced to over 2,000 community based professionals. Beginning in September, 2015, this program has become a part of New Jersey's Project LAUNCH grant. We have also been asked to present at many community level conferences and meetings in the state, including New Jersey First Steps, the New Jersey Association for the Education of Young Children, the Child Care Resource and Referral Agencies, and the Project LAUNCH Breastfeeding Summit. We plan to join with the New Jersey Counseling Association and the New Jersey Association for Social Workers to increase our outreach to mental health professionals in our state.

Our Public Awareness Committee has also worked to establish a Speakers Bureau to utilize the expertise of professionals throughout our state, and community locations that will be offered in-kind to provide trainings or meetings with these professionals. This Committee has also been working to connect Child Protective Services and Early Intervention in our state to improve the experience of children aged 0-3 in the child welfare system who are referred to Early Intervention.

Policy Development/Systems Change: As stated elsewhere in this report, there is a statewide acceptance of the Endorsement® process and our Association, including the state Departments of Health, Education and Children and Families. New Jersey has three statewide initiatives that promote infant and early childhood mental health including Race to the Top – Early Learning Challenge, Project LAUNCH, and Help Me Grow, all of which are partnering with our Association to promote a culture of infant and early childhood mental health in our state. The NJ-AIMH has a presence on the New Jersey Council for Young Children, the statewide CSEFEL Pyramid Model Partnership, the Project LAUNCH planning group, and the RTT-ELC training and technical assistance providers. All of these state-wide initiatives uphold and promote the importance of infant-family mental health and early social/emotional development, and our Association is consistently named, included, and considered the expert consultants about these topics. These initiatives, plus the building of capacity of our workforce through the Endorsement® system represented a significant shift in systems change in our state towards the promotion of infant-family mental health.

Reflective Supervision: As part of the *Keeping Babies and Children in Mind* grant project, approximately 80 professionals received 24 hours of reflective supervision from a Level IV-C provider. The NJ-AIMH also offered free RS/C groups to our membership to assist with the first round of Endorsement® renewals anticipated in our state this year. Reflective Practice and Supervision is becoming a much more well-known entity or concept in our state, and now interest is building in the professional market. The Association and our state have the establishment of a system to offer RS/C in our state as top priorities of plans for 2016.

New Mexico – New Mexico Association for Infant Mental Health

Fit between IMH & Other 0-3 Programs: The IMH-E® competencies are imbedded within the designated NM state level competencies for the Part B-Early Intervention providers (Family, Infant, and Toddler Program (FIT) Developmental Specialists. Developmental Specialist (DS) have been trained to work in early intervention (0-3) programs in New Mexico. DSs are required to complete a Professional Development Plan. The plans are updated every three years. Study goals from IMH-E® competencies are choices that are integrated into the plan. Children, Youth and Families Division (CYFD) funded Home Visiting programs established requirements that program managers of HV programs be or become endorsed at Level 3 and the HV's (over a 2 year period) earn a Level 1 or Level 2 Endorsement®.

Children, Youth and Families Division (CYFD), the Center for Development and Disability (CDD) and NMAIMH sponsored trainings that address IMH® competencies in 2015, not only to State Home Visiting programs, but also to other professionals providing IMH services around New Mexico.

New Mexico now has Parent-Infant Psychotherapy Teams (PIP) and Infant Court Teams serving 6 judicial communities around the state. , The number of Infant Teams (court evaluations, dyadic treatment) has increased. There are currently 6 judicial districts served by with Infant Teams. 1-Sante Fe and Espanola, Los Alamos; Judicial District 2, Judicial District 6, Judicial District 8 and Judicial District 3

New Mexico has contracted with partners from the Pyramid Model to train a cohort of trainers to conduct “Training of Trainers” workshops around New Mexico. There are specific cohorts: Infant/Toddler Modules and Preschool Modules. Three lead trainers hold Level 3 and/or 4 endorsements.

The New Mexico Division of National Association for the Education of Young Children has incorporated an Infant Mental Health Track in the annual conference. Four endorsed professionals provided training sessions during this year's conference.

Sustainability of Endorsement®/Association: Through a legislative process (2014), NMAIMH was required to unbundle the requirement of membership and Endorsement®. Membership in the organization is strongly recommended during Endorsement® renewal time. NMAIMH has a membership committee that actively pursues recruitment of members during conferences and local events.

The Administrative Director, Association President, Board members and the Endorsement® Coordinator have actively participated in a number of NM State, and local organizations to inform and support IMH and Endorsement® issues.

The Board determined that full-time online students take advantage of the Student Membership Rate as long as they provide a student ID. Ongoing membership outreach has resulted in the addition of new members from State and Higher education agencies to the NMAIMH Board. This year NMAIMH received 3 new agency memberships.

Funding: NMAIMH receives funding from state department sources and private foundations. Association trainings and fees related to Endorsement® provide additional financial resources. NMAIMH contracted an Administrative Director whose primary function is to seek and apply to funding sources.

Training (Higher Education): AA, BA, and MA level infant and toddler relationship focused development courses are being offered to students and professionals who are interested in pursuing developmental content and IMH® competencies in prenatal and very early child development (pre-natal– three years of age). Infant Family Studies Certificate courses are designed, with IMH competencies incorporated, to meet the needs of these students and professionals (Home Visitors/ Developmental Specialists/ Social Workers/Therapeutic Specialists (OT, PT, and SLP). This year, all of the courses were taught through a Distance Learning format. The Association sponsored 2 statewide trainings during 2015. The Endorsement® Coordinator provided 4 trainings (in rural regions of NM) related to the understanding of infant mental health and the Endorsement® process.

Community Collaboration: See first section of this report.

Policy Development/Systems: On-going- NMAIMH is exploring ways to continue to support the strategic plan. The Board has focused discussions about how to move the mission of the Association forward. An Administrative Director was contracted to support the Board in the area of policy development and funding.

Reflective Supervision: NMAIMH, with the help of the Region IX state funding, continues to provide Reflective Supervision throughout the state for the third year. With the funding, the Association is supporting three (3) reflective supervision groups located in 3 regions of the state (Central-Albuquerque; North (Santé Fe) and South (Las Cruces). The Board agreed that there is a need to reach out to others who can provide Reflective Supervision as there are more people applying for Endorsement® looking for RS/C groups-at both Level 2 and Level 3/4 clinical. We have received 2 new group requests (Las Cruces and Taos). It is the hope of the Board that these groups become up and running by the end of 2015. Although it is difficult to reach the outlying areas in New Mexico these groups are centrally located in both urban and rural areas to enhance potential membership. Each face-to-face group provides consultation, relationship building and networking for the development of the NM workforce.

Many of the newly established Home Visiting programs funded by CYFD have made the requirement that a manager in each program have a Level 3 or above Endorsement®. The NMAIMH supported groups are providing RS/C to people who are not employed by CYFD programs. Experts (local and distant) have provided training in RS/C this year.

Oklahoma – Oklahoma Association for Infant Mental Health

Sustainability: OK-AIMH has been looking for other strong state-wide partners to collaborate and share resources with. We are rich in expertise, and struggle significantly with accessing funding and enhancing our board development capacities. We have identified a partner in the Mental Health Association of Oklahoma. Our partnership will include their support in raising funds for our full time Endorsement Director, in return for our consultation and training around making the MHAOk an agency that truly addresses mental health issues from a developmental, lifespan wellness perspective. We are very excited about this partnership and the mutual learning that will take place. We have sought some sizable grants and have been unsuccessful, and feel this affiliation with the MHAOk will elevate the Association's clout with funders and statewide leadership.

Funding: Endorsement® has been written into several grants at the state level, lending funds to Endorsement activities. Project LAUNCH is supporting training and reflective consultation for those interested in Endorsement in the LAUNCH community, and is paying their Endorsement® application fees. Head Start collaboration office provided a small amount of funding to support a pilot to integrate ECMHC into EHS. MH professionals offered RC to ECE providers. Tulsa County has established the first Safe Babies Court Team in the state, through a partnership between multiple local foundations. Private donations have supported both the Court Team Coordinator position with Zero To Three, and several other community supports that were needed to adequately meet the treatment, and medical home needs of SBCT families. Tulsa Co. Foundations & private gifts have also supported the maintenance of an Infant Mental Health Community Consultant to serve as a bridge between statewide IMH initiatives.

