



2016 Alliance Associations Activity Summary

Culturally Sensitive, Relationship-Focused Practice

Promoting Infant Mental Health

A GRASSROOTS APPROACH TO CHANGE

Each year, participating Alliance 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 most of the 27 participating associations including Alaska, Arizona, Colorado, Connecticut, Idaho, Indiana, Iowa, Kansas, Michigan, Minnesota, New Jersey, New Mexico, Oklahoma, Oregon, Rhode Island, Tennessee, Texas, Virginia, Washington, West Virginia, Western Australia, and Wisconsin. More newly established members will contribute to next year's summaries.

We present these summaries in celebration of the extraordinary work done in each infant mental health association on behalf of babies, their families, their service providers and advocates.

Alaska – Alaska Association for Infant Mental Health (AK-AIMH)

Fit Between IMH and other 0-3 Programs: The State of Alaska EI/ILP Part C program has included a number of activities to support the professional development of early intervention personnel in the area of infant mental health into their State Systemic Improvement Plan (SSIP). This involves training in evidence-based practice and providing reflective supervision for all Part C Coordinators. The overall vision of the Alaska Part C SSIP is: Children with social-emotional needs are identified early and receive evidence-based services that strengthen their primary relationships and positively impact their future developmental trajectory.

Sustainability: IMH-E® continues to gain visibility among practitioners. Alaska now has 9 professionals who are endorsed at different levels and 26 applications in process. Five endorsed Alaska practitioners participated in the exam review training offered by MI-AIMH during the year. AK-AIMH's membership continues to grow with a current membership of 150.

The State of Alaska was chosen by Zero to Three to participate in the Infant-Early Childhood Mental Health (IECMH) Convening and Technical Assistance opportunity, Aligning Policy and Practice: Mental Health Assessment and Treatment of Infants, Young Children, and Families. The Alaska team working with Zero to Three has included advocating for training to support more practitioners to become endorsed in their work plan.

Funding: Funds continue to come primarily from membership dues and specific annual fundraising activities.

Training: Two trainings in Circle of Security were provided to Part C providers during 2016. AK-AIMH continues to offer free access to the 15 part web-based Infant Mental Health Community training from the Infant Mental Health Promotion, Toronto, Canada. Additionally, a cohort of ILP providers completed a two-year training in Connie Lillas's Neuro-relational Framework. The State of Alaska is sponsoring a 2nd cohort of 20 ILP practitioners and 3 community social workers. Lastly, three endorsed practitioners attended the Alliance Reflective Supervision Symposium in August.

Community Collaboration: AK-AIMH continues to participate in the organization of the annual Infant and 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, Department of Behavioral Health, Anchorage Community Mental Health Services and AK-AIMH.

The Washington Department of Early Learning submitted a proposal to Health Resources and Service Administration for an Innovation grant on behalf of the Maternal and Infant Early Childhood Home Visiting (MIECHV) Programs in Washington, Oregon, Idaho and Alaska. The proposal was funded and the grant award included funding for states' Infant Mental Health Associations and their subject matter experts to meet and develop guidelines that might help forward state services. This Innovation grant also provides some possible funds to be used for experts in infant mental health to do some in state training in FAN-Fussy Baby Network and other related information. This project is expected to start implementation in January 2017.

Reflective Supervision: Alaska endorsed practitioners are now providing Reflective Supervision to local ILP programs. The Early Childhood Comprehensive System (ECCS) continues to support Reflective Supervision for a group of Head Start Early Childhood mental Health Consultants. ECCS continues to provide grants to agencies in Anchorage, Juneau and Fairbanks to provide early childhood mental health consultation and reflective supervision to programs.

Arizona – Infant Toddler Mental Health Coalition of Arizona (ITMHCA)

Fit between IMH and other 0-3 Programs: Best for Babies incorporates the IMH-E® Competencies in educating 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 practitioner group in public and private agencies as well as foster parents. Baby CASA training is available; we are waiting on the CASA program to set some dates for training to volunteer CASAs (Court Appointed Special Advocates). IMH principles and practices are being infused throughout some Arizona tribes--courts, social services/behavioral health, child care/Head Start. Child Care Mental Health Consultants and Child Care Health Consultants use IMH principles and practices in working with childcare settings to assist teachers, parents and children to provide appropriate social emotional environments in childcare. Home Visiting program staff receive training in IMH principles and practices, with practical tips for working with parents and children. Again in 2016, MIECHV funds have been used to provide IMH training to home visitors around the state; this year at introductory, advanced, and supervisor levels. MIECHV funded a 25 member cohort of home visitors from multiple home visiting programs to pursue IMH-E® in 2015. The number endorsed as of Dec 2016 doubled to 20 who completed applications and are IMH-E® so far. A new Early Childhood Workforce 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®. ITMHCA has begun to reach out to organizations across the state in a 'meet and greet' fashion to identify service gaps and assist with program support.

Sustainability: IMH-E® is gaining visibility among practitioners. Work needs to be done to engage policy makers, programs administrators, and 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, including the ITMHCA Risk to Resilience Institute 2016. 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. ITMHCA has reached out to interested participants from the 2016 Institute to help with the Endorsement® process and an initial meeting will be held February 2017.

Funding: Funds currently come from membership dues (\$40/year); Endorsement® fees; community training tuition; Institute registration. The 2016 Risk to Resilience was attended by 250 practitioners and professionals from Arizona and around the US. ITMHCA realized \$15,000 from conference registrations and sponsorships. Multiple graduate students have written grant proposals for class assignments that may garner new funding. ITMHCA has registered with Amazon Smile, Guidestar, and yourcause.org to assist with possible funding options.

Training: After a number of years, the Arizona State University Master of Advanced Study in Infant Family Practice program, unique in its focus on infant mental health and the competencies, is no longer in operation. Graduates from this program have entered community agencies as birth to five assessment workers and family support therapists, with a strong knowledge and skill base. Southwest Human Development continues the Harris Training Program in Infant and Early Childhood Mental Health in both a one and two year program. The 2-year program is for clinicians in IMH. Community Colleges in various counties also include IMH courses. These

courses relate to the competencies. ITMHCA provides quarterly IMH trainings that are competency informed by ITMHCA members on multiple topics to both members and non-members in both Central and Southern Arizona. ITMHCA is looking to have virtual learning experiences for members starting in 2018 to include collaborative efforts with other Southwestern states as well as the Ounce of Prevention. Three ITMHCA members attended the MIAIMH Reflective Supervision Symposium in August 2016 and will provide 3 trainings in Reflective Supervision around the state in 2017. Agencies with a zero to five focus across the state are training their direct practitioners in Child Parent Psychotherapy and other infant-parent interventions, leading to Endorsement®. ITMHCA also continues to collaborate with Prevent Child Abuse Arizona on a variety of trainings and outreach efforts to the community.

Community Collaboration: The Arizona Department of Health, using federal MIECHV funds, contracted with IMH Endorsed® professionals to provide training to home visitors statewide, and encourages home visitors to recognize their IMH expertise via Endorsement®. ITMHCA's 2016 Annual Risk to Resilience Institute, Oct. 6-7, 2016 was recognized by various community collaborators by both providing sponsorships and sending staff. National and local presenters provided keynotes and break-out sessions. ASU professors were among the presenters this year. Local vendors included the Early Childhood Registry, Community Colleges, and child-serving agencies. ITMHCA collaborates with the largest Regional Behavioral Health Authority (Medicaid) provider- Mercy Maricopa--and is invited to discussions with Medicaid regarding child welfare issues.

Policy Development/Systems Change: Best practices for infants and toddlers 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). The state agency for 0-5, First Things First, recognizes IMH in its regional council strategies for funding allocations. FTF's Early Childhood Professional Development Registry also credentials IMH trainers, and Registry participants can track trainings earned by age group, topic, trainer, date to be used in compiling their IMH-E® applications. The Regional Behavioral Health Authorities around the state are increasing specific programs targeting families with children birth to 5 years; some have invited ITMHCA members to provide IMH training to their personnel.

Reflective Supervision: Several IMH-E®(III) professionals are listed on the ITMHCA.org site as qualified and available to provide IMH RS/C for individuals or groups via face to face, phone, or online sessions. ITMHCA endorsed members are contracted to provide RS/C to 8 groups in Central, Southern, and Northern Arizona (behavioral health, crisis nursery, home visiting) using a combination of face to face and online technology. Other IMH-E® members provide RS within their agencies. These groups meet important criteria toward Endorsement®.

Colorado – Colorado Association for Infant Mental Health (CoAIMH)

Fit Between IMH and other 0-3 Programs:

- *Home Visitors*
CoAIMH provided Endorsement® information sessions to home visitors across the state in the Spring.
- *Expanding Quality for Infants and Toddlers (EQIT)*
A cohort of EQIT Coaches from the Colorado Department of Education have active, in process Endorsement® applications.
- *Early Childhood Mental Health Consultants*
A cohort of early childhood mental health consultants funded by the Colorado Department of Human Services Office of Early Childhood continue to be financially supported through the Endorsement® application process.

Sustainability Efforts:

- *Endorsement® Growth*
The IMH Endorsement® continues to grow across Colorado. Nine (9) new early childhood professionals from across the state became endorsed in 2016 in the following categories:
Infant Family Associate (3)
Infant Family Specialist (3)
Infant Mental Health Specialist (2)
Infant Mental Health Mentor - Clinical (1)
We currently have 87 applications active, in process applications.
- *Endorsement® for Board Members*
Two (2) Board members have active, in process Endorsement® applications.
- *CoAIMH Liaison at State-Level*
Jordana Ash, past CoAIMH President and Director of Early Childhood Mental Health at the Colorado Department of Human Services (CDHS) Office of Early Childhood (OEC) was appointed the liaison between CoAIMH and CDHS OEC.

Grants/Contracts/Funding:

- *Funding for a part-time Endorsement® Coordinator is supported by CoAIMH general funds in combination with the partnerships described directly below.*
- *Colorado Department of Human Services, Office of Early Childhood, Early Intervention Colorado*
With funds received from Early Intervention Colorado, CoAIMH provided a two-day infant mental health training to 65 Early Intervention providers from across the state. These funds are also currently supporting 38 EI providers through the *Infant Mental Health Endorsement®* process, including providing them with regular group reflective consultation. A portion of funds received also support the Endorsement® Coordinator.

- *Project LAUNCH – Adams County*
CoAIMH received funds from Project LAUNCH - Adams County to support a cohort of their infant and early childhood professionals through the Endorsement® process, with a portion of funds used to support the Endorsement® Coordinator’s time. To date, one (1) professional has been endorsed and ten (10) more have in process, active applications.
- *Early Childhood Mental Health Consultants*
CoAIMH received funds from the Colorado Department of Human Services, Office of Early Childhood to support a cohort of early childhood mental health consultants through their Endorsement® application process, with a portion of funds supporting the Endorsement® Coordinator’s time.
- *LAUNCH Together – Technical Assistance*
LAUNCH Together is a collaboration of eight Colorado-based private foundations whose purpose is to replicate SAMHSA’s Project LAUNCH throughout the state. In August, CoAIMH submitted an application to provide technical assistance to the four (4) implementation communities. CoAIMH is currently in communication with Early Milestones, the intermediary between the foundations and communities, to solidify the technical assistance activities beginning January 2017.

Training and Higher Education:

- *Colorado Foundations*
“Colorado Foundations” is a nine (9) Module course that was developed to strengthen the capacity of the early childhood workforce across the state by providing a continuum of high-quality, consistent infant and early childhood mental health supports to children and families. The intended audience of the course is Early Intervention providers and service coordinators, early care and education providers, home visitors, public health nurses, and other early childhood providers. “Colorado Foundations” will be unique in its ability to promote a shared understanding and common language of infant and early childhood mental health principles to individuals across a broad array of disciplines. Further, the curriculum content supports the Endorsement® Competencies in an effort to facilitate the growth of necessary knowledge for those professionals seeking Endorsement®. CoAIMH is currently developing an application process to develop a cadre of “Colorado Foundations” trainers.

Policy Developments and Systems Change:

- Jordana Ash, CoAIMH Liaison, co-chairs the Alliance Policy Subcommittee.
- Colorado was selected by Zero to Three to participate in a Financing Convening.

Reflective Supervision/Consultation (RS/C):

- *Fall Teach-In*
CoAIMH offered a two-day professional development event on reflective consultation/supervision for the infant and early childhood workforce in November. The first day was offered for all professionals who work with young children and wanted a deeper understanding of reflective supervision and

consultation, both in receiving (as supervised/consulted) and in facilitating (as supervisor/consultant). Eight (80) people, including 8 facilitators, attended this day. The second day was an optional intensive workshop for professionals who already provide consultation/supervision to providers in any field of infant and early childhood services. Attendance for this day was limited to professionals who have received past RS/C training and had experience providing RS/C. Forth-three (43) people, including 6 facilitators, attended this day. Registration for both days filled to capacity quickly and the CoAIMH Board is exploring opportunities for offering regular RS/C training.

- *Colorado Endorsement® Partnership's RS/C Task Force*

The Colorado Endorsement® Partnership (CEP) is comprised of twelve (12) stakeholders of varying disciplines from the infant and early childhood mental health field and is facilitated by the Endorsement® Coordinator. The CEP meets monthly with the primary purpose of ensuring that the CO Endorsement® process aligns with The Alliance for the Advancement for Infant Mental Health.