Training: Our Statewide Children's Behavioral Health Conference now regularly offers an Early Childhood track, including breakout sessions that align with Competencies including Reflective Supervision and consultation sessions. The competencies met by these trainings are identified in the brochure, so individuals seeking Endorsement® can readily identify training to meet knowledge areas and competencies. ODMHSAS and Oklahoma Commission on Children & Youth collaborated to provide IMH training to State Multidisciplinary Teams (operating as Child Advocacy Centers) in six rural areas. Our State Court Improvement Program (CIP) which is charged with training Judicial personnel has devoted ¼ of the judicial training time to IMH training. This year, 675 Juvenile Court personnel and judges attended that training, and as a result, several jurisdictions have initiated dialogue about first steps toward implementing these best practices in their court system. Casey Family Foundation has partnered with OK-AIMH board leadership to provide co-training for Child Welfare professionals. Multiple trainings have been provided in both Tulsa Co. & Oklahoma Co. pilots

Community Collaboration: Endorsement® is referenced in community presentations and trainings offered by OSDH & ODMHSAS. Endorsement® was a part of the state's ECCS grant, and OK-AIMH has been collaborating with Oklahoma's ECE Registry through CECPD/OU. Competency areas are included in the Registry. A new component of the Registry now includes professionals outside the ECE community, including Early Childhood SOC professionals. CECPD has requested training about Endorsement and wants to support the competencies by posting them to the Registry to optimize statewide access. As a result of state level presentations about SBCT from Zero To Three, state judicial leadership, and state level ODMHSAS & OSDH leadership supported the DHS commissioner who has committed to funding a statewide SBCT Coordinator to work with jurisdictions who are interested in their first steps toward implementing SBCT practices in their community.

Policy Development/Systems Change: There are preliminary conversations at the state level about Endorsement® being required for those working with families 0-3 and linked to higher reimbursement rates for Medicaid. The Oklahoma Infant & Early Childhood Mental Health State plan highlights Endorsement® and the competencies to support workforce development.

Reflective Supervision: An 18 month Reflective Consultation Learning Community was established in 2015 using Head Start Collaboration office Funds with the goal of building statewide capacity for RS and increasing access for those pursuing Endorsement.

Multiple participants in the LC have begun to provide group RS in multiple communities in the state. The participants will bring back to the learning collaborative their own process around their leadership for the recipients of their RS.

Rhode Island – Rhode Island Association for Infant Mental Health

Fit Between IMH and other 0-3 Programs: Increasing State and community support for reflective practice supervision/consultation within Early Intervention and evidence-based home visiting programs. For example, Children’s Friend offers reflective practice consultation for their EHS Family Development Leadership Team; EHS Family Development staff; HS Education Leadership Team; and NFP nurses. This involves regular and ongoing reflective practice group meetings designed to provide experience and support to integrate reflective practices within all aspects of their work.

Sustainability of Endorsement®/Association: In September, 2014, RIAIMH initiated a strategic planning process to address creation of an effective structure to maintain RIAIMHs current activities and prepare for expansion of influence across state programs and service sectors with respect to professional development, policy and advocacy initiatives. To date, we have recruited 5 new RIAIMH board members (to start 11/15); and will implement a new organizational structure.

In April 2015, two RIAIMH board members attained Endorsement® (Level IV Clinical Mentor) through MI-AIMH.

In April 2015, 135 cross-sector professionals attended an infant/early childhood mental health conference (“*Leveraging a Framework for Early Childhood Competency Guidelines® and Endorsement®: Exploring Next Steps*”) at Rhode Island College featuring Deborah Weatherston, and other Alliance and Zero to Three partners (Margaret Holmberg, Kaitlin Mulcahy, and Kathleen Mulrooney).

Funding: In October, 2015, RIAIMH received a Rhode Island Foundation grant, “Partnership for Infant/Early Childhood Mental Health: Capitalizing on Competency”. This is a unique collaboration between RIAIMH and Rhode Island College to develop an approach to I/ECMH Endorsement® that recognizes and documents the development of early childhood professionals within an organized system of culturally sensitive, relationship-based, infant mental health learning and work experiences. This funds RIAIMH to: 1) Establish an I/ECMH Endorsement® system in RI in line with the Alliance for the Advancement of Infant Mental Health; 2) Conduct a survey to assess RI’s current I/ECMH workforce competencies and needs to prepare for Endorsement® of diverse professionals; and 3) Design a demonstration project to assess benefits of Endorsement® in community partner agencies.

Training (Higher Education): In October, 2015, RIAIMH held the 4th annual “Celebrating Babies” community conference. This sold-out event brought nearly 100 participants across all infant/early childhood serving systems in RI to discuss the first section of the documentary, “The Raising of America: Early Childhood and the Future of Our Nation”.

Bradley Hospital continues to support the online course, “Foundations for Infant/Toddler Social Emotional Health and Development: Provider Modules.” The Foundations course includes 16 computer-based learning modules in 3 sections: 1) Infant/Toddler Development; 2) Key Relationships for Infant/Toddler Development; and 3) Supporting Infant/Toddler Development: Approaches to Celebrating and Individualizing Care. **Most recently, Bradley agreed to fund translation of the course into Spanish.**

Policy Development/Systems Change: In July 2015, Rhode Island KIDS COUNT released “Next Steps for Infants, Toddlers and their Families,” a recommendation for statewide policies for infants and toddlers. These recommendations resulted from community wide input funded through a technical assistance grant awarded to RI KIDS COUNT from Zero to Three in partnership with RIAIMH and the RI Departments of Health and Human Services. One identified priority was to expand supports to promote infant/early childhood mental health, including use of the Michigan Endorsement® system.

<http://www.rikidscount.org/Portals/0/Uploads/Documents/Special%20Publications/2fm6610NextSteps.pdf>

Texas – First3Years

Fit Between IMH and other 0-3 Programs: First3Years is leading efforts to embed IMH with other 0-3 Programs and the community. This includes:

First3Years is leading an effort to build a career pathway for early childhood professionals in Tarrant County. Pathway include the Endorsement® as a potential credential that one can apply for to help further their professional career.

First3Years is leading Safe Babies Tarrant County (SBTC). SBTC is building off of the many Safe Baby Court/Infant-Toddler Court Models around the country. The 3 areas of focus for developing the program are education, coordination, and Coparenting. There will also be an independent evaluation of the project.

First3Years is also leading an effort to bridge the silos between early health and early education sectors. Possible area of focus will be developmental training for pediatric practices. First3Years is currently talking with CT-AIMH and CHDI-EPIC.

First3Years already holds a crosswalk agreement with UT Dallas and is developing a similar agreement with Texas State University for Endorsement®.

Sustainability: First3Years has been successful in recruiting the “next generation” of IMH advocates to become involved with F3Y and take-on leadership roles. First3Years has also grown exponentially in staff in funding, with 6 employees as of November 2015. We are also in the process of developing internship opportunities.

Funding: First3Years hired a Director of Advancement in October 2015 to help focus on individual and corporate donations. Overall, First3Years continues to increase Annual Revenue. 65% of our funding is grant funded. Moving forward we are intentionally working to diversify our funding stream.

Training: First3Years hired a Training Manager in January 2015 to oversee all training programs and introduce online trainings in 2015. Launch of Online Training – Webinars & Digital Learning Initiative:

Webinars

By the end of December, First3Years will have produced 13 one-hour live interactive webinar trainings various topics surrounding social-emotional development. Our webinars are tailored to accommodate different levels of experience in field and facilitate collaborative discussion and sharing within the webinar forum. To date, over 98% of all webinar participants (278 individual respondents) reported “relevant” or “very relevant” in reaction to the relevance and “satisfied” or “very satisfied” with the webinar training.

Digital Learning Initiative

In August, the First3Years Digital Learning Initiative (DLI), offered in conjunction with Texas A&M University AgriLife Extension, became available. This is a 10 part series offered fully online. The DLI is geared toward professionals who want to obtain continuing education specific to infant mental health informed practices in the early childhood development classroom. The online courses are self-paced and meet state licensing requirements for training education.