Colorado does not currently require that Endorsement® applicants receive RS/C from an endorsed provider. A primary focus of the CEP for the past 18+ months has been when to make this a requirement while simultaneously building capacity to support the requirement. In April, CEP affirmed that all new Endorsement® applications on or after 1/1/2018 will require that RS/C come from an endorsed provider. To prepare for this requirement, CEP formed a RS/C Task Force comprised of seven (7) stakeholders, four (4) regular CEP members and three (3) additional community stakeholders with significant expertise with RS/C. This Task Force meets monthly.

- *Application for 2018 RS/C Symposium*

In November, CoAIMH submitted an application to host the 2018 RS/C Symposium for The Alliance.

Connecticut – Connecticut Association for Infant Mental Health (CT-AIMH)

Collaborations with other efforts in Connecticut: CT-AIMH has collaborated with the Connecticut Pyramid Partnership and the Connecticut Attachment Network to identify similar training efforts, explore how these organization’s efforts align with the criteria for CT-AIMH Endorsement® at multiple levels, and identify where “gaps” may exist. Other activities include presenting five collaborative meetings around the state with EHS staff and community partners and participation on a panel hosted by the CT Department of Children and Families Training Academy to discuss IMH and promote Endorsement®.

Sustainability: CT-AIMH continues to meet with key state agency representatives and other potential funders to encourage interest in CT-AIMH activities/staffing.

Funding: For the fifth consecutive year, CT-AIMH sought and successfully received funding through the **CT Department of Children and Families** and **CT Head Start State Collaboration Office** to provide IMH training and RS/C to child welfare staff, Early Head Start staff and community partners. **CT Head Start State Collaboration Office** also funds five IMH Collaboration Meetings around the state, three RS/C groups and many other collaborative projects in the state. CT- AIMH is in year two of funding through **CT Elm City Project LAUNCH**, a federal SAMHSA grant (2015-2019) to provide a 6-day IMH training series for home visitors, fund a number of applicants to pursue Endorsement®, provide Child Parent Psychotherapy (CPP) training to clinicians and provide a 5-day RS/C training. **LAUNCH** also sponsored CT-AIMH’s Fall Conference this year. The CT Office of Early Childhood also agreed to be a sponsor for CT- AIMH’s fall conference. **Connecticut’s Birth to Three System (Part C)** has committed to funding three reflective supervision groups. CT- AIMH has also continued to receive funding from the **Child Health and Development Institute (Children’s Fund of CT)** and **CT Head Start State Collaboration Office** to support a number of initiatives: and both also sponsored the CT-AIMH fall conference. Increasing membership and Endorsement® applicant fees, and CT-AIMH’s two annual conferences in 2016 all helped to support CT-AIMH.

Training: CT-AIMH continues to explore opportunities to develop and disseminate IMH training for foster care providers with CT DCF through the work of the CT-AIMH Professional Development Committee. CT-AIMH completed a crosswalk with Central CT State University to promote the inclusion of IMH competencies in higher education (IMH Bachelor Degree). 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 collaborated with TX to present a poster at WAIMH (in Prague) that highlighted CT-AIMH data on the topic of training childcare providers in CT. CT-AIMH continues to work 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 received funding to provide HV and childcare provider training in 2017-2019, along with RS/C and Endorsement® for one town in CT.

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 Early Childhood Alliance, CT

Home Visiting Consortium, the Early Childhood Cabinet's Homelessness sub-committee, the CT Early Childhood Comprehensive System's Grand Advisory Committee, the state Child Welfare/Head Start Collaboration, the Early Childhood Cabinet subcommittee-the State Young Child Wellness Group, the Home Visiting Consortium, the Attachment Network, the New Haven Infant/Toddler Committee and the Pyramid Model Committee.

Policy Development/Systems Change: CT-AIMH continued to support the Zero to Three Amendment to CT Sen. Chris Murphy's *Mental Health Reform Act of 2015 (S. 1945)* that added 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. The policy committee is meeting to investigate how to include Medicaid funding for infant mental health services.

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 provide funding for these groups. All groups help participants to meet criteria toward Endorsement®. The original group of Endorsees in CT continues to meet regularly to receive reflective supervision as they offer it in turn to others across the state.

Idaho – AimEarlyIdaho

Fit between IMH and other 0-3 Programs: Idaho's Part C program (Infant Toddler Program/ITP) has continued 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 continues to work towards identifying a professional development system for early intervention professionals which may include Endorsement® at Levels I and II. As a pilot, Part C is sponsoring Endorsement® for 6 employees in Region 1 at Level II who have 24+ hours of reflective supervision completed. Part C is covering the cost for initial application, association membership, and Endorsement® application fees for this cohort. Collaboration between Idaho STARS and AimEarlyIdaho to align competencies at Level I for childcare providers is still in process.

Sustainability: Sustainability continues to challenge the Idaho Association. The primary challenges are around funding and staffing. Our membership has grown in the past year to now over 40 members statewide.

Funding: The association has no funding from outside sources. Board members continue to work on identifying potential funding streams.

Training: Aim Early Idaho 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. 2016 is an even numbered year and Aim Early Idaho has sponsored 5 break-out sessions for the Early Years Conference Infant Mental Health track. Four of the five sessions are nearing capacity. Aim Early Idaho is working with stakeholders to increase training opportunities in Idaho that align with the Endorsement® competencies.

Community Collaboration: Board members work tirelessly to promote infant mental health practices and increase awareness of AimEarlyIdaho. This year we are pleased to have increased collaboration with our Part C program, Idaho STARS, and Optum Idaho.

Policy Development/Systems Change: Continued collaboration with Part C, Idaho STARS and Optum Idaho may lead to policy development and systems change in the future. Part C continues to pay Infant Toddler Program contractors for meeting time if they participated in reflective supervision/consultation, a significant and important building block of change. The Department of Health & Welfare's Family & Children Service's bureau chief Cameron Gilliland has expressed an interest in building capacity to infuse evidence-based practices to promote infant mental health within Idaho's state programs.

Reflective Supervision: Part C/Infant Toddler Program has continued to support an endorsed clinician (Carol Grise) in the Northern Hub to make reflective supervision available to staff in that area of the state. Carol facilitates 3 reflective supervision/consultation groups in region 1 (3 speech language pathologists, 3 occupational therapists, 5 developmental specialists, 1 physical therapist, 1 service coordinator for a total of 13). Carol also provides reflective supervision/consultation 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. There is interest within Part C to grow capacity for reflective supervision practices across the state. Currently, two endorsed professionals are providing reflective supervision/consultation in Idaho (face-to-face and distance). In addition, Aim Early Idaho pursued two grant opportunities in 2016 sponsoring Endorsement®, reflective supervision/consultation, and IMH training.

Indiana – Infancy Onward

Fit Between IMH and Other 0-3 Programs: Indiana INFANCY ONWARD 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. IMH leaders recently met with a Marion County Magistrate to present the concept of court team and to explore partnerships. In December 2016 the IMH association's leaders are scheduled to meet with the Director of the Indiana Department of Child Services to discuss their needs specific to infant mental health.

Sustainability: An ongoing discussion.... Currently INFANCY ONWARD has funding from the Division of Mental Health and Addiction to help support the ongoing work involved with Endorsement®, etc. We anticipate that funds from increased membership (annually) and from Endorsement® fees will help build a portion of the ongoing funds needed. While annual revenue has increased since the start of this grant in August 2014, the increase is not yet enough to sustain the association and the Endorsement® process on its own. INFANCY ONWARD continues to look for grants and partners in this work to maintain current levels of effort. At the current time, INFANCY ONWARD 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 exams, and to serve on the board and committees, however we are always working to find new people to take on leadership roles within the association.

Funding: For the past 2 years INFANCY ONWARD has been 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: INFANCY ONWARD has sponsored a one day Infant Mental Health Conference, typically in August, for over 16 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. INFANCY ONWARD participates on the planning committee and regularly presents sessions on infant mental health topics. INFANCY ONWARD 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. INFANCY ONWARD also exhibits at this conference.

This fall, INFANCY ONWARD sponsored one half-day training on mindfulness and reflective supervision. The training was very well received and the association hopes to offer similar trainings regularly throughout the year. INFANCY ONWARD is partnering with the Riley Child Development Center to offer an intensive in

infant mental health in 2017. Our target audience is mental health professionals who have experience with children but need additional training and support to work with families of infants and toddlers. This work is supported with private funding from the Riley Children's Foundation as part of a larger grant developing a mother-baby program at the hospital. Training experiences are designed to fulfill some Endorsement® Competency requirements and are intended to support those earning Infant Mental Health Specialist (III).

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. Indiana is now part of a Zero to Three project bringing together state leaders to work toward increasing access to infant and early childhood mental health services. INFANCY ONWARD board members are joining with state agency leads includes DCS and DMHA in this effort.

Reflective Supervision: Given the real challenge in Indiana to provide accessible Reflective Supervision (RS), a cornerstone of the Endorsement®, a creative approach is underway initiated with the support of the Early Childhood Comprehensive System (ECCS) grant and now continuing with the Riley Children's Foundation funding. There are a limited number of Infant Mental Health Specialists 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 will use Zoom to access video feed of members and a conference call-in number to hear and speak if needed. 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 finished in December 2015, and the second cohort will finish in December 2016. New cohorts with the additional funding are being planned.

INFANCY ONWARD has also developed a contract with the Indiana Department of Child Services to provide RS to an identified group of clinicians at Healthy Families MIECHV sites. The contract began in October 2016 and will continue through September 2018. INFANCY ONWARD provides RS via teleconferencing with a group of about 8 individuals. The group meets twice monthly for 90 minutes each session. These sessions will continue until each clinician has achieved the minimum 50 hours of RS needed to earn Endorsement® at Category III. At that time, DCS will then cover the fees required for these individuals to become Endorsed. The hope is that these individuals will become eligible providers of RS to the rest of the staff at each MIECHV site, the majority of which are home visitors and would earn Endorsement® at Category I or II. We hope this will be a step towards alleviating the challenge of having so few eligible providers of RS.

Iowa – Iowa Association for Infant and Early Childhood Mental Health

Relationship between infant mental health and other 0-3 and family programs:

- Efforts of the infant mental health association have been embedded within the Early Childhood Iowa Professional Development Implementation Plan
- Collaborated with Prevent Child Abuse Iowa to embed training on the Endorsement® process and Reflective Consultation into their annual conference
- Working with PBIS (CSEFEL Pyramid Model) to align and integrate work
- Building partnerships with Part C staff to enhance mental health services
- Presentation provided to Early Childhood Iowa State Board on January 8th

Sustainability efforts:

- Priority for 2017 will be working towards becoming a 501c3 nonprofit organization

Grants/contracts/ funding:

- Received grant funding from Early Childhood Iowa to support staff time for infant mental health leadership and collaboration. Funding will also support two 2-day trainings in Infant Mental Health and Reflective Consultation, ongoing Reflective Consultation sessions for 40 Iowa professionals, and to support a part-time contracted Endorsement® Coordinator.
- Children and Families of Iowa has agreed to serve as the Association's Fiscal Agent until a 501c3 status can be obtained.

In-service training models and higher education:

- Iowa State University developed an Infant Mental Health Certificate program. The program is completely accessible online, and requires 12 semester credits for completion. ISU faculty is in the process of developing a crosswalk between the program curricula and the competencies.
- Continued to provide professional education and awareness on the impact of early childhood experiences and relationships on early childhood mental health

Community or cross-systems collaborations:

- Hosted six professional development webinars on the topic of infant mental health this year
- Served as a co-sponsor for Iowa's Early Care and Education Fall Institute. Conference included breakouts on early childhood mental health.

Policy development and systems change:

- Iowa has a legislatively appointed workgroup addressing redesign of children's mental health services. In 2016 the workgroup developed recommendations that Iowa's system intentionally integrate

promotion and prevention into its scope of work. The group's legislative report requests funding to support prevention and promotion services in 2017.

- Working to establish a relationship with state Medicaid partners around infant mental health policies and practices
- Submitted an application to Zero to Three to participate in the Virtual Community of Practice regarding enhancing infant mental health in home visiting

Reflective supervision/consultation:

- Contracted with Jill Hennes and the Minnesota Association for Infant Mental Health to provide two training opportunities to Iowa early childhood professionals. 65 professionals participated in 2016. Two additional trainings are scheduled for next year.
- 20 Iowa professionals participated in monthly two-hour Reflective Consultation sessions from March through September. The work is expected to expand in 2017.

Other

- Hosted a graduate and undergraduate intern team over the summer to begin collecting information about availability of early childhood mental health services across the state.
- 11 Iowa professionals in the process of applying for Endorsement®

Kansas – Kansas Association for Infant Mental Health (KAIMH)

Relationship Between IMH and Other 0-3 Programs: KAIMH is partnering with other programs to do a joint educational conference in May 2017, Child Care Aware of Kansas, Kansas Parents as Teachers Association and Kansas Head Start Association.

KAIMH has partnered with other programs to increase their endorsed professionals through various incentives for sending groups through Endorsement® and working with our members to continue to put the word out to agencies/groups they are connected about Endorsement®.

We have started strategic planning talks to partner with other programs to complete crosswalks with their trainings and the competencies

Sustainability Efforts: This year KAIMH celebrated its 21st anniversary!! It has been heartwarming to reflect back on the past 21 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. KAIMH continues to work to sustain funding for operations, get more reviewers, get the word out about the competencies and Endorsement®, and is working to provide continued RS.

Grants/Contracts/ Funding: This year has been a particular challenge when it comes to funding. Despite many efforts to search for new funders within our state, as well as discuss with our current funders about continued funding we have had to make several cost-cutting changes to our association. Along with these difficult circumstances, however, has 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.

In-service Training Models and Higher Education: The 2016 Annual Kansas Association for IMH Conference was held on April 27th and April 28th. Over 100 people attended an in-depth training by Dr. Charles Zeanah, Dr. Paula Zeanah, and Dr. Richard Gaskill. The conference presentations covered the sensitive periods in brain and behavioral development, developmentally informed foster care for young children, clinical and ethical challenges in home visiting, concepts and issues to consider in reflective supervision, as well as a question and answer session on Endorsement®.

Community and Cross-Systems Collaborations: KAIMH has continued plans to improve our website and overall communication to members and the community.

Reflective Supervision/Consultation: 1 KAIMH Endorsed IMH mentor provides monthly RS to 8 groups of home visitors. This activity is funded through MIECHV state funding for home visitors in Kansas.

3 other RS groups funded through Early Childhood Block Grant and Healthy Families.

1 KAIMH Endorsed IMH mentor attended and helped to facilitate the first Alliance RS Symposium in Michigan.

4 other KAIMH Endorsed IMH mentors provide RS across the state

Michigan – Michigan Association for Infant Mental Health (MI-AIMH)

Fit Between IMH and other 0-3 Programs: Several Early Head Start sites, Maternal Infant Health Programs, Head Start Programs, some Part C programs, 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®.

A 9 month training series (see **Grants section**) targeted towards the broader infant-family home visiting field has been developed and is currently being piloted and evaluated, with a cohort of 24 home visitors from CMH, Early Head Start and Part C programs.

MI-AIMH's involvement with our early care system as they develop a registry for providers and trainers will allow for MI-AIMH Endorsed training to be vetted and offered through their system.

Sustainability:

Endorsement®:

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

In the Spring of 2016, EASy 3.0 was proposed and approved by the MI-AIMH Board. We contracted with WorkRoom Design to complete the work and it cost \$10,000. WorkRoom Design began to release stages of EASy 3.0 on October 2016. As of 01/2017, two of the four stages have been rolled out. We are awaiting the EASy Help Request System and the ability to run reports within EASy. Some of the EASy 3.0 updates included ability to delete a resume, ability to input more thorough work and supervision descriptions that are required, ability to change processing fee as the administrator, and ability to upload a reference resume for purposes of vetting. Once all of the changes have been launched, we will update and distribute the EASy Manual to all Alliance IMH associations. On-going improvements to EASy are intended to improve sustainability for MI-AIMH and the licensed IMH associations of the Alliance.

MI-AIMH, along with First3Years and ITHMCA, created webinars to assist all types of users in the EASy system, including, reviewers, advisors and applicants. These can be found here: <http://mi-aimh.org/alliance/endorsement-training-webinars/>.

“Office Hours” also continue to be available where individuals can call in with questions. This has been important in that the fees charged do not fully cover staff time devoted to Endorsement®.

MI-AIMH:

The formation of the Alliance on July 1st has afforded the opportunity for careful review and considerations related to separating the Alliance and MI-AIMH budgets with regards to expenses (e.g. staff time) and income (e.g. licensing revenue).

Our Development Officer left MI-AIMH to accept a position with a large nonprofit organization, so we have been relying upon our staff, volunteers and Board to work on various projects.

- New versions of our Baby Stages and Preschool Stages wheels were rolled out this fall and will be featured in various marketing efforts. The Fatherhood wheel is to be released in early 2017.
- The Reflective Supervision II DVD was released and marketed in the IMHJ and ZTT Journal.
- The 1st Annual Reflective Supervision Symposium was hosted by Michigan this summer, netting income for both Michigan as the host state, and the Alliance.
- New products under development and various training events throughout the year continue to be important for our sustainability. Our MI-AIMH conference is held every other year with the next one to be on May 7-9, 2017.

Grants/Funding: Foundation grants, along with Board donations and fees are supporting the development, pilot delivery and evaluation of a 9 month series for early career home visitors across service systems working with families who are pregnant or parenting very young children. This series encourages infant mental health informed practice and provides important foundations for IMH therapists early in their career journey and addresses all of the Infant Family Specialist (II) Competencies, and many of the Infant Mental Health Specialist (III) Competencies.

Competency-Based IMH Training: This is the eighth 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's 2015-16 year included a 3-day Introduction to Infant Mental Health, ethical & boundary considerations in HV, 3 days of training targeted to IMH Supervisors, 2 days on development with one focusing on 0-3 and one on the preschool years, one on working with substance using parents in IMH, one on the IMH therapeutic relationship with depressed parents, one on relationship-based approach on working with interpersonal violence, 2 days on therapeutic use of assessment in engagement, one on autism and IMH, one on Infant Parent Psychotherapy, and some spaces for that system's staff to attend DC 0-3R training and refresher training. This current 2016-17 year contract also yields a great array of offerings, which we will report on in next year's summary.

Registration will soon be open for our celebratory 40th anniversary MI-AIMH Conference again to be offered in Kalamazoo, MI. Our Conference is entitled, "Integrating Mindfulness & Diversity in Practice: Nurturing Authentic Relationships with Infants, Young Children & Families". We again hope to have a broad range of professionals working with families at this stage of life attend. National and international keynote speakers, Michael Trout MA, Kandace Thomas MPP, Marva Lewis LCSW, PhD, will speak. Help us celebrate our Birthday!

University Partnerships: Holly Brophy, Professor at Michigan State University and Assistant Editor of the Infant Mental Health Journal, organized endorsed faculty from the University of Michigan, Michigan State University, Eastern Michigan University, Wayne State University and Central Michigan University, and MI-AIMH staff to formalize the Michigan Infant Toddler Research and Evaluation (MITRE) Corridor to promote research and evaluation with IMH principles and practices in mind. This has been the engine behind the IMH Home Visiting Evaluation, so important to IMH policy and practice in Michigan and across the states. (see **Policy Development/Systems Change** section)

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 co-authored scholarly articles with faculty from Eastern Michigan University that appeared in both the Zero to Three Journal (ZTTJ) and the Infant Mental Health Journal (IMHJ), describing and summarizing their evaluation of trainings in reflective practice and supervision. The materials have been shared with other Alliance states as they build capacity in providing RS/C toward earning Endorsement®. MI-AIMH staff also co-edited a special issue of the IMHJ and authored articles that appeared in ZTTJ in 2016.

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

Community Collaborations: MI-AIMH staff again planned and coordinated IMH trainings with a variety of organizations across the state, including association chapters, educational systems, and community mental health programs, 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® by Arietta Slade. Additionally, MI-AIMH entered into a partnership agreement on behalf of the Alliance to make available the Ounce of Prevention's AchieveOnDemand online courses after coordinating a vetting process whereby each module was matched to Endorsement® competencies.

Policy Development/Systems Change: MI-AIMH's significant financial investment in the early stages of investigation into evaluation possibilities for the IMH HV model have blossomed into important collaborations on behalf of this effort. As a partner to the Michigan Infant Toddler Research and Evaluation (MITRE) group, along with a representative from the Department of Health and Human Services, and Betty Tableman, funding was secured with the University of Michigan (Maria Muzik & Kate Rosenblum) as primary investigator to do intensive evaluation of the IMH model. Additional funding from the Michigan Health Endowment Fund has been received by the University of Michigan to establish an IMH program, which will be evaluated with significant MITRE contributions. 3-4 IMH practitioners, a supervisor, and a consultant will be hired and a reflective supervision component will be evaluated. The IMH HV Manual, published by MI-AIMH will be used.

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; Baby Court; NASW - Michigan Collaborative; Infant Mental Health Statewide Meetings; Northwest Michigan Training Consortium; plus other chapter collaborations across the state.

Reflective Supervision: MI-AIMH staff planned and coordinated reflective supervision/consultation (RS/C) training for those providing RS/C around the state, as well as within our training contract with the Detroit-Wayne CMH system. Embedding reflective practice opportunities for training attendees occurs on a regular basis. Training on the provision of RS/C is also provided through workshops at other system conferences for practitioners in other systems. The first Alliance Reflective Supervision Symposium was co-hosted in Michigan. Over 500 Endorsed® professionals (II, III, IV-C) receive RS/C in Michigan annually, and our faculty registry of providers continues to grow.

Minnesota – Minnesota Association for Infant and Early Childhood Mental Health (MAIECMH)

Fit Between IMH and other 0-3 Programs:

- 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.
- 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®.
- MAIECMH board members represent a number of statewide 0-3 program efforts, including the MN Departments of Human Services, Education and Health; faculty and staff from a number of higher education institutions, Head Start, early intervention, mental health, and early care and education.
- MAIECMH current and past board members are represented in a number of state initiatives including the MN Coalition for Targeted Home Visiting; Elders for Infants; The Developmental Wellbeing Work Group (Children's Hospital); the DHS Infant Toddler CCDF Advisory group; and the Relationship-based Professional Development advisory group.

Sustainability of Endorsement®/Association: Increased Membership fees, from \$30 to \$70 (new 2 year option for \$120.) 119 total members; of the 119, 36 new in 2016.

Created a MAIECMH Training series, focusing on offering culturally sensitive trainings rooted in competency based, relationship-focused practice, promoting Infant Mental Health and meeting criteria toward Endorsement®. Trainings are offered in the Summer, Fall and Winter. Training topics in 2016 include:

- *Working Together in the Best Interest of Young Children and their Families: The Art and Science of Collaboration*
- *Understanding the Meaning of Parent Behavior*
- *Self Regulation Strategies: The Role of the Responsive Caregiver*
- *How a Baby Becomes a Person- How a Person Becomes A Parent*
- *Strategies for Supporting Young Children in the Context of Trauma*
- *Reflective Practice: Concepts and Applications*
- *Reflective Consultation: Building Skills for Providers*
- *Advanced Reflective Consultation*

Efforts are being made to collaborate with the state's child care quality improvement initiatives (Parent Aware) by having relevant trainings approved through their system.

Funding:

- Faculty Symposium funding—Minnesota Departments of Education, U of M Harris Program, U of M Maternal/Child Health. MAIECMH received funding to allow for development of web based access of the modules for the Faculty Symposium training. To invest in long-term sustainability of the Faculty Symposium, the MN Department of Human Services is extending an offer to support a password protected website portal for Faculty Symposium materials, tools and other supports.
- MN Association for Family and Early Education/MN Department of Education funding for 6 statewide trainings—MAIECMH was awarded an RFP to develop and deliver six day-long trainings on *Promoting parent-child relationships: The key to optimal developmental outcomes for BOTH child and parent*. The trainings were delivered in six regions of the state and participants were offered an optional follow-up 'virtual' consultation 2-3 weeks post-training to discuss the concepts within the context of their own work.
- Iowa Association for Infant Mental Health contracted with MAIECMH to provide training and RSC services. Two trainings were provided focusing on IMH principles, Reflective Practice and Reflective Consultation. Four ongoing reflective groups were formed with a mix of in person RSC and online using Zoom. The contract will extend through 2017.

Training and Higher Education: The second *Faculty Symposium on Embedding Infant and Early Childhood Mental Health Principles into Curricula* was held on July 27th and 28th at St. John's University, planned by a unique collaboration 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). Funding and support for this event were provided by multiple sources. **Forty-eight** total faculty participants attended the two symposia and were offered an introduction to IMH as an interdisciplinary field. Symposia keynotes were videotaped and archived for use by the attendees in classroom instruction. Attendees received/have ongoing access to instructional materials and resources for each of eight (four for each symposium) learning modules. Each module's instructional packet included power-point slides with resource 'script'; suggested reading assignments, videos and resources; student handouts; and activities to enhance learning. This year's four 'learning modules were presented as part of the *Minnesota Infant and Early Childhood Mental Health Instructional Unit Packet for College and University Instructors*. The 2016 modules are:

- Parent growth and development
- The cultural lens in early childhood mental health practice
- Trauma: Its impact on development and parenting
- "Fluency" in communication: Reflective functioning in practice with Dr. Anne Gearity

Each module was explored in both large and small groups with a focus on "What do students need to know" and "How will they use this information in their discipline?" In addition, the Minnesota Association for Infant and

Early Childhood Mental Health's (MAIECMH) Endorsement® system based on the *Competency Guidelines for Culturally Sensitive, Relationship-focused Practice Promoting Infant Mental Health*® was introduced as strategy for building an interdisciplinary statewide system of competent practitioners working with children birth to three and their families.

Going forward, it is hoped that the **Faculty Symposium will continue as a half day conference linked to the annual MACMH conference** with a regularly updated website containing teaching resources and research.

Community Collaboration: MAIECMH has linked several approved IMH trainings to Develop system. Develop offers professional development and quality improvement tools to support early learning & school-age care. Develop is supported by the Minnesota Department of Human Services, in coordination with the Minnesota Department of Education and the Minnesota Department of Health. Additionally, there is a meeting scheduled in early 2017 with Healthy Families America- Family Home Visiting Programs, Minnesota Department of Health to discuss support of HFA Supervisors and Staff becoming Endorsed. MAIECMH has also collaborated with three other state infant mental health associations (Connecticut, Iowa, Idaho) to provide training. Outreach presentations included: Start Early Funders Group: March 17th & October 5th and Elders for Infants forum: October 5th

Policy Development/Systems Change: MAIECMH strives to be a resource for groups who are actively lobbying at the legislature on behalf of children, prenatal to three, their families and caregivers. For example, we have provided input to the MN Association for the Education of Young Children (MnAEYC) and the Coalition for Targeted Home Visiting in this regard.