Onsite Training Expansion:

First3Years has replaced the Biennial 2-day conference (Brazelton) with multiple Annual Regional Conferences (one day) to allow more professionals to access the important research surrounding relationships and brain development. This change has been met with a warm reception and First3Years members across the state are enjoying the accessibility as well as availability for more training opportunities. In 2015 the conferences were held in San Antonio (May 6, 2015) where over 100 professionals received training on in-depth topics such as Coparenting, and the unique needs of working with military families and children in foster care; and Dallas (September 18, 2015) where we continued the discussion on Coparenting, from the nation's leading expert, Dr. James McHale, PhD from the University of South Florida – St. Petersburg, and also included the critical element of community collaboration and cross-sector communication by inviting medical practitioners, reaching over 140 professionals in the area.

The Food For Thought (FFT) Training Series has also expanded to include Houston who completed their first series and with great reception will continue to host their second series in the spring of 2016. FFT series are conducted year round in Texas with activities in Dallas, Fort Worth, and now Houston.

As of October 16, 2015 First3Years has provided continuing education to 1545 unduplicated professionals, resulting in a reported impact of over 588,442 young children served in Texas. This number will continue to grow as we finish the year through presentations at the Texas Association for the Education of Young Children and continuing training projects such as the FFT series in Fort Worth and 5 remaining webinars for 2015.

Community Collaboration: This fall we partnered with Project LAUNCH in El Paso to host a 2 day conference (September 24-25, 2015) for both parents and providers. We delivered 6 hours of professional education each day to over 248 individuals focused on the unique needs of young children and babies. Furthermore, we offered practical application of skills suited towards the challenges faced by home visitors and compassionate education for parents.

We have grown our relationships as subject matter expert guests to the following organizations' meetings and conferences: Workforce (Austin), Texas HIPPIY (Wichita Falls), Educational First Steps (Dallas), Texas State University (San Marcos), Austin Community College, Austin ISD – Teen Parent Program, ECLA Conference (Austin), and Child, Inc. Head Start (Austin).

First3Years collaborates with the Educational Alignment project (34 organizations) in Fort Worth to increase positive outcomes in children birth to 8 years of age.

Safe Babies is also a collaboration between the courts, CPS, CASA, Foster Care, ECI, and other community partners.

First3Years serves on the advisory boards of the Texas Early Childhood Professional Development System and the University of Texas at Dallas.

Policy Development/Systems Change: See Safe Babies Tarrant County and Career Pathway work.

Reflective Supervision: First3Years continues to support Reflective Supervision across the state. We have advised ECI on the development of a Reflective Supervision training module. We are also providing reflective supervision to 30 practitioners with an evaluation component to gain data with regards to the impact of R/S on management of job-related stress, employee satisfaction and retention, and client retention.

Virginia – Virginia Association for Infant Mental Health

Fit Between IMH and Other 0-3 Programs:

Statewide Collection of Existing Ongoing Professional Development Opportunities that meets the competencies for the Infant Mental Health Endorsement® was a major effort over the past year. Currently working to find funding to move this information to an online database that can be sorted by Endorsement® competency and level of Endorsement®. All programs training providers of children birth to three in Virginia have participated in this effort using a training template to ensure we gathered consistent information. Training shared was for consistently offered ongoing training, online webinars or a combination of online and follow up learning communities.

Crosswalks Completed To Date Between the Infant Mental Health Endorsement® Competencies AND:

- Healthy Families America & Virginia required training for all Parent Educator and RN Home Visitors;
- Parents As Teachers/CHIP of Virginia training.

IMH Endorsement® Competencies Were Integrated Into The Following Virginia Specific Competency Guidelines®:

- Virginia's Early Childhood Development Alignment Project's *Early Childhood Professionals Competencies*;
- New *Competencies for Home Visitors and Supervisors* through the Virginia Home Visiting Consortium.

Sustainability:

Strategies Used Include The Following:

- Embedding competencies and Infant Mental Health practices into existing programs serving infants and toddlers;
- Linking to multiple funding sources so if some funding is eliminated, work can continue.
- Identified funding cycles of major funders and then request funding in the last quarter of their funding cycle when unused funding is typically available. Keep a wish list all year long and add to it as ideas emerge. Helpful in linking wish to a funder for using their unused funding to support our efforts. They are also willing to support professional development efforts that impact their specific providers.
- VAIMH is a 501C3 with ability to apply for funding from the private sector including foundations, grants, service groups etc.
- Looking closely at where the state legislature is focused regarding funding for early childhood. For example, the Home Visiting Consortium is eligible to receive a large influx of state dollars in the next state budget cycle. By partnering together around Infant Mental Health and Reflective Supervision, funding from HVC is available to support our efforts.
- The full-time State ECMH Coordinator position continues to be funded by multiple state agencies. No one agency could support the position but combining funding allowed Virginia to move forward with our state infant and early childhood mental health strategic plan and moving to implementation of the IMH Endorsement®. It also created an atmosphere of joint collaboration so no one agency was the priority by the position falling solely within one state agency.

- Project S.E.E.D. Virginia funded by federal to state dollars with grants administered in Virginia through the Department of Social Services and the Department of Health.
- Ongoing funding provided through the Virginia Department of Behavioral Health and Developmental Services through their Early Intervention (Part C) program.

Funding:

Full Time State Early Childhood Mental Health Coordinator/ Virginia Endorsement® Coordinator continues to be funded by 3 state agencies to oversee efforts for building a statewide system of mental health supports and services for children birth to age 8 and their families. Funding from the Virginia Department of Behavioral Health & Developmental Services via Early Intervention funding; the Virginia Department of Education Early Childhood Special Education funding & the Virginia Department of Social Services Head Start Collaboration funding. Employed by Virginia Commonwealth University and the Partnership for People with Disabilities.

The Department of Behavioral Health and Developmental Services (DBHDS) Early Intervention Program Funded the Initial 3 Year License to Use Michigan’s Infant Mental Health Endorsement® System in Virginia. The Virginia Association for Infant Mental Health (***VAIMH***) ***funds*** the annual renewal fee.

Virginia Department of Health Funded the initial 3 Year License to use Michigan’s Infant Mental Health Online Endorsement® System (EASy). The Virginia Association for Infant Mental Health (***VAIMH***) ***funds*** the annual renewal fee.

Training:

Project S.E.E.D. (Social Emotional Education & Development) ***Virginia*** is focused on promoting quality services for infants and toddlers. Its’ mission is to build a consistent family-centered professional development framework of evidence-based practices for promoting competence of providers of infants & toddlers in order to strengthen the social and emotional development of children birth to age 3 in Virginia. The following is a summary of the PD efforts (from 2014-2015) under this Project:

- Professional Development for qualified Trainers and Coaches in Virginia to receive ***Train the Trainer*** and ***Train the Coach training*** directly from the CSEFEL Pyramid Model on the Infant & Toddler Modules; and Brookes Publishing on the Ages and Stages Questionnaire and Social Emotional Screening Tools. Qualified Trainers and Coaches then provide training at the local level to infant & toddler providers through:
- Opportunities for infant & toddler providers (anyone serving a child birth to 36 months) to receive local CSEFEL training, coaching, participate in a series of Learning Communities and webinars. Trainees receive up to \$25 worth of social and emotional materials for completing the full 12 hours of training; and \$150 worth of social and emotional materials for completing their individualized coaching plan to use in their work setting. Through a partnership with the Virginia Early Childhood Foundation's Smart Beginnings coalitions and integrated into their local community screening plans, provide opportunities for infant & toddler providers to receive ASQ-3 and ASQ-SE2 training on how to use, score and make referrals when needed.

- To date: 59 ASQ-3 Trainers & Coaches and 223 infant and toddler providers have been trained; and 77 CSEFEL Pyramid Model Trainers; 56 Coaches; and 391 infant and toddler providers have been trained. In addition, 93 infant and toddler providers participated in monthly Pyramid Model learning communities in 5 regions of the state. **898 infant and toddler trainers, coaches, and providers received training through Project S.E.E.D.**
- Support for **40 infant & toddler providers by funding the cost of their Infant Mental Health Endorsement®** application and portfolio review fees and 24 hours of group Reflective Supervision provided in their local region of Virginia.