Reflective Supervision: Focused Trainings include “Reflective Process: Concepts and Applications.” In addition, an Advanced training for providers of Reflective Consultation was offered in October 2016. Lastly, an informational session was provided on Endorsement® at the yearly MACMH Conference by Endorsement® Coordinator. Information and presentations on IMH Endorsement® have been shared at all MAIECMH Trainings. Capacity building efforts for RS/C include:

- Focused Trainings include “*Reflective Process: Concepts and Applications.*” This was offered in Fall of 2015 as a beginning training and will be repeated in our Winter 2017 Training Series. “*Reflective Consultation: Building Skills for Providers*” was offered Fall of 2016 and will be repeated in 2017. In addition, an Advanced training for providers of Reflective Consultation was offered in October 2016.
- Interest in continued RS/C groups were gathered- intention of providing RS/C via Zoom to those providing RS/C that are not receiving it.
- Continued Interest for Reflective Process/Reflective Supervision training is steadily increasing with three proposed contracts in the works for 2017.

Other: Coordinator position was increased from .25 to .5 in June of 2016. Discussions continue with MACMH for funding support for a full time position beginning early 2017.

New Jersey – New Jersey Association for Infant Mental Health (NJ-AIMH)

Fit Between IMH and other 0-3 Programs: In 2016, the emphasis on the field of Infant Mental Health continued to be part of the *Keeping Babies and Children in Mind*, now under a grant from the Department of Human Services. The grant allowed counties, who had not previously met the Super Storm Sandy funding criteria, to schedule the *Keeping Babies and Children in Mind* training. Additionally, Pyramid Model training is being provided under this grant. The data base of participants continues to expand and these professionals are contacted for NJ-AIMH sponsored trainings including Reflective Supervision, membership, and Endorsement® information. The impact is wide-reaching in supporting multi-disciplinary professionals including early child care, early intervention, QRIS programs, clinicians, social workers, doula/childbirth/lactation professionals, and child protective services. The participants who completed the *Keeping Babies and Children in Mind* series, plus other community members, had the opportunity to enroll in a Reflective Supervision training which certified individuals through completion of two workshops and then a year (scheduled for 2017) of two-hour monthly Reflective Supervision sessions for a total of 24 possible RS hours. Currently, there are 32 professionals enrolled for the full Reflective Supervision offering and upon completion in 2017, they will be certified or “vetted” Reflective Supervisors, therefore building Reflective Supervision capacity in the state.

NJ-AIMH supports the Center for Autism and Early Childhood Mental Health at Montclair State University in its professional development programs. This year our members were notified and many participated in the continuing IMH education programs at MSU – Risk and Resiliency in Special Populations and three Selected Interventions. Also, our members were included in the IMH community event, Luminary Conversations, which recognized the contributions of one of the founders of the Statewide Parent Advocacy Network, a chapter of the *National Federation of Families for Children’s Mental Health*.

Sustainability of Endorsement®/Association: The greatest achievement in creating sustainability is the creation of the position for a paid part-time Executive Director. This role enhanced by the individual, Terri Buccarelli, who holds it, has given NJ-AIMH a consistent presence in the realm of 0-3 programs. The Executive Director, with other Board members, has attended and actively participated in conferences, (Coalition of Infant/Toddler Educators, New Jersey Counseling Association, New Jersey Association for the Education of Young Children, Health in Child Care, Todd Ouida – Montclair State University, Statewide Network for Cultural Competency and Aletha Wright conference/symposium), participated on state committees and created a social media platform for NJ-AIMH. The Executive Director actively manages social media visibility via Facebook and Twitter as well as updating an active website. Recently, the Association established a LinkedIn account and has realized active interest.

Sustainability also has been strengthened by enhancing the benefits of membership. This year a member’s dues provided access to a bi-monthly newsletter, six low-fee training opportunities, two free trainings, invitations to state conferences where competencies were assigned to workshops and networking opportunities. Also, members were offered access to other IMH professionals across multi-disciplinary fields.

Largely due to the KBCM project described above, the Association continues to prosper through gaining significant presence and visibility in our state. As of this report, we have over 200 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. IMH Endorsement® has been required for three visible positions within the state. Emphasis on the three regional centers in the North, Central, and Southern regions of the state 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. This continues to reach previously unconnected IMH professionals with targeted training opportunities for easier attendance geographically.

Funding: Funding is one of this year’s challenging areas and searching for additional funding through grants and donations is one of the 2017 goals. The Association had benefitted in the previous two years from the Social Services Block Grant that included scholarships for Endorsement®. Some of this funding served to finance the Executive Director position. Revenue from membership, membership renewal and Endorsement® application and renewal provides the bulk of the operating funds. The six fee-based trainings also supplemented the funds and have been successful in generating healthy attendance, which encouraged the scheduling of four additional offerings next 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 that are participating in New Jersey’s Quality Rating and Improvement Scale. 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, Education and Reflective Supervision Committee was very active this year researching, planning and offering six nominal fee-based trainings (\$20 for members, \$30 for non-members) as well as two free trainings also offered to community members. Due to demand for these trainings, the Association will increase the number of trainings by four additional sessions with two of them using a webinar platform. The greatest success was realized in the Reflective Supervision Workshops, a two workshop series conducted twice (summer and winter). A third optional workshop was offered on Group Reflective Supervision. These five trainings qualified 32 IMH professionals to continue in a two-hour monthly Reflective Supervision series which will certify them to be “vetted” Reflective Supervisors in the state, as well as gain hours toward the Endorsement® requirement. This Reflective Supervision workshop series is scheduled twice in 2017 (spring and fall) which will more than quadruple the Reflective Supervisory capacity in NJ. Also in 2016, we co-sponsored an annual conference in May with over 200 consistent attendees. All of these training opportunities offer Competencies.

The Association is also collaborating with the NJ Speech and Hearing Association to co-host a webinar in May 2017. The presentation by professionals from both organizations will be titled, *Early Trauma and its impact on Language Development*. In addition, a collaboration with **First Three Years**, the Texas AIMH, will result in NJ-AIMH being able to offer to our members webinars conducted by FTY for the first six months of 2017.

Community Collaboration: We have 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, the NJ Early Care and Education Alliance and the Project LAUNCH Breastfeeding Summit. We are scheduled to again participate in the New Jersey Counseling Association and the New Jersey Association for Social Workers to increase our outreach to mental health professionals in our state in 2017.

Our Public Awareness Committee continues to increase the list of professionals available for the Speakers Bureau to utilize the expertise of professionals throughout our state and community locations that will be offered through in-kind or honoraria to provide trainings or meetings with these professionals. This Committee has gathered data on the relationship between the children referred to Early Intervention and the placement in foster/kinship care of children supported by the Division for Child Protection and Permanency.

Policy Development/Systems Change: 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 Coalition of Infant/Toddler Educators, the statewide CSEFEL Pyramid Model Partnership, the Project LAUNCH planning group, and the RTT-ELC training and technical assistance providers. All of these statewide 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: The birth of the RS/C system happened in NJ in 2016. Through the implementation of a curriculum and establishment of two workshops with an optional third workshop on Group Reflective Supervision, the Association has created a well- received program for training Reflective Supervisors. This model is sustainable and will be offered twice annually. Supplemental to this training is the availability of practice with two-hour monthly sessions of Reflective Supervision. The 32 professionals who completed the 2016 workshops will be able to participate in this Reflective Series. Completing the two workshops and twelve hours of Reflective Supervision will meet the requirement of being a certified Reflective Supervisor. The cost to a member for this program is \$160, which is kept low due to the IN KIND time of the three presenters, Kathy Mulrooney, Kaitlin Mulcahy and Jean Budd.

New Mexico – New Mexico Association for Infant Mental Health (NMAIMH)

Sustainability of Endorsement®/Association: Our greatest accomplishment this year was the continuance of our organization. One year ago, NMAIMH was dealing with the resignation of its Administrator, Endorsement® Coordinator, and four key Board Members. Today we are fully staffed with highly qualified, dedicated professionals and have a reconfigured Board which is highly functional and performing its duties admirably. Our website (nmaimh.org) was completely redesigned to make it more thorough and user-friendly. The new site became functional on December 6, 2016. Additionally, a proposal to amend our organizational By-laws to make NMAIMH operate more efficiently was passed by the Board and is awaiting the vote of the membership. The Endorsement® process has gone very well in the hands of the new EC. We have more applications particularly in the first two categories and all applicants passed our most recent exam. We are also adjusting to the new updates from EASy.

Funding: NMAIMH received two grants from the Brindle Foundation this year. The first grant of \$1500 was awarded to our Membership Committee to create a traveling slide presentation with a new monitor, membership cards, membership certificates, and a quarterly newsletter. We began using our new slide show and monitor in July and our first quarterly newsletter went out in October. Our first membership cards and certificates will be going out in January along with our next newsletter. Our second Brindle award was for \$7000 and will be used to endorse twelve teachers in the New Mexico Grads Program, which provides on-site childcare to high school students. We also received \$36,000 in funding for FY 16-17 from the Early Childhood Division of CYFD to help us support candidates for Level 1 and Level 2 Endorsement®. In 2017, we will be seeking funds to begin the Endorsement® process for the remainder of the NM Grads Program and for volunteers in the New Mexico Court Appointed Special Advocate (CASA) Program.

Training and Higher Education: We provided 6 hours of training at no cost to the NMAIMH membership in June 2016. Annie Brook, Somatic Psychologist presented on Perinatal Birth Trauma and Early Intervention to 72 participants. The NMAIMH was involved with the New Mexico Association for the Education of Young Children Conference and the New Mexico Home Visiting Annual Conference as an exhibitor for each event.

Community Collaboration: Directors of the NMAIMH Board were representatives at various cross-agency early childhood collaboration groups throughout New Mexico, including the Early Childhood Higher Education Task Force, JP Taylor Early Childhood Early Childhood Task Force, and Bernalillo County Home Visitors Work Group.

New York – New York State Association For Infant Mental Health (NY-AIMH)

Organization Development:

- Incorporation documents prepared, by-laws written and approved, and IRS filing completed. Received 501(c)(3) in April 2016.
- NYS Charities Bureau filing submitted.
- Applied for and received Affiliate Status from World Association for Infant Mental Health, international organization which promotes education, and research through international and interdisciplinary cooperation.
- Organized and scheduled Board Development retreat for board members, November 13, 2016, to discuss expanding Board and transitioning from a founding board to a governing board
- Hired salaried part time Program Coordinator.
- Created Executive Director position, presently occupied by former Board member (pro-bono).

Fit/Collaborations Between IMH and other 0-3 Programs:

- Participating in Statewide Home Visiting Workgroup along with policy makers, Schuyler Center, and leadership of Home Visiting organizations, including Healthy Families, Nurse Family Partnership and Parent Child Home.
- Creating partnerships with home visiting organizations to identify opportunities for training and Endorsement® of professionals
- Presented at Prevent Child Abuse NY Conference; Infancy Leadership Circle - Harlem, and Suffolk; Capital District IMH Association.
- Planning to present at Parent Child Home National Conference in May 2017.
- Organization represented on Statewide committees: Early Childhood Advisory Council Strategic Plan Workgroup and “Enhancing Mental Health Capacity in Home Visiting” A Virtual Community of Practice for State Teams” through Zero to Three.
- Co-sponsored Molloy University event- Raising of America.
- Program collaboration with Allied Physicians Group in development

Endorsement®:

- Implementation of EASy and launch of the Endorsement® in NYS scheduled for first quarter of 2017.
- First cohort of candidates in NYS completed Endorsement® process. Four candidates Endorsed at Level IV, two at Level III, one at Level II.
- EASy system and Endorsement® process training planned for late 2016 and early 2017.
- Process for Endorsing new candidates to be approved by the Board, and strategy for outreach to potential candidates in process.
- Study Guide for Endorsement® Exam developed and marketed nationally. Revenues from Study Guide are potential source of income for NYS-AIMH.

Communication:

- Website designed www.nysaimh.org. It includes information about the organization and provides resources for professionals and parents. Also includes: trainings offered throughout NYS and within the Northeast consortium; membership log in and proprietary information for “members only”. Donor information and “Donate Now button” are in development.
- Brochure developed and distributed at all conferences and meetings. Over 1000 brochures have been distributed to date.
- Newsletters completed and sent to all members and subscribers.
- Promotional products purchased for marketing purposes. Holiday gift sent to members.
- Logo design and branding to be developed (pro-bono).

Outreach and Engagement:

- Approximately 67 members and 170 subscribers to date.
- Annual membership meeting to be held in New York City in February.
- Membership plan including both individual and organization memberships and outreach strategy completed.
- Organizational membership structure, cost and benefits developed. In the process of outreaching to organizations throughout NYS to increase memberships and raise awareness about Endorsement®.

Training:

- Training committee is creating process for identifying and vetting trainings that meet the Competencies.
- Looking at crosswalks of Competencies with CDA, Healthy Families and Pyramid Model training.
- Training programs in the area of Reflective Supervision are in development.
- Program with keynote to be planned for April 2017.

Sustainability and Funding:

- Received funding from Guttman Foundation and Gristmill Foundation in addition to support from Hagedorn Foundation.
- Development Committee creating funding plan, identifying state, and foundation funding sources.
- Working with development consultant (pro bono) regarding creating a long term strategy for development.

Oklahoma – Oklahoma Association for Infant Mental Health (OK-AIMH)

Grants/contracts/ funding:

- Contract with ODMH for Endorsement® Activities
- Training contract with Oklahoma City Community College to provide training to parents and teachers at their Child Care Lab.
- The Department of Mental Health received a large grant from Systems of Care to enhance Oklahoma's current system to better serve infants, toddlers, and their families. OK-AIMH board leadership are involved as advisors to DMH in this process.

In-service training models and higher education:

- Through partnership with Oklahoma State University, OK-AIMH board members were instrumental in creating the Institute for Building Early Relationships (IBEaR), a center for promoting research, training, and clinical practice in Infant Mental Health. Through this collaboration, partners created an Infant Mental Health Certificate program at OSU, and combined resources to offer an Infant Mental Health Assessment course for students wishing to pursue IMH Endorsement®. Reflective Supervision is provided to participants in the assessment course.

Community or cross-systems collaborations:

- OK-AIMH has a seat on the State Advisory Team for the Mental Health Task Force
- OK-AIMH Board of Directors who sit at the Department of Health and the Department of Mental Health have co-lead the administration of the Infant and Early Childhood State Plan.

Policy development and systems change:

- Oklahoma received a grant from Zero To Three for Training and Technical Assistance to begin to restructure the current Medicaid system to create appropriate funding streams for essential services for infants, toddlers, and their families. OK-AIMH has served as the state's resource for best practices in service delivery.
- OK-AIMH has provided numerous trainings to area multidisciplinary teams on IECMH, Trauma, and Neurodevelopment. Additional consultation has been provided to several partners re: shifting internal MDT practices to promote best practices in trauma informed care, particularly where IMH informed practices are concerned.

Reflective supervision/consultation: Reflective Supervision Learning Community – OKAIMH Leadership in partnership with Janet Dean, LCSW from Boulder, CO, have sponsored a Learning Community in RS/C. This group of Reflective Supervisors meets every other month for a full day together, for their own intensive study in RS/C, and provides RS/C to individuals seeking Endorsement® throughout the state. The group has been ongoing for approximately 1 ½ years, and there are plans to sponsor 2 additional Reflective Consultation Cohorts to participate in upcoming Learning Communities.

Other: OK-AIMH Leadership have been instrumental in supporting the state's first Safe Babies Court Team in Tulsa County. This leadership provides reflective consultation for multidisciplinary professionals involved in the court team process.

Oregon – Oregon Infant Mental Health Association (ORIMHA)

Fit Between IMH and other 0-3 Programs: Memorandum of Understanding with Oregon Child Development Coalition, who is providing office and training space to the ORIMHA, and encouraging Endorsement® for their EHS, and child care partners across the state.

Memorandum of Understanding with Healthy Families Oregon, to support their workforce towards earning Endorsement®, and to support developing capacity for reflective supervision that meets Endorsement® requirements.

Sustainability: Advisory Committee comprised of statewide stakeholders meets bi-monthly and is working on developing a marketing and sustainability plan.

Funding: Oregon Health Authority grant with MIECHV funds to purchase and launch Endorsement®, renewed for year 2 to support the Endorsement®; funds the Endorsement® Coordinator and scholarships for applicants, reflective supervision groups.

Rural Oregon Infant Mental Health Endorsement® Initiative, funded by the Ford Family Foundation. 3 year grant just ended year 1. Funds for Rural Endorsement® Specialists across Oregon to support professionals in those communities to access and earn Endorsement®, scholarships for registration and application fees, scholarships for rural providers to participate in video conference reflective consultation groups.

Training and Higher Education: ORIMHA hosted a free webinar on the Neurobiology of Attachment for its members.

Memorandum of Understanding with Portland State University Infant Toddler Mental Health Graduate Certificate Program. Crosswalk with the ITMH Graduate Program.

Reflective Supervision: The ORIMAH is conducting 4 reflective consultation groups, three through video conference, and one face to face in a rural community. All participants are working towards their Endorsement®, funded with scholarships. The group leaders meet monthly for RSC via video conference, lead by an Infant Mental Health Mentor- Clinical. We are using the Group Reflective Supervision Self Assessment Scales, for Home Visitors, and for Supervisors, to track impact.

Rhode Island – Rhode Island Association for Infant Mental Health (RI-AIMH)

Fit Between IMH and other 0-3 Programs: RI Department of Health has sought to expand its access to IMH reflective practice consultants to fulfill requirements of their federally-funded evidence-based home visiting work and to prepare their workforce for Endorsement®. RIAIMH is supporting the development of an Infant Mental Health and Reflective Practice Course for community leaders as well as the coordination of reflective practice supervision/consultation groups for clinicians and providers.

The RI Early Intervention Training and Technical Assistance program has contracted with RIAIMH to provide reflective practice supervision/consultation and training to their supervisors.

Board members were recruited by RI College Early Childhood Program for consultation in the development of a concentration in Birth to Three Bachelor of Science degree program. A course in Infant Toddler Social Emotional Development, Mental Health and Wellness is completed and aligned with the Competencies.

The RI Endorsement® coordinator has had initial conversations with the RI BrightStars, RI Quality Rating and Improvement System, regarding acknowledging early care and education programs with a percentage of staff that have achieved RI Endorsement®.

Sustainability of Endorsement®/Association: RIAIMH recruited a part time RI Endorsement® coordinator and identified administrative assistants (through Rhode Island College) and 2 Brown University summer interns to conduct relevant administrative tasks that support community understanding of and involvement in Endorsement® including; managing Membership and contact lists; managing data analysis of the RI Infant/Toddler Workforce Survey and dissemination of results; and organizing resources for training and professional development to support Endorsement®.

The “Community Partnership for IMH Endorsement®” and the RI Endorsement® Advisory Group (EAG) were established and meet regularly to assess needs and to promote statewide collaboration in supporting the Infant Mental Health workforce. Each member of this group has a unique perspective on the systems and practices designed to support infant mental health in RI (e.g., child welfare, policy, early education, and community-based child and family service). This group expressed commitment to being champions to help RIAIMH build capacity to support RI's infant/toddler workforce through Endorsement®. Currently five members have achieved Endorsement® and several others are beginning the process. As part of our initial strategy grant, we developed and conducted a self-assessment Infant/Toddler Workforce Survey, and received responses from 166 infant/toddler professionals in RI (identified by leaders in the 4 social service agencies who served on RIAIMH's “Community Partners to Promote Infant/Toddler Mental Health” group). Survey participants (professionals currently in the infant/toddler workforce) reported on the extent to which they a) met eligibility for Endorsement® (i.e., based on academic, work, and reflective practice criteria); and b) received relevant training in the 8 infant mental health competency domains deemed essential for high quality service delivery (which comprise criteria for Endorsement® eligibility). This information will be helpful in planning professional development and supporting the workforce in achieving Endorsement®.

RIAIMH is in consultation with the Department of Health in planning the introduction of Endorsement® to its home visiting workforce. We are ready to accept the next cohort of cross discipline infant/toddler professionals.

Funding: The grant funding by RI Foundation (2015-2016) resulted in successful collaboration between RIAIMH and Rhode Island College (Paul V. Sherlock Center). This partnership resulted in the establishment of the I/ECMH Endorsement® system in RI in line with the Alliance for the Advancement of Infant Mental Health. A 2017-2018 proposal was submitted to the RI Foundation for the expansion of our system in RI. Funding is anticipated to begin January 2017 and includes additional in kind administrative and onsite facility supports from The Sherlock Center at RIC.

A proposal was submitted to the CharterCare Foundation to continue our community awareness efforts.

Endorsement® fees and our new Membership fees are anticipated to add increasing financial stability.

The Fund Development Committee is actively engaging the RI business community in fund raising plans.

Training and Higher Education: In May 2016 we held a cross discipline workshop, "Expanding Infant/Early Childhood Mental Health Principles and Practices: Formalizing Relationship-based Work through Partnerships that Support Competencies and Endorsement®" which was attended by about 100 participants. This event was successful at engaging community partners around the details and possibilities of Endorsement® in RI.

In October 2016, RIAIMH held the 5th annual "Celebrating Babies and the People Who Care for Them" community conference. This year RIAIMH paired this event with our Annual Meeting sharing our accomplishments with our colleagues as well as presenting some of the results of our Infant/Toddler Workforce Study. Using the cross cultural documentary "Babies" the group was guided in reflecting on their own stories and their experiences holding the stories of the families they have come to know.

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.

Policy Development/Systems Change: RIAIMH was invited to sit on an emerging Family Court team, initiated by the new Chief Justice, to explore practices that would better support the mental health needs of infants and families in their system. The "Baby Team" now includes representation from the Department of Children Youth and Families and The Department of Health. Collaboration on planning a spring conference on infant mental health was requested by the Court.

RIAIMH is represented at statewide policy and practice committees for Early Intervention, Early Head Start, Home Visiting, Child Welfare, and Early Care and Education. Our constant presence reminds all to be "Keeping the Baby in Mind".

Tennessee – Association of Infant Mental Health in Tennessee (AIMHiTN)

NOTE:

The Association of Infant Mental Health in Tennessee (AIMHiTN) joined the Alliance in August and is currently in the process of developing infrastructure and building capacity in many areas in order to implement Infant Mental Health Endorsement® in 2017. We look forward to providing a more in depth description of our work and progress in the 2017 annual report.

Relationship between infant mental health and other 0-3 and family programs: The Association of Infant Mental Health in Tennessee (AIMHiTN) grew out of a six-year initiative known as the Tennessee Infant and Early Childhood Mental Health Initiative. This multidisciplinary, interagency group of infant and early childhood professionals with the mission of raising awareness of infant mental health, supporting infant mental health system development, and infant and early childhood work force capacity building launched as AIMHiTN in May 2016. The group consists of representatives from a variety of systems across the state including: Centers for Excellence for Children in State Custody, Tennessee Department of Health, Tennessee Department of Mental Health and Substance Abuse Services, Tennessee Department of Children’s Services, Bureau of TennCare, Tennessee Department of Education, Tennessee Commission on Children and Youth, Council on Children’s Mental Health, Tennessee Young Child Wellness Council, Tennessee Children’s Cabinet, Head Start, Tennessee Early Intervention Services, private practitioners (attorneys, psychiatrists, clinical social workers, psychologists, etc.), children’s hospitals, behavioral health provider agencies, and advocacy agencies. AIMHiTN’s initial focus is launching Infant Mental Health Endorsement®. While there is broad interest in Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health® (IMH-E®) across the state, our primary target group at launch will be home visitors identified by the Tennessee Department of Health.

Sustainability efforts: AIMHiTN is currently in the process of obtaining 501(c)3 which will allow the agency to independently seek grant and contract funding as well as undertake fundraising efforts. At present, the agency exists under the umbrella of Tennessee Association of Mental Health Organizations which acts as AIMHiTN’s fiscal agent. AIMHiTN will be developing a strategic plan, inclusive of a fundraising and sustainability plan, in the coming months.

Grants/contracts/funding: AIMHiTN received funding for infrastructure development from the Tennessee Department of Mental Health and Substance Abuse (TDMHSAS) and the Tennessee Department of Health (TODH) this year. TDMHSAS funded the initial six months of AIMHiTN’s activities, including the search for and hiring of AIMHiTN’s founding Executive Director, design of website and marketing materials, and purchase of license agreement to implement. TDOH funded the next consecutive twelve-month period to continue capacity building, launch IMH-E®, and ensure continuity of agency leadership.

Additionally, AIMHiTN was the recipient of funding by Tennessee’s Building Strong Brains Initiative. Funding will be utilized to develop and implement the first specialized infant and toddler court docket in Tennessee. AIMHiTN will partner with Tennessee’s Centers of Excellence for Children in State Custody to provide expert clinical consultation and training support. The program will be initiated in Davidson County Juvenile Court.

Modeled after Zero To Three Safe Babies Court Team demonstration projects, the team will focus on the unique needs of children in state custody between birth and age 3.

Training: AIMHiTN and its partners hosted its first infant mental health conference, “Building Blocks for Infant Mental Health” in September 2016. The conference was a resounding success with nearly 300 participants taking part during the two-day event. The conference included a “soft launch” of the IMH-E® with Nicole Paradis providing a lunchtime presentation to introduce the conference attendees to the news of TN’s joining of the Alliance and a brief summary of IMH-E®. AIMHiTN has instituted an annual conference workgroup within the agency’s workgroup structure to facilitate planning and funding identification and development in order to ensure the infant mental health conference becomes an annual event.

Community or cross-systems collaborations: AIMHiTN has quarterly meetings of stakeholders from across the state. These meetings average 50+ participants from agencies across the state (see Relationship between infant mental health and other 0-3 and family programs above for additional details). Agenda items generally include guest speakers who share information about programs, intervention strategies, or systems changes or updates. Additionally, AIMHiTN updates are provided with regard to workgroup activities, founding board business, and other information of interest to the broader group. There is also an opportunity for all participants to share news, program updates, etc. with the group.

Reflective supervision/consultation: In preparation for AIMHiTN’s IMH-E® launch in 2017, the agency is working to determine the state’s reflective supervision capacity and initiate efforts to build on the current capacity to support those seeking IMH-E®.

Texas – First3Years

Sustainability: First3Years continues to focus on long-term sustainability for the organization. In 2016, First3Years created an industry standard, operational reserve of 25% of our annual budget. First3Years continues to bring in strong funds through grants from private, philanthropic foundations. First3Years hosted its 2nd Annual Golf Tournament in 2016, raising 10% of our annual budget. We also focused on expanding earned revenue, which has grown from less than 8% in 2015 to 16% in 2016. This will continue to be a focus in future years as we look to diversify our funding streams.

Professional Development: First3Years continues to incorporate funding for Endorsement® and (when possible) Reflective Supervision for participants in grant funded trainings.

First3Years uses grants to target those individuals who are currently working with infants and toddlers but may have limited access to funds for professional development and/or mentoring opportunities. Our trainings offer the opportunity to receive more specialized skills while Endorsement® enhances the skill set of participants, providing them with credentials to continue moving ahead in their professional careers.

Impact: Endorsement® aides First3Year’s ability to professionalize the field of IMH.