Annual Early Childhood Mental Health Institute established in 2014 and held each May in recognition of May as Children's Mental Health Awareness month. Professional development opportunities for providers of children birth to age eight and their families with emphasis on Infant Mental Health training that meets with the Endorsement® competencies at all levels. Institute funded jointly by the Virginia Department of Behavioral Health/Early Intervention, the Virginia Department of Social Services Head Start Collaboration Office, the ECMH Virginia Initiative, and the Virginia Association for Infant Mental Health. The \$35 conference registration fee covers the cost of food.

In an ***Effort To Expose Infant And Early Childhood Providers To A Variety Of Early Childhood Mental Health Screening And Assessment Tools, The First In A Series Of Planned Professional Development Events Was Held*** as a Pre-Conference day to the Creating Connections to Shining Stars Conference (early childhood conference) in Virginia Beach. Brookes Publishing provided a 1 hour overview of the new ASQ-SE2 available early this fall and shared what is different than the previous version, why it is important to screen social emotional development, and how to use the tool and score it. Following the ASQ-SE2 presentation, Mary Mackrain, MEd, IMH-E® (IV), a national trainer for the *Devereaux Center for Resilient Children* and lead developer of the *Devereaux Infant and Toddler (DECA-I/T) Program* developed to promote protective factors of children birth to three and their caregivers presented on the DECA Infant and Toddler tool and the Preschool Clinical Tool. Attendees learned how to administer both tools and score them as well as how to use the results to support children and families. The State ECMH Coordinator then provided an overview of upcoming professional development activities in Virginia under Project SEED as well as other opportunities for training. Funding for this event came from the registrations and partially supported by the ECMH VA Initiative.

Partnership with Virginia Commonwealth University's Virginia Treatment Center for Children To Co-Sponsor Every 3 Years, a Children's Mental Health Symposium focused on promoting early childhood mental health and wellness. October 16, 2015 event included a 2 part presentation by Julie Ribaldo, ***LMSW, ACSW, IMH-E® (IV)*** on "Being Therapeutic When You Aren't A Therapist" targeted for providers at Level II and funded by the ECMH Virginia Initiative.

Keynote Speakers included:

Paul Dworkin, MD (CT Children's Medical Center/Help Me Grow Founder);

Stacy Drury, MD, PhD (Tulane University)

Nadine Burke-Harris MD (Lunch Speaker on Childhood Trauma Effects Across the Lifespan)

Afternoon break out sessions on a variety of topics

The Virginia Treatment Center for Children Is Building a New Facility with additional resources for providers and families. Dr. Bela Sood is also working with two foundations to ***open an Attachment Clinic*** in

the near future. Beginning conversations held with a leading Psychiatrist in Virginia, Dr. Bela Sood *to begin work around the possibility of establishing an Infant Mental Health degree program at Virginia Commonwealth University* in the future using the same connections within the VCU medical and university programs as for the new Attachment Clinic work. In the meantime, looking at opportunities to have VCU offer professional development for existing mental health professionals on infant and early childhood mental health competencies needed to provide effective relationship-based mental health services to children birth to age eight and their families in Virginia.

Community Collaboration:

The Jefferson Area CHIP program in Charlottesville, VA was approved by the VAIMH Board of Directors to support 12 staff earning Endorsement® at the same time. All endorsees started in June 2015 and are Family Support Workers. A local community funder is supporting their training, Reflective Supervision and Endorsement® fees. Their RN home visiting partners will pursue Endorsement® in 2016. The plan is for all staff to eventually be endorsed. The two Supervisors of the staff are 2014 Endorsees and also participated in the year long RS HVC Collaboration with Dr. Doug Davies and Joan Shirilla. They will transition to providing their staff with ongoing RS once they are endorsed.

Healthy Families Virginia Program (also in Charlottesville) has requested to begin endorsing their home visitors as well in 2016 following a similar approach as with the Jefferson Area CHIP program.

The Infant and Toddler Connection of Fairfax, the largest Part C Early Intervention system in Virginia has been sending key staff at the administration, supervisory and provider levels *to all infant and ECMH professional development efforts offered through the ECMHVA Initiative including the IMH Endorsement®*. Through local funding, they have been working to integrate the infant mental health competencies and Endorsement®, Reflective Supervision and other professional development into their local system.

Policy Development/Systems Change:

Currently Working with Dr. Sheila Smith, National Center for Children in Poverty at Columbia University to Assist Virginia With Our Virginia Department Of Medical Assistance Services (DMAS) Medicaid Efforts And Identifying And Linking To Private Sector Funding. Participated this year in a national survey conducted by NCCP on how states are utilizing Medicaid for Early Childhood Mental Health services and supports. To use the national survey results in framing Virginia's system of care as well as in our work with DMAS.

Currently Partnering With the Virginia Early Childhood Foundation to Assist Us in our Efforts to Link to the Private Sector for Funding to support our Infant and Early Childhood funding efforts.

Currently Partnering With an Early Childhood Mental Health Policy Analyst with Voices for Virginia's Children and Coordinator of Virginia's 1 in 5 Kids Children's Mental Health Campaign to Lead the Policy Work with DMAS and Medicaid.

Intentional Focus on Providers Of Children, Birth To 36 Months through training on social and emotional development, prevention, promotion and intervention (see **Project SEED. (Social Emotional Education & Development) Virginia**) to support **Endorsement® Competencies at Level I and II.**

Established a Commitment Agreement to Train Childcare Providers and a Set of Trainer and Coach Qualifications needed to be approved to receive the Train the Trainer and Train the Coach training and provide training and coaching to local infant and toddler providers under Project S.E.E.D. Virginia. CSEFEL Pyramid Model Infant/Toddler and ASQ-3 and ASQ-SE Trainers and Coaches posted to the ECMHVA.org website to ensure state trainers and coaches meet quality standards. Website posting organizes Trainers and Coaches by region so local programs can easily locate a Trainer or Coach in their area.

Reflective Supervision:

Project S.E.E.D. has Funded Group Reflective Supervision for 40 Level I and II Endorsement® Candidates (20 in 2014-2015 and 20 in 2015-2016). The RS is provided by endorsed Level III and IV professionals in 5 regions of Virginia over a year long process. Doug Davies provided support monthly to the Reflective Supervisors as they provided RS to the Project SEED funded candidates.

Building Capacity for Reflective Supervision in Virginia-Partnership with the Home Visiting Consortium (HVC) (a coalition of all home visiting programs in Virginia) to provide quality training to 28 Home Visitor Supervisors and 4 Home Visiting Consortium Trainers to **embed Reflective Supervision in home visiting programs in Virginia.** Doug Davies and Joan Shirilla partnered to provide this from October 2014 through October 2015. Funded collaboratively by the Home Visiting Consortium and the Early Childhood Mental Health Virginia Initiative.

A ***Reflective Supervision Evaluation Tool*** was developed jointly by the Project S.E.E.D. Virginia Evaluators from the Virginia Department of Health and Virginia Commonwealth University, HVC Director and State ECMH Coordinator (after researching and discussing with key League of State Endorsement® representatives recommended by Debbie Weatherston) to assess the Reflective Supervision provided under Project S.E.E.D. Virginia and to the Home Visiting Consortium's Reflective Supervision Collaboration group. It was distributed to all of the Supervisors and Supervisees during this past quarter. It was sent to them after the last of the 12 Reflective Supervision sessions was completed. This is considered a draft tool as we will use feedback from those who completed it to make any needed revisions etc. Plan to use this tool for any Reflective Supervision provided under the ECMH VA Initiative in the future.

Currently working ***To Start A Similar Reflective Supervision Collaboration Group For Early Head Start To Embed RS In EHS Programs In Virginia As Has Just Been Completed With the Home Visiting Consortium.*** The State Head Start Collaboration Director for Virginia has agreed to fund this effort and is setting aside the funding in her new budget. Joan Shirilla and Judy Martens (endorsed at Level IV-Clinical and President of our Virginia Association for Infant Mental Health) will partner for this initiative.

Home Visiting Consortium's Reflective Practices Conference Held On 10/15/15. Planned for 200 Home Visitors, Supervisors and Administrators & 176 attended. Jointly funded by the ECMH VA Initiative and the Home Visiting Consortium. The keynote speaker was Julie M. Ribaud, LMSW, ACSW, IMH-E® (IV).

Presentation Description: Home visitors engage in relationships with parents, infants and young children in the course of providing services. The style of the relationship created with a family can be therapeutic, even if the provider is not a trained mental health practitioner. This keynote address will help non-mental health providers cultivate the knowledge and skills that can assist in developing relationships that are helpful and healing, especially with higher risk families who have often felt harmed in interactions with systems of care.

Washington – Washington Association for Infant Mental Health

Fit Between IMH and Other 0-3 Programs: There are numerous efforts underway, to advocate/incorporate Endorsement® into various 0-3 programs, as noted below:

- Early Support for Infants and Toddlers (under the Department of Early Learning) is now on a federal improvement plan for professional development, due to not scoring well in the provision of services to address social emotional delays. Like Alaska, the task force/action team meeting is considering mandating Endorsement®, or at least, supporting the majority of its workforce to get trained and Endorsed. WA-AIMH's Executive Director, Nina Auerbach, will meet with key DEL staff to further discuss this later in October. Additionally WA State is considering a policy change at the state level, setting guidelines around what providers are permitted to do once they are Endorsed. As MI is doing this now, we will continue to reference the standards set there.
- Home Visiting: A leader in this statewide program is also on our Endorsement® Leadership Council. She has indicated that a small amount of funding is available to be earmarked for RSC. Thrive Washington, the public private partnership that works with the DEL to contract with home visiting programs throughout the state has sponsored all of WA-AIMH's reflective supervision training so far and is strongly encouraging their contracted home visitors to pursue Endorsement®.
- IMH Consultation to childcare programs: WA-AIMH is mentioned in the Child Care and Development Fund plan, that DEL submits every two years to the federal government in order to secure funding. Specifically, getting IMH consultants Endorsed has been included in the plan. DEL is requiring all of its contracted infant mental health consultants to pursue Endorsement®.

Sustainability/Funding: As a part of many systems/funding conversations, qualifying criteria for Medicaid reimbursement is being discussed. Securing ongoing reimbursement through this system is a long-term goal to affect foundational security for Endorsement® and funding for IECMH professionals. WA-AIMH received a capacity building grant from the Satterberg Foundation to develop and implement a comprehensive fund development plan. This includes building a reliable donor base, as well as pursuing grant applications and sponsorships with foundations and corporations, as well as pursuing state funding. WA-AIMH is in conversation with staff from our Department of Health, Department of Early Learning, and Department of Social and Health Services to explore potential funding opportunities for WA-AIMH to support Endorsement® and training. This is a long-term strategy and has been moving slowly.

Training and Endorsement®: Since launching in May, interest in Endorsement has been strong. WA-AIMH increased the hours of the Endorsement and Training Coordinator, Stacey Frymier, so that WA-AIMH can meet the demand for advising. Since May, 50+ professionals have registered for Endorsement® and two have submitted their portfolios. A comprehensive training survey was sent out to over 6,000 people in early 2015, to ascertain trainings that IECMH professionals needed in order to help meet endorsement criteria. We received 561 completed surveys, and utilized this data to begin developing a comprehensive training plan for IECMH professionals across disciplines around the state. WA-AIMH has directly sponsored trainings thus far on Reflective Supervision/Consultation, and several fundamental trainings on IMH in collaboration with other providers/organizations. All of the Reflective Supervision trainings filled up in a matter of days with significant waiting lists. Priorities for the upcoming year include working cross-culturally with families, infant-parent

psychotherapy models, and DC:0-3R. We have collaborated with the Nursing Child Assessment Satellite Training (NCAST) program at the University of Washington to develop an Introduction to Infant Mental Health full day training that will be offered for the first time in November. This training quickly filled up with 80 participants and will be offered again in the spring. In addition, Snohomish County (to the north of Seattle) is using its Birth-Three training budget to contract directly with NCAST to provide this training to a group of early intervention specialists in that county.

Community Collaboration: In 2015, a total of 42 workshops, trainings, legislative advocacy and outreach meetings have been conducted through WA-AIMH to foster collaboration with our various IECMH communities. 1109 individuals have been reached through these efforts. The WA-AIMH mailing list has grown to almost 1000 people! We have sent out at least 10 mailings to our list with information about Endorsement® since we purchased the model. We sent at least 10 regular mailings to our mailing list with announcements and information about Endorsement®.

Policy Development/Systems Change: Nina and two IECMH professionals will meet with a key legislator, Representative Ruth Kagi, in late October to discuss barriers to Medicaid billing for children birth-three in Washington. Many of the local Regional Service Networks do not accept billings for young children. To inform this meeting, Nina hired Sheri Hill, a recognized Policy Leader in WA (and a Level IV-P Endorsee) to write a whitepaper outlining current systems issues and proposed solutions. Nina also serves on a Children's Mental Health Committee that brings together legislators, community based mental health professionals, and representatives from our managed care and RSN systems to discuss various issues in the children's mental health system, including issues for children birth-3. Additionally, Nina serves on the Birth-3 subcommittee of the Early Learning Advisory Committee: a State-appointed group that advises DEL, multidisciplinary (DOH, DSHS, OSPI, DEL, providers). The first meeting happened last week, after taking three years to get started! There is interest in Endorsement® and IMH consultation. Nina has provided input to the draft Child Development Fund (CCDF) plan that the state will be submitting in the next few months. Nina prioritized increasing IMH-informed staff. Lastly, a colleague from the Department of Health has expressed an intention to work with our state Mental Health Department to increase access to services for children birth-three. This will include sponsoring DC:0-3R training throughout the state.

Reflective Supervision: WA-AIMH has sponsored three trainings on Reflective Supervision/Consultation (RSC). Two were foundational and one was an advanced training for more experienced supervisors. A small number of people attended more than one training; accounting for those duplicate attendees, a total of 160 people now meet/exceed the minimum training requirements to provide RSC for endorsees! This was by far the most significant training area needed to advance Endorsement® efforts here, as there is a shortage of qualified RSC's to supervise IECMH professionals. WA-AIMH also initiated a formal vetting process for non-endorsed RSC's. To inform individuals and organizations seeking additional RSC, we also developed an informative roster of these qualified professionals that has been posted to our website. To date, 31 people have been recognized on this list, which also includes current endorsees at Levels III and IV-C.

West Virginia – West Virginia Infant/Toddler Mental Health Association

Fit between Infant Mental Health and other 0-3 programs: The early childhood systems of WV have been dedicated to improving the knowledge and skills of the work force related to social emotional development and competence. The WV Department of Education has been providing in-service training to preschool teachers and universal collaborative classroom staff on positive behavior supports since 2005. In 2010, WVDE and WV Birth to Three collaboratively made application for a grant from Technical Assistance Center for Social Emotional Interventions (TACSEI) to support the social emotional development of infants and toddlers in classroom settings and at home with their families. WV was the first state in the nation to implement the pyramid model practices in home-based settings. The grant was awarded and the pyramid model training has been provided to professionals from the following: WV Birth to Three (IDEA Part C), child care workers, Home Visitation Professionals, and Early Head Start/Head Start.

The Pyramid Model in West Virginia is practiced through three tiers:

Tier One: Universal Practices - Identify and support early childhood providers in implementation of evidenced based practices that support all families in providing nurturing and supportive relationships and high quality environments. (Examples: universal developmental screening, providing families information on social emotional development and early literacy, identification of families at risk and provide linkages to community supports, developmentally appropriate activities and materials, support based home visiting, and welcoming classrooms, parent involvement, classroom expectations, etc.)

Tier Two: Targeted Social Support - Support the implementation with fidelity of evidence based practices for children at-risk or who are experiencing developmental delays and their families through individual assessment, goal planning, intervention, data collection and progress monitoring. (Examples: coaching families, environmental arrangement, incidental teaching, visual strategies, friendship skills, problem-solving skills, emotional literacy, interest-based learning)

Tier Three: Support the implementation with fidelity of intensive interventions for children with challenging behaviors using team approach. (Examples: Functional Behavioral Assessment and Positive Behavior Planning) The WV Association of Positive Behavior Support is also beginning to implement an endorsement process for individuals completing functional behavior assessments and developing positive behavior plans. This endorsement will have various requirements across the age span, and there will be a specific level of endorsement for early childhood providers. A member of the WVITMHA has been participating in the development of this process and will be overseeing the further development and implementation of the early childhood endorsement process.