Impact: The next generation of IMH practitioners and leaders are developed and well-practiced.

Impact: Babies receive nurturing, responsive care.

This year First3Years offered a tailored professional development series to a partnering non-profit organization to progress staff understanding of IMH and compassionate responses to clients receiving services. This is an ongoing partnership and development of training with a specific team of service providers who will grow in their practice with opportunity for interaction and reflection. This pilot is designed to be replicated and discussions with other agencies are forecasted.

First3Years received a grant from the Communities Foundation of North Texas to increase infant-family professionals’ satisfaction in their work through reflective supervision (RS) and affirm their knowledge and skills by offering the opportunity to apply for the infant mental health credential, Endorsement®. Sixteen ECI Team Coordinators and four Healthy Start staff members participated in 24 hours of RS with First3Years endorsee and clinical psychologist, Dr. Janet Hallman. We measured the impact of RS on the professionals from ECI and Healthy Start through a time series analysis of pre, mid, and post surveys. Each had around 40 questions meant to capture levels of work-related stress in the workplace and at home, satisfaction at work, and degrees of professional and personal growth through the reflective supervision experience. The analysis results showed positive results in all three of these areas: 91% reported that RS has contributed to their ability to effectively cope with job-related stress, 85% reported that RS has contributed to their overall job satisfaction, 79% reported that RS has contributed to their overall job performance, 94% reported that RS has contributed to their ability to manage emotional responses to infant and family conflict, and 91% reported that RS has contributed to their ability to form and maintain positive relationships with co-workers. Reported outcomes included: increased perceived competence, job satisfaction, and overall professional development, despite increases in work-related stress over time. Supplementing these good results is the reinforcing fact that both ECI and Healthy Start decided to continue with RS, this time fully on their own budgets. Healthy Start even

decided to hire Dr. Hallman to continue at their agency. We take this as a sign that both agencies saw their staff benefit from the experience.

Training: First3Years continues to deliver training and workshops in Infant Mental Health around the state to child care providers, child welfare, Texas Home Visitors, and other professionals working in the field. Training workshops are grounded in research and best practices for infants and toddlers. All workshops align with Endorsement® competencies teach participants about IMH in a relationship-based way. Workshops are presented locally within the state to accommodate events happening in specific communities (i.e., Food for Thought, local and statewide conferences, state contracts to provide regional training and specific request workshops for various regions).

In 2016 First3Years launched a 12-month webinar series to offer 24 free CEUs to members. The webinar topics change monthly and each month three sessions are offered (the first two identical sessions are high level information, and the third is an expert on the topic). We offer the first and second session at different times and dates in order to accommodate the schedules of our audience. All webinar topics are selected based on request from First3Years members.

Additionally, First3Years continues to offer an online platform to deliver our curriculum through the Texas A&M Agirlife Extension Program. This serves both as a means to reach more professionals in a flexible and affordable format as well as to serve as a reliable source of income for First3Years.

Impact of online learning: More professionals can access high-quality infant mental health training and networking. All web CEUs align with Endorsement® competencies.

Impact: More Individuals are eligible to apply for Endorsement®.

Impact: Increase in agencies and individuals who are knowledgeable of the importance of relationships in the work that they do.

First3Years has trained more than 280 stakeholders in the child welfare field through Safe Babies Tarrant County, which is a pilot program designed to mitigate the risk factors of infants and toddlers who have been removed from their families. Training topics focus on IMH and the impact of preserving relationships between family members and child welfare stakeholders.

First3Years held two annual conferences this year, one in Austin and one in Dallas. More than 200 individuals were trained and received information on topics related to IMH, and information on the Endorsement® credential.

Community Collaboration: First3Years has been successful in strategically collaborating with different agencies around the state to increase our profile, training opportunities, and endorsed individuals.

First3Years collaborated with the Texas Association for the Education of Young Children to host the *The Seeds We Plant in our Interactions with Babies and Families* track at their annual training conference which draws 1200 individuals annually. First3Years also collaborated with the Texas Department of Family and Protective Services to provide a mini-conference training series to Texas Home Visitors around the state (cities included: Dallas, Austin, Houston, McAllen, El Paso, Lubbock and San Antonio).

First3Years is also collaborating with local agencies to align Endorsement® with existing training programs to strengthen programming in Infant Mental Health and grow numbers of endorsed individuals.

Impact: New exposure for First3Years to groups, individuals, and agencies working with infants, toddlers, and their families.

Impact: A systematic way to increase the number of endorsed individuals and membership for First3Years.

First3Years partnered with Early Childhood Intervention (ECI) of Tarrant County and Healthy Start at the University of North Texas Health Science Center to implement Reflective Supervision (RS). The funding for this project was granted from the Communities Foundation of North Texas to increase infant-family professionals' satisfaction in their work through RS and to affirm their knowledge and skills by offering the opportunity for apply for Endorsement®. See full summary in professional development column **Policy**

Development/Systems Change: In 2016, First3Years worked with partners and members across the state to provide feedback on and monitor the state's implementation plan of the CCBDG Reauthorization Bill. Through these efforts, First3Years was able to generate enough public support and testimony to encourage the state to commit to funding our EC Professional Development registry so that all practitioners can access the system free of charge. This is a huge gain for our state, as Texas was one of only two states that charged practitioners to use the registry.

First3Years is in its 2nd Year of Safe Babies, a local model of Safe Baby Courts in North Texas. This model focuses on changing current policies and procedures to become centered around the what is best for baby and informed by child development an infant mental health. It also includes a co-parenting pilot between birth and foster parents.

Reflective Supervision: First3Years received a grant from the Communities Foundation of North Texas to increase infant-family professionals' satisfaction in their work through reflective supervision (RS) and affirm their knowledge and skills by offering the opportunity to apply for the infant mental health credential, Endorsement®. First3Years partnered with Early Childhood Intervention of Tarrant County and Healthy Start at the University of North Texas Health Science Center to implement RS with staff. 16 ECI Team Coordinators and four Healthy Start staff members participated in 24 hours of RS with First3Years endorsee and clinical psychologist, Dr. Janet Hallman.

We measured the impact of RS on the professionals from ECI and Healthy Start through a time series analysis of pre, mid, and post surveys. Each had around 40 questions meant to capture levels of work-related stress in the workplace and at home, satisfaction at work, and degrees of professional and personal growth through the reflective supervision experience. The analysis results showed positive results in all three of these areas: 91% reported that RS has contributed to their ability to effectively cope with job-related stress, 85% reported that RS has contributed to their overall job satisfaction, 79% reported that RS has contributed to their overall job performance, 94% reported that RS has contributed to their ability to manage emotional responses to infant and family conflict, and 91% reported that RS has contributed to their ability to form and maintain positive relationships with co-workers.

Here are some of the reported outcomes: increased perceived competence, job satisfaction, and overall professional development, despite increases in work-related stress over time. Supplementing these good results

is the reinforcing fact that both ECI and Healthy Start decided to continue with RS, this time fully on their own budgets. Healthy Start even decided to hire Dr. Hallman to continue at their agency. We take this as a sign that both agencies saw their staff's benefit from the experience.

Virginia – Virginia Association for Infant Mental Health (VAIMH)

Virginia was selected as one of 10 states **to receive national Technical Assistance (TA)** and one of 5 of those 10 states to receive intensive TA from *Zero To Three* between December 2016-June 2017 on ***Aligning Policy and Practice: MH Assessment & Treatment of Infants, Young Children & Families***. The training/TA is specifically focused on using Medicaid to support infant & ECMH services which is most beneficial to our current work in this area. This professional development opportunity is jointly funded by the Irving Harris Foundation and the Robert Wood Johnson Foundation. Virginia's Core Team members consist of:

- Daniela Lewy**-Executive Director, Virginia Governor's Children's Cabinet;
- Cheryl Roberts**-Deputy of Programs, Virginia Department of Medical Assistance Services;
- Adrienne Fegans**-Senior Program Administrator, Virginia Department of Medical Assistance Services;
- Janet Lung**- Director of Child and Family Services, Virginia Department of Behavioral Health & Developmental Services (DBHDS);
- Aradhana Bela Sood MD, MSHA, FAACP**- Professor of Psychiatry and Pediatrics, Senior Professor of Child Mental Health Policy, Virginia Commonwealth University;
- Judy Martens** LCSW, Infant Mental Health Mentor, Virginia Association for Infant Mental Health President;
- ***Ashley Everette**-Health Policy Analyst, Voices for Virginia's Children; and
- ***Bonnie Grifa**-State Early Childhood Mental Health Coordinator, Virginia Commonwealth University, Partnership for People with Disabilities
- * **Co-Facilitators**

The Core Team members participate in 1-2 monthly recurring meetings from January through June 2017 that includes (9) Virginia specific TA calls and a site visit (date TBD) and (3) online TA webinars (December 2016, February and April 2017) with all states selected.

Virginia has also identified an Implementation Team for this effort of additional key stakeholders who have agreed to assist with the required activities including:

- Completing a survey of existing ECMH financing in VA, services, strengths and barriers;
- Participate in regularly scheduled TA calls; and
- Implement and carry out an Action Plan

The 2016 Early Childhood Mental Health Strategic Planning Day was held on September 28th. Members of the Virginia Association for Infant Mental Health Board of Directors, the Early Childhood Mental Health Virginia Advisory Board, the Virginia State Pyramid Model Leadership Team and the Core Team of the Zero To Three Aligning Policy and Practice for MH Assessment & Treatment of Infants, Young Children & Families all participated.

Priority Goal Areas identified for 2017's Strategic Plan include the following:

1. **Medicaid**—Focus on what the benefits are that are currently available for children 0-8 in Virginia, start pulling data and determine how we look at designing a comprehensive system of supports and services funded through Medicaid and other funding sources from prevention to intervention.

2. **Screening**-No matter who the provider is, determine what happens after screening and what are the best practices/next steps we want /need in Virginia.
3. **Workforce Development**- Look at ways to streamline and integrate training and resources.
4. **Access to Services**- Look at practical and effective ways to link to Primary Care Physicians and connect with families
5. **Early Childhood Mental Health Consultation**- Develop plan and mechanism to fund a position to help coordinate Endorsement® process.

National Center for Children in Poverty Technical Assistance-Virginia continues to receive technical assistance from Sheila Smith, Ph.D., Director of Early Childhood, National Center for Children in Poverty, Mailman School of Public Health, Columbia University to support our Infant & ECMH efforts. This opportunity is funded by the Alliance for Success. The focus for the TA provided in 2016 was on developing a plan for the development of a survey statewide that gathers information from providers serving children birth to five in Virginia related to assessing the current rate of childcare suspensions and expulsions from childcare settings and identify the needs of providers in order to prevent this from occurring. Beginning in January 2017, Dr. Smith will work directly with the Early Childhood Mental Health Virginia Advisory Board and VCU's Partnership for People with Disabilities and Project S.E.E.D. Virginia on this joint effort.

Virginia's State ECMH Coordinator will represent the Infant & ECMH VA Initiative and participate on a new state level work group focused on developing **Virginia Suspension and Expulsion Guidelines for Early Childhood Education Settings (SEG)** . This work group kicks off on December 13th, 2016 and is facilitated by the Virginia Department of Education. It is a cross-agency stakeholder group that will look at how to align goals and priorities as well as develop a common vision and framework for the guidelines. The survey being developed through technical assistance from Dr. Sheila Smith, NCCP will be linked to this effort.

Project S.E.E.D. (Social **E**motional **E**ducation & **D**evelopment) **VA** was approved for another 1-year renewal with the Virginia Department of Social Services. During the current renewal, the following will be provided:

- **ASQ-3 & SE-2 Webinars** - Brookes Publishing 1 hour webinar for trainers and coaches; Project SEED Trainers offer 4 webinars for providers (15-50 trainers, coaches, providers per webinar - total of 75-200);
- **"Sprout Sessions with Project Seed"** 30 minute webinars by Project SEED Trainers (up to one a quarter) on topics of interest to infant & toddler providers and directors about social-emotional development (total of 20-60 providers)
- **Pilot Pyramid Model Module 4 Leadership Webinars** – One 2 part webinar (3 hours each for a total of 6 hours) live and recorded webinar for 25 Directors; to be piloted in one REGION. Maximum of 5 sites (total of 25 directors)
- **Pilot Pyramid Model Module 4 Leadership Coaching** (for directors, administrators, leadership)- 8-18 hours of follow up coaching support for individuals who participated in CSEFEL Module 4 webinars (total of 3-5 directors)
- **Pyramid Model Module 1&2 Provider Level Training** - 2 day (7 hours each day for a total of 14 hours of training) training events in the Central, Piedmont, and Western regions of Virginia (total 50-65 providers)

- ASQ-SE&3 Provider Level Training – By previously trained ASQ-SE/ASQ-3 trainers; 1/2 day (4 hours) training event in 5 VCPD Regions (For child care providers); 20-25 targeted per region; (total of 100-125)
- Pilot ASQ-SE&3 Provider Level Coaching – By previously trained ASQ-SE/ASQ-3 trainers; 4 hours of coaching support (total of 10 participants)
- ASQ-3 & ASQ:SE-2 Train the Trainer – By Brookes Publishing; 2 day training event in Western region; (total of 15-20 targeted trainers)
- Project SEED Licensing Presentations– Offer to provide Project SEED introductory presentations at the VDSS Fall and Spring Provider meetings held by the 8 Regional VDSS Licensing Offices to garner interest by providers in attending project training and coaching
- VAIMH Endorsement® -Up to 12 infant/toddler providers, teachers &/or directors (2 in each of the 5 PD Consortiums) funded to complete level 1 or 2 of the IMH Endorsement® including all Endorsement® fees and full cost of Reflective Supervision hours needed for Endorsement®.
- Reflective Supervision- Ongoing reflective supervision support for 19 Level 1 infant and toddler providers to cover the cost of half of the hours needed to meet Endorsement® renewal requirements.