Infant Mental Health is also woven throughout the Healthy Families America (HFA) program standards and Endorsement® is recommended for new hires. This is from our current standards: *HFA employs an infant mental health approach in which services are relationship focused, strength-based (building on parental competencies), culturally sensitive, and are anchored to the parallel process during interactions with families. HFA home visitors develop healthy relationships with families and an alliance with parents to support them in responding sensitively in a nurturing manner with their young children.*

West Virginia is currently in the process of completing a crosswalk between WVIT I and WVIT II to ensure consistency for future application/portfolio reviewers. The Association has also identified a need for a crosswalk between ACDS (Apprenticeship for Child Development Specialist) and CDA.

Sustainability of Endorsement®: Sustainability is a key focus of the WV ITMHA. Current work includes surveying professional development needs in order to begin closing the gaps, building the IMH Competencies into the state registry system (WV STARS), providing financial support to the first cohort, and working to create a cohesive infant mental health system in West Virginia.

Funding: Funding for the WV ITMHA has been established through the TEAM for WV Children, the WV Early Childhood Advisory Council and the Early Childhood Systems Grant. This three-year grant provides support for a part-time administrative coordinator and statewide activities on behalf of the Association. The Association is exploring a variety of other means to ensure continued funding for the Endorsement®, as well as supporting the Association work, including additional grant funding and membership dues.

Training (Higher Education): Throughout the course of the last year, WV ITMHA has been reaching out to higher education faculty and working to build relationships. Two universities have been paired together to develop and deliver a full day institute on Infant Mental Health topics during our statewide early childhood conference.

WV Higher Education Institutions have also developed programs for developmental psychology, Behavioral Science, and Social Work that prepare individuals to support children and families with social emotional needs.

The Early Childhood Advisory Council Higher Education Committee is developing an Associate Degree in Applied Science with Emphasis in Early Childhood Education.

Lastly, the state has purchased the Blackboard platform and the WV ITMHA is in the initial stages of developing coursework and collaborative online training opportunities supporting Infant Toddler Mental Health and the Endorsement®.

Community Collaboration: WV has a long history of collaboration across the early childhood systems. One example of this collaboration is the success of the state early childhood conference held each year since 1998. Over the years this conference has grown and expanded from the traditional early childhood perspective to include home visitation, higher education, and school based practitioners and content focuses on a wide variety of topics supporting the variety of needs experienced by children and families.

In addition, there are Early Childhood Collaboratives in many counties throughout the state. The groups are all very different but are made up of service providers and community members who care about and/or work with the 0-3 population.

The West Virginia Infant/Toddler Mental Health Association will be working with our local Project Launch in developing/coordinating activities for an Infant Mental Health awareness campaign in May.

Policy development /systems change: West Virginia is working to integrate federal regulation changes for child care based on the Child Care and Development Block Grant of 2014, with the understanding this could

change the course of business for many child care centers. There is also an increased focus on developmental screening and supporting social emotional development and competencies throughout state and federal work.

Reflective supervision: West Virginia is committed to building the capacity for delivering and supporting Reflective Supervision across disciplines and around the state. West Virginia has contracted with Sheryl Goldberg to provide 2 two-day Reflective Supervision retreats in addition to monthly 1 ½ hour conference calls with the first cohort.

The West Virginia Home Visitation Program ensures weekly individual supervision with every home visitor and monthly with supervisors. In addition, the program holds a quarterly Reflective Supervision meeting with Maternal Infant Health Outreach Workers and Parents As Teachers Parent Educators. The meeting is planned and facilitated by the Healthy Families State Leader. The group's purpose is to support and learn from each other as programs implement and strengthen reflective supervision practices. The program also has coaches who work individually with the program leaders in between the quarterly meetings.

Wisconsin – Wisconsin Alliance for Infant Mental Health

Fit Between IMH and Other 0-3 Programs: WI- AIMH has increased awareness of the Competency Guidelines® and promoted standards related to professional development, direct practice and supervision that align with competency levels for 0-3 professionals. Most 0-3 programs in Wisconsin include training requirements that align with IMH competencies; examples include home visitation, infant toddler credential training and Birth-to-Three (Part C training). One challenge is that most 0-3 professionals do not have access to Reflective Supervision and therefore would not be eligible to pursue endorsement beyond level 2. Increased awareness and interest in Infant Mental Health has increased the demand for statewide Infant/Early Childhood Mental Health Consultation (IECMHC), which may also serve to introduce more opportunities for Reflective Supervision among 0-3 professionals. There is currently a lot of discussion and strategy development occurring in our state related to growing the capacity of IECMHC discussed in greater detail below.

Funding: WI-AIMH has historically relied on Maternal Infant Early Childhood Home Visiting (MIECHV) funding to support IMH Endorsement activities, along with some other state funding; however, we see the need to explore other funding sources to broaden the support base and ensure a more secure foundation for sustaining growth. Interest in IMH in general has increased dramatically across the state with particular attention and focus on Infant/Early Childhood Mental Health Consultation (IECMHC) and Reflective Supervision. Through partnerships with the state Departments of Health, Children and Families and Public Instruction WI-AIMH is considering how to braid funding sources, create regional hubs for the provision of IECMHC; and explore medical assistance as a source of payment.

Training: WI-AIMH has increased awareness of the IMH Competency Guidelines® and promoted standards related to professional development, direct practice and supervision that align with competency levels for 0-3 professionals. WI-AIMH is also working with state partners to promote training and other professional development opportunities to target competencies that are difficult to meet or maintain. We are also working with our state partners and training systems to ensure that IMH competencies met for any given training or other coursework be provided, along with information on IMH Endorsement. University of Wisconsin Infant, Early Childhood and Family Mental Health Capstone Certificate program is IMH competency based and is currently in its 6th cohort. Finally, WI-AIMH is promoting and advertising trainings, webinars, coursework or conferences that meet IMH competencies in our newsletter and web-site.

Discussion and planning related to I/EC mental health consultation has led to some degree in further awareness and interest in IMH competencies and endorsement as partners look to WI-AIMH and the endorsement system to understand professional requirements of I/EC mental health consultants. We are working with our collaborating partners to clarify the training and preparation needed in order to provide IECMHC.

Increased awareness has led to the need for capacity building and planning for future infrastructure. For example, in October 2015 WI-AIMH is training a group of new portfolio advisors/reviewers to accommodate the increase in endorsement applications. In addition, WI-AIMH is hiring for a part-time IMH Endorsement Specialist to assist the Endorsement Coordinator in growing IMH Endorsement in WI. Finally, we are exploring some other strategies to support professionals in securing IMH competencies, pursuing endorsement and maintaining their endorsement status by using technology and working with our partners to expand training opportunities.

Community Collaboration: There are several statewide and community partners dedicated to promoting infant mental health and professional development opportunities. Through partnerships with the state Department of Health, Department of Children and Families, Department of Public Instruction, Office of Children’s Mental Health, UW Madison Department of Psychiatry, UW Milwaukee Helen Bader School of Social Work, and numerous local community groups we are developing strategies and plans to promote awareness of infant mental health, expand professional development opportunities and develop policy and funding infrastructure to support Wisconsin families and sustain efforts.

Early in 2014, a group of leaders representing different sectors that support infants/toddlers and their families formed Wisconsin’s Infant/Toddler policy group – a group dedicated to bringing attention to the unique and urgent needs of the youngest Wisconsinites and their families (more on the work of the Infant/Toddler policy group discussed below). Another statewide committee dedicated to supporting infant mental health is the Children and Youth Committee, which has prioritized expanding support and funding for 0-3 in their annual strategic plan. Finally, through partnerships with the state Departments of Health, Children and Families and Public Instruction WI-AIMH is considering how to braid funding sources, create regional hubs for the provision of IMH/EC mental health consultation; and explore medical assistance as a source of payment.

Policy Development/Systems Change: The Wisconsin Infant/Toddler policy group has been critical to effecting policy development and systems change. The group worked on outlining infant/toddler policy priorities. Based on the survey released in October 2014, six key priorities identified by the group were ranked in the following manner by nearly 400 professionals:

1. Increase access and availability of the infant/early childhood mental health consultants
2. Expand evidence-based home visiting
3. Establish a network of Infant/Toddler Specialists
4. Use Medicaid funding for Infant/Early Childhood Mental Health consultation
5. Promote Infant Mental Health Endorsement®
6. Increase availability of Reflective Supervision/Practice for all professionals who serve infants, toddlers and their families with particular emphasis on child welfare and early intervention/Part C workforce to increase capacity and competency as well as prevent burn-out and decrease turnover

In the summer of 2015, the Infant/ Toddler policy group decided to focus group’s efforts on establishing the network of infant/early childhood mental health consultants. Not only infant/early childhood mental health consultation (I/ECMHC) is the highest ranked priority, it is closely connected to all other priorities.

I/ECMHC is a problem-solving and capacity-building intervention implemented within a collaborative relationship between a consultant with infant/early childhood mental health expertise and one or more individuals with other areas of expertise.

Because of the consultants' education/experience, they can offer crucial support to understand the meaning of behaviors, consider variety of factors in a child's/family's life, assess needs, guide behavior appropriately, and improve children's social and emotional skills & family's well-being. All professionals working with young children and their families can benefit from consultation, including home visitors, early intervention, early care and education, primary care, child welfare, etc.

The ultimate goal of the infant/toddler policy group is to create and support a regional network of qualified Infant/Early Childhood Mental Health consultants able and available to support professionals across systems & disciplines (child welfare, home visiting, Birth to 3, early care & education) who work with infants, young children and their families.

Reflective Supervision: Reflective Supervision is gaining attention and popularity; as a result, we are experiencing greater demand for services than what we have available. Historically, professionals have gained exposure to Reflective Supervision through the UW Madison Infant, Early Childhood and Family Mental Health Capstone Certificate program, or through the MIECHV funded Home Visiting sites. Each funded site is assigned an Infant Mental Health Consultant who provides a 2-hour monthly consultation group to home visitation staff, along with an hour of reflective consultation to supervisors. Now in year four of the project, Home Visiting supervisors are providing individual reflective supervision to their staff. The project has shown a lot of success and could be used as a potential model to implement and sustain Reflective Consultation in other professional sectors.

As interest in Reflective Supervision has increased, it's become very important to clearly describe what Reflective Supervision is, how it differs from other forms of supervision and steps a professional needs to take to be recognized as a Reflective Supervisor in the Endorsement® system. Understanding and promoting needed training to be a qualified Reflective Supervisor has not always been clear and this has posed as a barrier in promoting its practice, developing professionals and our ability to support professionals in applying for and maintaining Endorsement®.

Sustainability: As outlined in the above sections, the collaborative partnerships and statewide efforts to expand and IMH priorities, will help ensure that efforts are sustained. Moving forward, it will be important to develop clear implementation and sustainability plans for both the state and local efforts, using strategies as identified through implementation science. Many initiatives are now designed with sustainability prioritized through all facets of the development—leadership “buy-in,” infrastructure, funding and training is aligned to maintain project efforts once the project (or funding) ends. Capitalizing on strong local partnerships may prove a successful strategy in successfully sustaining efforts, along with thoughtful planning and professional development opportunities to ensure “fidelity.” Local communities have become incredibly innovative in sharing funding responsibilities and enlisting the support of local businesses to support young children and their families. Understanding local systems of care and taking local designs to scale may prove useful in statewide efforts.

Associations Newly Licensed in 2015

Iowa – Iowa Association for Infant and Early Childhood Mental Health

Fit Between IMH and other 0-3 Programs: Early Childhood Iowa is a state-funded entity that provides leadership for a comprehensive and connected system of early care, health and education to better serve young children and their families across Iowa. Six component groups have been developed to provide direction for this work and include leadership in the following areas: professional development; quality services and programs; public engagement; results accountability; resources and funding; and early childhood governance. The work of the IAIECMH has been strategically embedded into this larger system of early childhood, with both providers and leadership committed to regular communication and collaboration.

Sustainability: IAIECMH is a relatively new organization, although we are already working to lay the foundation for sustainability. Strategies to sustain this work include developing partnerships with both public and private stakeholders across multiple disciplines, embedding our work into existing community initiatives, facilitating community awareness on the importance of infant mental health, seeking grant opportunities for staff and organizational support, and sponsoring an initial group of applicants for Endorsement®.

Funding: Funding to begin Iowa's professional development work (development of the IAIECMH) originally flowed through Iowa's Project LAUNCH initiative. This SAMHSA grant supported strategic planning and staff time to develop the Association's infrastructure. In October, 2014, a grant was successfully obtained through Early Childhood Iowa to expand this work. This grant was used to purchase the license to implement Michigan's competency-based Endorsement® system, to host training in Reflective Supervision, and to fund Iowa's first leadership cohort of Endorsement® applicants. Although Project LAUNCH ended in March, 2015, Early Childhood Iowa continues to support this work with funding to pay for staff time and additional training in Reflective Supervision.

Another grant has been submitted to a local foundation to support a part-time Endorsement Coordinator position as well as coordination of a statewide professional development event in the summer of 2016. Funding decisions are expected to be released in mid-November.

Administrative expenses (insurance costs) have been paid through membership dues (\$30/year).

Training: Work is being done to crosswalk existing Iowa trainings with the competencies. It is anticipated that this work will help identify areas of strength as well as areas of need in relationship to the competencies, and will be useful for informing professional development planning.

Iowa State University has recently developed and implemented an infant mental health certificate program, and has expressed a desire to align their curriculum with Iowa's new competencies. The faculty responsible for developing and delivering the infant mental health curriculum are actively involved with the IAIECMH.

Community Collaboration: The IAIECMH is a statewide professional association designed to empower all levels of Iowa's workforce to provide quality social, emotional and behavioral supports to young children and their families. The work of creating this organization began as a collaborative effort between the following organizations: American Academy of Pediatrics (Iowa Chapter); University of Iowa; Mid-Iowa Health

Foundation; Early Head Start; Iowa State University; Iowa Department of Public Health; Early Childhood Iowa; the Iowa Department of Human Services; Orchard Place Child Guidance Center; Iowa Department of Education; Child Health Specialty Clinics; Polk County Health Department; Visiting Nurse Services; and individual mental health clinicians. This professional association filed Articles of Incorporation in February 2013, and officially launched its' membership on July 1st of that same year. It will serve as a hub to facilitate networking among professionals, provide increased access to information and resources, and ensure opportunities for quality professional development across all sectors of the early childhood workforce. Membership is inclusive of multiple workforce sectors, including clinicians, higher education, state government, child care, public schools and family support.

Policy Development/Systems Change: The federal Child Care and Development Block Grant Reauthorization process requires an increased emphasis on provider support for children's social, emotional and behavioral development. Staff from IAIECMH is collaborating with Iowa's Department of Human Services (DHS) to demonstrate how Iowa's new competency-based Endorsement® system fits within this work, and discuss strategies for embedding it within the state's implementation plan. Additionally, DHS is recalibrating the child care provider Quality Rating System (QRS). Conversations are being held to discuss how the Endorsement® system can be integrated in the QRS at a future date, creating an incentive for providers to participate.

Reflective Supervision: As a newly licensed state, Iowa has a long journey to build capacity for Reflective Supervision. To launch this work, a four-part training series was held in the summer of 2015, with 35 early childhood professionals participating. Participants were diverse and represented multiple disciplines and educational levels. A breakdown of sector representation is as follows:

- 50% were mental health therapists
- 23% represented child care (Head Start and Child Care Resource and Referral)
- 17% represented family support
- 8% represented higher education
- 2% represented law

Through Early Childhood Iowa, the IAIECMH has funding to support this first cohort in ongoing Reflective Consultation through October 2016, and to train two additional cohorts in the coming months. We are still trying to identify qualified consultants to facilitate this work.

Massachusetts – Massachusetts Association for Infant Mental Health

MassAIMH has as its **mission:** To promote infant and early childhood social and emotional well-being as foundational to development by enhancing and linking training, research, policy, and intervention through collaboration, support and advocacy. Our mission is to enhance professional collaboration in infant and early childhood mental health service delivery, research, training and policy, offering a forum for integrating the multitude of efforts in each of these arenas throughout the state.

The **purpose:** The Association is formed:

- to promote public, professional and political awareness that infancy and early childhood is a vital period in the psychosocial development of the individual;
- to provide information to increase the level of knowledge for all professionals, para-professionals, and the general community serving the needs of infants, young children and their families;
- to promote the optimal development and wellness of infants, young children and their families so that they may realize their maximum potential; and
- to engage in activities that encourage cooperation and collaboration among other groups, agencies and individuals that serve children and families within Massachusetts and its neighboring states.