All Project SEED VA webinars are recorded and posted to the ecmhva.org website. Certificates of participation are provided and training meets childcare licensing requirements.

Virginia Association for Infant Mental Health Endorsement®:

- ***Virginia currently has 89 infant/toddler providers involved with the IMH Endorsement®*** (ranging from those who have just started the process, are close to submitting their portfolio for Endorsement® or are approved to take an upcoming exam, are recently endorsed or renewing their Endorsement®). The 89 professionals represent all infant/early childhood systems and provider types in Virginia. The next application period begins January 2, 2017 for the 2017 slots available beginning in June 2017.
- ***18 new endorsees were selected for the 2016 Endorsement® cycle that started June 1st of this year.*** Project SEED VA is funding 9 of them. Funding covers the Endorsement® application and portfolio review fees and the full cost of the required 24 hours of Reflective Supervision. The Reflective Supervision is provided by an endorsed professional at LIII or LIV Clinical in groups offered in the 5 regions of our state.
- ***19 Reflective Supervision (RS) Scholarships are now available to any LI or LII previously endorsed professional who works in a childcare classroom setting, family home provider setting or Early Head Start setting*** to help cover ½ of the cost of RS for 6 months to meet the 12 hour ongoing RS requirement for Endorsement® renewal. This is a newly funded opportunity as part of Project SEED Virginia with the funding provided by the Virginia Department of Social Services.
- ***Annual Training for new Endorsees, Advisors and Portfolio Reviewers*** was provided as follows:

New Endorsees- Orientation to Endorsement® includes (3) webinars offered once per month between June-August covered requirements for Endorsement®, how to use the online Endorsement® system called EASy and tips for documenting in each of the sections of their portfolio.

Advisors-(1) webinar offered in August (month prior to starting their check-in calls with their assigned Endorsee) included requirements of Endorsement®, role of Advisor, sharing

resources such as a portfolio review checklist for them to complete on their assigned Endorsee and a planning document for their check-in calls etc.

Portfolio Reviewers-(1) webinar offered annually to assist new reviewers in learning about how to review a portfolio submitted for Endorsement® at levels I & II.

- ***Reflective Supervision & Training for Home Visiting Program Supervisors*** provided by 2 Infant Mental Health Mentors through *Impact Virginia* (formerly known as the Virginia Home Visiting Consortium). Targeted 25 Supervisors. This is the 2nd year of training for the same group of Supervisors to support them as they provide Reflective Supervision to the home visitors they supervise in their respective home visiting programs. Receiving training on how to effectively provide Reflective Supervision using a new RS framework just published (RIOS). Training and Reflective Supervision for this group is funded by Impact Virginia. To begin an additional group (targeted for June 2017) to expand this opportunity to more Home Visiting Program Supervisors across Virginia. Goal is not only to grow capacity for RS in Virginia using an effective framework in home visiting programs and embed it as a part of the professional development for each home visitor, but for the Supervisors to use the training and RS they receive to go on and get endorsed so the RS they provide to their staff meets Endorsement® requirements for when their home visitors get endorsed. In addition, Impact Virginia has recently received an Innovation grant to fund training development for home visitors. Planning to collaborate to develop a series of training modules on Reflective Supervision as well as on topics related to specific level II Endorsement® competencies needed in Virginia.
- ***Infant Mental Health Endorsement® Level III and IV Clinical Training and Reflective Supervision***-Since Virginia does not currently have any college or university program to train in the fields of Infant Mental Health and Early Childhood Mental Health, the VAIMH Board made the decision that for anyone seeking Endorsement® at Levels III or IV clinical, they would be required to participate in a year-long training series focused on providing clinical Infant Mental Health services as well as receive 24 of the hours needed to meet Reflective Supervision requirements for Endorsement® at LIII or LIV. The Reflective Supervision is related to the topics covered each month in the IMH Training to link the IMH theory and knowledge with how to apply it with real cases they are working on. This first group of 10 professionals will also help us grow capacity for additional Reflective Supervisors once they are endorsed, additional portfolio and exam reviewers for LIII and LIV as well as Advisors for future LIII and LIV endorsees. The training portion was developed by 2 IMH endorsed clinicians in Virginia. Development of the training was paid for by Early Childhood Comprehensive System's (ECCS) funding under Project SEED VA and provided through the Virginia Department of Health. Participants can use the Training content developed for this initial group in Virginia for future groups which helps us ensure a solid foundation in IMH Principles and Practices supporting the competencies at those levels until a degree program or University program is established for IMH in VA. The plan is to offer this on an annual basis to continue to grow capacity for endorsing Mental Health Clinicians in Virginia. This first group began in September 2016.

Infant and Early Childhood Mental Health Courses/Degree Program and Attachment Clinic-

Per Dr. Sood, Child Psychiatrist and Faculty at Virginia Commonwealth University: *“The new Attachment Clinic at VCU Health System targets pregnant women who have been identified as high risk for abnormal maternal fetal attachment secondary to high ACE scores (and secondarily maternal depression and substance abuse). The Attachment Clinic will identify these high risk mothers in late*

second or third trimester of their pregnancy (referral from High Risk Ob clinics) and evaluate them on a variety of different parameters to measure their attachment to their unborn child including the Parental Bonding Instrument (PBI), the Maternal Fetal Attachment Scale (MFAS), the PTSD Checklist for DSM 5 (PCL-5) and general psychiatric distress on the Symptom Checklist SCL-27, the five minute story and will also include methylation sequences as biomarkers of stress. Evidence based Interventions will be used to a) reduce the maternal distress with treatment and 2) evidence based maternal infant intervention to enhance and strengthen the mother child bond both pre and post term. The mother child dyad will be followed at zero, 3, 6, 12, 18, and 24 months post birth for bonding behavior, infant socio-emotional and overall development”.

Virginia’s State ECMH Coordinator is working with Dr. Bela Sood, to develop a degree program in Infant and ECMH at VCU. Since Dr. Sood has been working with key faculty at VCU in the medical, psychiatry, social work and nursing departments to establish the new Attachment Clinic in Richmond, they are the same faculty working in key departments to assist with designing the program. Dr. Sood also has first-hand experience developing new courses within the VCU system. The plan is for students in the new degree program to do clinical placements at the Attachment Clinic. Dr. Sood has also started the process to obtain the IMH Endorsement® at Level IV and wants to have the staff at the new Attachment Clinic do the same. Dr. Sood will pursue Endorsement® first and then provide on-site Reflective Supervision and support to her staff as they get Endorsed. Until the Attachment Clinic is completed and we can move forward with the degree program development, our goal short term is to begin exploring the possibility of doing IMH course offerings through VCU's continuing education department. For employees of the VCU Childcare Centers (over 100 in the Richmond area), they can use VCU tuition waivers to pay for the continuing education IMH training that will meet Endorsement competency requirements and provide foundational training on Infant Mental Health principles and practice to anyone in Virginia.

The 2016 Infant & Early Childhood Mental Health Institute was held in May for 200 participants and offered 3 different tracks based on the age of the children participants worked with. All of the training provided in the birth to three track was provided by national or state presenters with the IMH Endorsement® credential and met IMH Endorsement® competencies.

The 2017 Annual Infant & Early Childhood Mental Health Virginia Institute is currently being planned and will again provide professional development for providers of children birth to age 8. Target for 2017's event is for 250 providers through 3 different event tracks based on the age of the children the provider routinely works with (0-3, 2-5 and 5-8). Funding is provided through the Department of Behavioral Health and Developmental Services/Infant & Toddler Connection of Virginia, the Virginia Department of Social Services Head Start State Collaboration Office and the participant conference registration fee. Providers registering for this event are provided exposure to national and state experts in the fields of Infant and ECMH on a variety of topics that they would otherwise not have access to unless they traveled to events outside of Virginia. Training for the 0-3 track is provided by national and state Infant Mental Health Endorsed professionals and all training meets competencies for the IMH Endorsement® in Virginia. ***This year's event is a collaborative effort with the National Association of Social Workers (NASW).*** We have co-located our two conference events at the same location at Kings Mill in Williamsburg with back-to-back dates in March 2017 with the I/ECMH VA Institute as a pre-conference day to the NASW conference. This

is a purposeful strategy to introduce LCSWs who typically attend the NASW event to the Infant and ECMH fields through our event to grow interest and capacity for more LCSWs who can work with the 0-8 population. By partnering, our event will be linked to the NASW event for advertising and registration providing us the opportunity to access the NASW list-serve. Also, any LCSW registering for our event will also receive free CEU credit for their licensure renewal requirements.

A Pyramid Model State Leadership Team was developed to coordinate efforts among agencies at the state and local level to ensure a continuum of social-emotional training and supports using the Pyramid Model for parents and providers of children birth to age 8 in VA. VA also became a Pyramid Model State Partner with the National Pyramid Model Consortium. Work of this group will be integrated into Virginia's Infant/ECMH Strategic Plan. The Pyramid Model training meets many of the competencies for the IMH Endorsement® at levels I and II.

Meeting held with the Head Start Training and Technical Assistance Network Regional Team and Virginia's ECMH Coordinator. The Head Start T/TA team for Virginia will be training all Head Start programs in Virginia on implementing the Pyramid Model program-wide. One of the T/TA representatives will now serve on the ECMH VA Advisory Board and the Virginia Pyramid Model State Leadership Team to coordinate efforts.

The Department of Education in Virginia has adopted a Multi-Tiered System of Supports (MTSS) which they have named (VTSS-Virginia Tiered System of Supports) similar to the Pyramid Model for children in Kindergarten and up. That network of trainers is partnering with the Early Childhood Special Education Training and Technical Assistance (TTAC) staff to extend it to early childhood special education preschool classes housed in Virginia Elementary schools. As a result, the ECMH State Coordinator has been invited to participate in planning meetings and coordinate efforts around social-emotional training and specifically, our Pyramid Model professional development efforts.

Meeting held with Voices for Virginia's Children, Virginia's Chapter of the National Association of Social Workers President, the Virginia Licensed Professional Counselor's Association President, the President of the Virginia Association of Infant Mental Health & 2 Lobbyists on June 15th. The State ECMH Coordinator provided a packet of VAIMH & ECMH Initiative information and an overview of efforts to date. Discussed vision, challenges and how we might partner. Outcomes from meeting included:

- Idea to hold joint conference events to expose LCSWs and LPCs to the fields of infant and ECMH.
- Can contact NASW President (Debra Riggs) to apply for CEU credit for Social Workers attending our training or Institute.
- Identify LCSWs and LPCs endorsed in Virginia to respond to Call for Papers to do a presentation at the NASW Conference in March of each year and the LPC conference in Oct/Nov.
- Hold ongoing meetings to continue to identify practical ways to collaborate to grow the capacity of mental health professionals serving children 0-8 in Virginia.

Washington – Washington Association for Infant Mental Health (WA-AIMH)

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 (ESIT) and Home Visiting (HV) (both under the Department of Early Learning, DEL) have contracted with WA-AIMH to support the majority of its workforce to receive reflective supervision training and advising on Endorsement®. WA-AIMH's Executive Director, Dr. Sabine, meets with DEL leadership on a monthly basis to evaluate the progress.

WA DEL's HV program has successfully applied for and received MIECHV funding to bolster Region X home visiting's workforce professional development. WA-AIMH will play an important part in coordinating regional meetings between Idaho, Alaska and Oregon Associations for Infant Mental Health.

Sustainability/Funding: WA-AIMH received a few capacity building grants this past year to support our Endorsement® efforts. We continue to build a reliable donor base and are actively pursuing grant applications and sponsorships with foundations and corporations, as well as pursuing state funding. This labor of love continues to bolster our work forward.

Leadership: It is important to acknowledge that WA-AIMH has undergone several pivotal leadership changes in the later part of 2016, the departure of former and interim executive directors between March and June 2016. The arrival of a permanent new Executive Director, Sabine Thomas in July 2016. The departure of WA-AIMH's former Endorsement® Coordinator and the arrival of WA-AIMH's new Endorsement® Coordinator in October 2016. While these changes had no major impact on the mission/vision of the organization they have caused some steadiness due to onboarding of two leadership positions.

Training & Endorsement®: Nursing Child Assessment Satellite Training (NCAST): has trained over 600 individuals in Introduction to Infant Mental Health and created an Endorsement® crosswalk for their additional training programs including internationally disseminated Promoting First Relationships (PFR). WA-AIMH regularly attends these introductory trainings and provides resources, brochures as well as information about Endorsement® at the end of the NCAST workshops.

We have secured a partnership with the WA Department of Health (DOH) and associated partners to support childcare providers, parents and infant who are affected by high rates of toddler expulsion in remote part of the state.

A long-time funding partner of WA-AIMH is supporting the creation of a Foundational Training Series aimed at providing training to Level 1 and Level 2 Endorsement® candidates.

DC:0-3 R: In August 2016, 48 IMH professionals spent full day receiving training from Dr. Donna Weston on Diagnostic Classifications. Our state workforce eagerly awaits DC: 0-5 trainings.

Community Collaboration: WA-AIMH has been included in Best Start for Kids (BSK) implementation plan. Washington state's Martin Luther King County passed a tax payer levy to support this multi-million dollar initiatives for the next several years. The BSK implementation plan has included specific language relating Endorsement® and WA-AIMH trainings to meeting the needs of infant mental health workforce development.

Policy Development/Systems Change: Sabine Thomas served on a gubernatorial appointed Children’s Mental Health Workgroup that brought together legislators, community based mental health professionals, and representatives from our managed care and RSN systems to review House Bill 239 (HSB239) and discuss various issues in the children’s mental health system, including issues for children birth-3. A final report was submitted to the governor on Dec 1st and included a provision to increase Level 3 IMH-E[®] endorsed workforce.

Reflective Supervision: WA-AIMH’s partnership with DEL includes the opportunity to offer HV and ESIT staff and supervisors throughout the state 24-36 hours of reflective supervision and training. This will meet their requirement to becoming endorsed but also disseminate much needed RSC skill sets.

WA-AIMH will host the 2nd Annual Reflective Supervision Symposium in August 2017.

West Virginia – West Virginia Infant/Toddler Mental Health Association

Fit between Infant Mental Health and other 0-3 programs: The early childhood systems of West Virginia have been collaborating closely on improving the knowledge and skills of the work force related to social emotional development and competence. Currently, the West Virginia Infant/Toddler Mental Health Association is collaborating across disciplines with the West Virginia Home Visitation Program, West Virginia Early Childhood Advisory Council, West Virginia Birth to Three, Pyramid Model, West Virginia Early Head Start/Head Start, West Virginia Infant/Toddler Specialists, Project Launch, Help Me Grow, and others.

West Virginia 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 currently practiced throughout three tiers.

Sustainability of Endorsement®: Sustainability is a key focus of the West Virginia Infant/Toddler Mental Health Association. Current work includes building the IMH Competencies into the state registry system (WV STARS), providing financial support/resources to those interested in pursuing in Endorsement®, working to create a cohesive infant mental health system in West Virginia, and reaching out beyond the early childhood community to market Endorsement® to other disciplines.

Higher Education: The West Virginia Infant/Toddler Mental Health Association presented to the WV Early Childhood Advisory Council (ECAC) Infant/Toddler Credential & Higher Education Workgroups and the full ECAC Advisory Board where the decision was made to recognize the Endorsement® as the state Infant/Toddler credential (instead of creating a new credentialing system). This provides an opportunity for the Higher Education Workgroup to focus on developing coursework for higher education, instead of creating a credential. In 2016, the Early Childhood Advisory Council Higher Education Committee developed and approved an Associate Degree in Applied Science with Emphasis in Early Childhood Education.

The West Virginia Infant/Toddler Mental Health Association continues to build relationships with higher education faculty throughout the state. In 2016, Marshall University and West Virginia University partnered together to develop and deliver a full day institute on “Mental Health Issues Within the Parent Child Dyad” during the statewide early childhood conference. In addition, a presentation was featured at the Great Beginnings Conference by faculty from Marshall University.

Lastly, West Virginia purchased the Blackboard platform and Association is in the initial stages of developing coursework and collaborative online training opportunities supporting Infant Toddler Mental Health and the Endorsement®.

Community Collaboration/Cross Systems Collaboration: In 2016, several professionals within the West Virginia Infant/Toddler Mental Health Association began encouraging conversation around the lack of resources in our state regarding Maternal Mental Health. Based on this, several statewide meetings have been conducted and plans developed for beginning a coalition in our state devoted to Maternal Mental Health. The Association sees this as a much needed resource in our state and has begun working toward creating a sustainable Coalition.

Also in 2016, the West Virginia Infant/Toddler Mental Health Association joined with over 70 different organizations and individuals to form the West Virginia ACES (Adverse Childhood Experiences) Coalition. The Coalition is already up and running and working to achieve our mission to improve the health and well-being of all West Virginians by reducing the impact of Adverse Childhood Experiences (ACEs) including preventing their occurrence. The Coalition is working to prevent ACEs, improving treatment and services for those who have experienced ACEs, analyzing data and research about the prevalence and impact of ACEs in West Virginia, and mobilizing resources to transform our collective efforts so that all West Virginians will thrive in a compassionate community that supports lifelong healthy development.

Policy development /systems change: Our state has implemented an Infant Mental Health Week which includes cross sector/discipline participation to bring about systems awareness and change. Also, the Association is working in collaboration with WV Birth to Three and on social emotional awareness projects. Several association members are participating in the implementation teams devoted to systems improvement for WVBTT.

Reflective Supervision: West Virginia is committed to building the capacity for delivering and supporting Reflective Supervision across disciplines and around the state. Throughout 2016, West Virginia contracted with Sheryl Goldberg to provide a two-day Reflective Supervision retreat in addition to monthly 1 ½ hour RS conference calls with the first cohort.

Association members also serve on the Reflective Supervision Workgroup of the West Virginia Home Visitation Program. Work has included developing a Reflective Supervision Handbook that can be used by all disciplines, developing policy around Reflective Supervision for the West Virginia Home Visitation Program, and providing statewide professional development opportunities.

Western Australia – Australian Association for Infant Mental Health - West Australian Branch Incorporated (WA-AAIMH)

Membership: WA's membership continues to be strong and is the largest branch in Australia. At the end of the financial year we had 185 members. Our membership consists of a broad range of professionals and more work places are represented both government and non-government agencies. We continue to offer the seminars via video-conference to rural members and this has led to an increase in rural membership.

Building the organisational capacity of AAIMHI WA:

Strategic Plan

AAIMHI WA's Management Committee and Competency Guidelines Working Group have developed a Strategic Plan for 2016-2020. The Plan was developed to provide a clear direction for our Association, keeping members' needs as the key priority. It was fuelled by implementation of the Competency Guidelines® and Endorsement® Framework and an increase in activity across the organisation.

The Association recognises the need to assist families to build nurturing and strong relationships with their infants and young children. Our role is also to give voice to the experiences of infants and young children. The Plan provides strategies across four key areas:

1. Membership
2. Professional Development
3. Advocacy and Promotion
4. Organisational Capacity and Sustainability.

Professional Development and Building Capacity for WA Workforce in IMH Practice

Implementation of the AAIMHI WA Competency Guidelines

The AAIMHI WA Competency Working Group (CGWG) has been established for two years and comprises of 11 experienced IMH clinicians who expressed an interest in introducing the Michigan IMH Competency Guidelines® and Endorsement® to the WA workforce. It is an interdisciplinary group comprised of rural and metropolitan based professionals working across a diverse range of services in perinatal and IMH spanning across promotion, prevention, intervention and treatment. The CGWG are responsible for a range of activities pertaining to supporting and building a more cohesive and systematic approach to building workforce capacity in infant mental health in WA.

Project Coordinator Position

From July 2015-December 2016 the activities of the CGWG has been supported by a part time Project Coordinator Position (held by Caitlin Sopp), funding by the WA Mental Health Commission. As a result a number of key objectives have been achieved:

1. Facilitating stakeholder liaison and relationship building

A stakeholder database was developed using several avenues. At the end of July this database held 353 stakeholders, which to the best of our knowledge is a comprehensive list of all agencies that came into contact, both directly and indirectly, with infants, young children and their families.

2. Coordinating AAIMHI WA training in line with the Competency Guidelines

The AAIMHI WA Seminar Series continues to be aligned with Competency Guidelines and the developmental pathway has resulted in a consistently high number of members and non members attending the seminar series.

3. Developing materials & resources to assist with the implementation of the guidelines (table includes examples of resources developed)

Training Grid : mapping available training relevant to Competency Guidelines (all organisations providing relevant training were contacted and happy for AAIMHI WA to provide details of their trainings on the website) Uploaded to AAIMHI Website

AAIMHI WA Competency Guidelines Project Update	Article published in Perinatal and Infant Mental Health Newsletter April, 2016
--	--

Introduction to Reflective Practice	Article published in Perinatal and Infant Mental Health Newsletter June, 2016
-------------------------------------	---

Organisations have started to align their training alongside the Competency Guidelines® and a number of agencies have expressed desire for their staff to pursue Endorsement® when it becomes available in 2017.

AAIMHI WA CGWG members endorsed through MI-AIMH

Nine CGWG members were successfully endorsed with MI-AIMH in November. Four as IMH Mentors (3 Clinical and 1 Policy) and seven as IMH Specialists at Level 3.

The CGWG are leading the way in establishing a protocol for engaging in RS in IMH that is:

- Interdisciplinary
- Promoting and engaging across sector collaboration and learning over a sustained period of time
- A way of supporting rural professionals that can result in decreasing the sense of isolation and perhaps increased retention of staff in remote and rural areas
- A systematic way of building workforce capacity which offers a quality assurance mechanism for professionals working with infants, young children and their families.

Launch of Endorsement®: AAIMHI WA launched the Endorsement® in WA in October 2016 and was purchased by AAIMHI WA in January of this year. In 2017 AAIMHI WA will begin to offer Endorsement® to WA professionals offering a systematic pathway of building skills, knowledge and expertise in IMH in a cohesive manner across all levels of service.

AAIMHI WA Seminar Series: During the last 12 months we have offered 5 evening seminars bimonthly. The seminar format has remained in the two-hour competency aligned format following the positive feedback from members via a survey monkey in February 2016. The seminar series continues to be aligned to core competencies and follows a progression of topics: IMH theory and practice, IMH in the pregnancy period, assessment, intervention and reflective practice. Seminars continue to be very well attended, with between 60-90 people attending. Concurrently there has also been an increase in membership numbers for WA.

Promotion, Advocacy and Collaboration:

- AAIMHI WA has been invited to be a co-opted member of the Perinatal and IMH sub network group for the newly established mental health Network in the Health Department.
- To target the community services sector, an online presence has been established through the Western Australian Council of Social Service via their DropIN portal with posts regarding the Competency Guidelines uploaded regularly.
- Collaboration in regards to training in IMH with CAMHS, Edith Cowan University and the new IMH Postgraduate Course and Early Childhood Education conference focusing on how the Competency Guidelines® can support skill development for the WA workforce.
- In recognition of Western Australia's first Post Graduate Course in IMH, AAIMHI WA will be offering two scholarships at the next intake of the Masters of IMH at Edith Cowan University Feb 2017.

Wisconsin – Wisconsin Alliance for Infant Mental Health (WI-AIMH)

The Relationship Between Infant Mental Health and Other 0-3 and Family Programs:

- Relationships are strong between IMH and other 0-3 family programs and continue to be strengthened through enhanced outreach and education efforts.
- IMH competencies integrated into Pyramid Model Infant/Toddler training modules
- Specific outreach and relationship building to Birth to 3 program and Home Visiting programs

Sustainability Efforts:

- Added .5 FTE Endorsement® Specialist to assist applicants in completing the Endorsement® application; provide outreach and education to groups, programs and individuals; and assist the Endorsement® Coordinator in planning and improvement efforts related to the Endorsement® system in Wisconsin.
- Provided a reviewer/advisor training to expand pool of trained Endorsement® reviewers and advisors.
- Enlisted the support of our Chapters to perform additional outreach and education events; the Chapters serve as “hubs” within our state for Endorsement® support and information sharing.
- Secured commitment from several infant/early childhood leaders to apply for Endorsement® to model the value and importance of Endorsement® to professionals and other state partners.
- Enhanced presence of IMH-Endorsement® at our annual conference (asked if registrants hold Endorsement® and then recognized those holding Endorsement® with special name badge; provided a presentation on IMH-Endorsement® and offered a promotion to those who attended; offered an IMH-E® information table where WI-AIMH staff answered questions and offered follow up support and TA to programs and teams).
- Enhanced IMH-E® materials and brochures.
- Added resources available for exam study and preparation.
- Emphasizing the IMH competencies in all PD and training opportunities in an effort to increase professional knowledge and use of the competencies as an ongoing framework for PD development.

Funding:

- IMH-E® continues to be supported by MIECHV dollars, foundation support and MHBG

In-service Training Models and Higher Education:

- Ongoing strong relationship with the UW-Madison Infant, Early Childhood, Family Mental Health Capstone Certificate Program

- Relationships being developed with other UW schools through Chapters with the plan to integrate IMH competencies into course work.

Community or Cross-Systems Collaborations:

- As mentioned above, cross system collaborations are strong between WI-AIMH and HV; Birth to 3; and Early Care and Education via the Pyramid Model.
- New opportunity to present IMH-Endorsement® during session of WI NASW conference (social workers)

Policy Development and Systems Change:

- Every new IMH-E® applicant will be contacted personally by WI-AIMH Endorsement® staff to welcome them to Endorsement®, answer questions, to ensure they are applying at the right Endorsement® category and to inquire about their interest/need in an advisor. Result: applicants have a better understanding of the application process, are connected and more inspired to be a part of the network and fewer applicants are needing to switch their Endorsement® category at review making for a faster application process.
- Developed an IMH-E® survey that all newly endorsed professionals have an opportunity to complete. Result: Better understanding of where to focus improvement efforts; introduces data-drive decision making; endorsed members feel like they are contributing; provides an opportunity for endorsed persons to express a desire to be contacted and involved more in the Endorsement® system.
- Developed a policy outlining expectations for reviewer/advisors related to remaining active in the system. Result: reviewer/advisors expressed appreciation at the clarity of expectations and increased commitment.

Reflective Supervision/Consultation:

- Developed a Reflective Supervision Learning Collaborative for infant/early childhood program supervisors ready to implement RS within their programs. Participants attend 5-learning sessions over a 12-month period and participate in monthly group reflective consultation with a qualified I/ECMHC. Anticipated to begin in June 2017.
- Continue to offer FAN trainings in reflective practice supervision throughout the year. The FAN trainings meet many of the competencies leading to Endorsement®.
- Integrating RS workshops and other learning opportunities within our annual conference.