Major **Activities** thus far:

- Consolidation of consistent Board, adoption of By-Laws and election of Executive Committee, summer 2008
- Founding membership enrollment 2009-2010
- Winter 2008-2009: Defined committees to address organization mission: Training, Policy, Research, Intervention, Membership
- MassAIMH ‘endorsement in principle’ of Mass. House Bill 3897 (An Act Relative to Post Partum Depression)
- Letter of support for Mass. Executive Office of Health and Human Services proposal to SAMHSA for implementing a Systems of Care for children birth to five, in partnership with Boston’s Thrive in Five and the United Way of Massachusetts Bay and Merrimack Valley. As part of our collaboration with the Systems of Care Initiative, we advocate for training on a DC:0-5 Crosswalk with DSM-V-TR and ICD-10, a more appropriate diagnostic classification system for infants and young children, so vital to effective treatment planning. Further, our organization of professionals with expertise in a range of infant and early childhood mental health diagnosis and treatment can provide technical assistance on evidence-based dyadic parent-infant interventions.
- MassAIMH 501c3 non-profit legal entity status finalized with the IRS in June 2009

- World Association of Infant Mental Health affiliate status finalized in September 2009
- April 2010 MassAIMH letter to DSM 5 Task Force advocating for inclusion of relationally-based, systems constructs as per DC: 0-3R.
- Goals to expand Board and general membership with practitioners from all disciplines who are working in service of the social and emotional health of young children and their families.
- Website established
- Plans for pursuing collaborative relationships with other health and human service organizations as possible training affiliates, for co-sponsoring or co-directing professional development conferences, workshops, and other teaching opportunities (e.g., UMass Boston Infant Parent Mental Health Fellowship Program; Brazelton Touchpoints Center; Connected Beginnings)
- October 2014 Membership event: Keynote with Drs. Brazelton and Singer (see attached powerpoint slide)
- Contribution and dissemination of ECMH registry of practitioners in the Commonwealth

And most excitingly:

As of 2015, there are three workgroups in the Commonwealth of Massachusetts that are currently supporting efforts to build the competency of the cross systems infant/early childhood mental health workforce: (1) the DPH-led Infant Early Childhood Mental Health (IECMH) Interagency Systems Workgroup, which includes EEC, Departments of Elementary and Secondary Education (ESE), Mental Health (DMH), Children and Families (DCF), MassHealth, and the Children’s Behavioral Health Initiative (CBHI); (2) DMH’s Professional Advisory Council for Children and Youth; and, (3) the Children’s Mental Health Campaign, led by Boston Children’s Hospital and the Massachusetts Society for the Prevention of Cruelty to Children. Additionally, both the Professional Development Workgroup of DPH’s Young Children’s Council and the Early Intervention’s Interagency Coordinating Council have researched national competency systems and have determined that: (1) Massachusetts has a critical need for an IECMH professional development competency system; and (2) that the best fit for Massachusetts is the system developed by the Michigan Association for Infant Mental Health (MI-AIMH), now used in approximately 20 states.

Made possible in June 2015 by an Interagency Systems Agreement with EEC, DPH provided the funding resources for MassAIMH to purchase the initial license to use the MI-AIMH Competencies. EEC entered into an ISA with DPH for the federal Race to the Top - Early Learning Challenge Grant (RTTT-ELCG) that includes a focus on “Develop[ing] cross-training professional development opportunities on relevant topics that include: ...promoting social emotional health and responding to behavioral and mental health challenges...(for audiences) across early childhood programs including ... Early Education and Care Programs, Coordinated Family Community Engagement grantees, Early Intervention providers, and MHVI Program staff. Investigate[ing] the creation of a single training entity with shared calendars from other state agencies and private providers that are well aligned.” It is this funding and ISA that made possible the MassAIMH adoption of the MI-AIMH Competency Guidelines®. MassAIMH is proud to adopt and promote these standards.

And just this past October 16th, Debbie Weatherston came to Boston to be our keynote speaker at our Competency Guidelines® announcement event; along with Kaitlin Mulcahy from NJ-AIMH and Grace Whitney from CT-AIMH to help steer us as we adopt these guidelines.

Western Australia – Australian Association for Infant Mental Health - West Australian Branch Incorporated

Fit between IMH and other 0-3 programs: Early childhood training organization (Childhood Australia) is collaborating with AAIMHI WA to provide modules on IMH in their training programs for childcare staff. Also, the AAIMHI WA Competency Report launched in March 2015 documents how the Competency Guidelines® align with other competency frameworks across child and adolescent mental health, early childhood education, national mental health strategy document.

Sustainability: We are creating relationships with other agencies and investigating ways of creating financial sustainability through philanthropy, grants, etc.

Funding: Mental Health Commission (Government Agency) awarded two grants:

- Dec 2014 funded a year of reflective supervision for the AAIMHI WA Competency Working Group (10 members, interdisciplinary team, members across perinatal and IMH services) who are all working towards Endorsement® which includes monthly 2 hour group supervision and two 2 day reflective supervision workshops.
- July 2015 MHC funded AAIMHI WA to employ a part time project coordinator position for 12 months to progress Competency Guidelines®, engage with stakeholders and coordinate IMH training in Western Australia.

Training: The AAIMHI WA Seminar Series is now aligned to specific competencies from the AAIMHI WA Competency Guidelines®. The AAIMHI WA seminar series in 2015 follows a developmental pathway to build skills progressively across the core areas of knowledge, skills and practice in IMH. The informal feedback received from members since the introduction of these changes has been very positive. Additionally, the AAIMHI WA Competency Guidelines® is providing a structure and a framework to ensure the seminars offer a quality training experience that provides knowledge and skills in IMH. Increasing the seminars from one to two hours in duration gives participants an opportunity for reflection and increases the possibility of integrating new knowledge and skills in IMH into their everyday practice. The seminars provide participants with an introduction to skills that practitioners may choose to develop further through more formal education or conference attendance. The new Seminar series has resulted in a 15% increase in AAIMHI WA membership.

Community Collaborations: Collaborations with government services such as Child and Adolescent Mental Health Services and Edith Cowan University (ECU) have commenced to develop IMH training that is aligned with the AAIMHI WA Competency Guidelines®. Additionally, The team at ECU with some external assistance from AAIMHI WA developed the proposal for a Master Degree course in IMH. It was passed at the March 2015 meeting of the ECU University Academic Board. The IMH course is due to run from February 2016, with applications invited later this year. It is a two year full time or four year part time Master Degree course in IMH with exit points after one and two years respectively for a Postgraduate Certificate in IMH. The course is written to align with the AAIMHI WA Competency Guidelines®. It is aimed at those with a Bachelor Degree who are already working with infants, young children and their families. ECU has also recently established the ‘Pregnancy to Parenthood Clinic’, a free perinatal and IMH service for caregivers, infants, young children and families from pregnancy through to three years. It is a training program for students completing the Master of Clinical Psychology degree and is the first training program of its kind in Australia. This training program is

designed to ensure the clinical psychology students meet standards specified in the AAIMHI WA Competency Guidelines®.

Policy Development: AAIMHI WA was invited to be part of a government led network group for perinatal and IMH. Also, there was a reference to AAIMHI WA Competency Guidelines® as a response to recommendations pertaining to workforce development in the Commissioner for Children and Young people's report to be published later this year.

Reflective Supervision: 10 members of the Competency Working Group are receiving 2 hour group based reflective supervision for 12 months. Beulah Warren, an experienced psychologist and inaugural Co-ordinator of the Master of IMH program at the NSW Institute of Psychiatry is providing the monthly reflective supervision for all three groups via Skype.

The next step for AAIMHI WA is to purchase a workforce recognition initiative, the MI-AIMH Endorsement for Culturally Sensitive, Relationship-Based Practice Promoting Infant Mental Health® license (Endorsement®), from MI-AIMH. It is anticipated this will be purchased by early 2016. In preparation, members of the Competency Working Group are working towards earning the Endorsement® through MI-AIMH (3 at level 4, 6 at level 3 and 1 at level 2). It is anticipated that this group will all be endorsed by the end of 2016.