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Workforce Development Needs to Address Early Childhood Mental Health within the Childcare and Early School Years Setting

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Abstract

Supporting infant and early childhood mental health is a vital component of school readiness, but suspension or expulsion from early childhood educational settings can have a lasting impact on a child. The Pyramid Model for Social and Emotional Competence in Infants and Young Children (PM) framework and Infant and Early Childhood Mental Health Consultation (IECMHC) are two models to address preschool suspension and expulsion, while promoting young children's healthy social emotional development. Both models require a qualified workforce. In Maryland, several initiatives are underway to address workforce development needs and to create pipelines of professionals trained in infant and early childhood mental health. These include statewide coordination of PM and IECMHC programming, the creation of new guidelines and pipelines for IECMHC service providers, workforce development, specific focus on equity within PM and IECMHC programs statewide, and an expansion of these efforts into early elementary school.

Introduction

Early childhood education can help children arrive in kindergarten ready to learn, but there are clear discrepancies in kindergarten readiness (Duke University, 2017). While the measure of "successful" early childhood education is often considered to be the academically-focused kindergarten readiness assessment, kindergarten readiness is also determined by a child's ability to regulate - to navigate emotions in themselves and others, and to

comply with adult instructions and expectations within the classroom. An emphasis on infant and early childhood mental health is also needed to prepare our youngest students. When young children enter childcare and school settings, teachers may struggle to promote social emotional development or address concerning behaviors. Classroom staff often lack skills or support staff to address behavior they find disruptive, defiant, and difficult (Snell et al., 2012). These children, and often their families by association, may be labeled, and their behavior could be interpreted as intentional - rather than as a reaction to a situation or environment. When infant and early childhood mental health strategies and specialists are missing from the classroom, we see these early childhood educators struggle. The children exhibiting concerning behaviors are all too often removed through suspension or expulsion, and the opportunity to support them within the classroom setting is altogether missed.

Preschool suspension and expulsion rates have not been consistently measured across states; however, studies have found rates as high as 10% in some areas (Gilliam, 2005; Gilliam & Shahar, 2006). More recent rates are estimated at 250 children per day (Malik, 2017). Furthermore, students who are suspended or expelled throughout their school years are less likely to graduate school and more likely to be involved in the juvenile justice system (Fabelo et al., 2011). Evidence shows that earlier suspensions are a primary predictor of later suspensions and expulsions in school (Theriot et al., 2010) suggesting that targeting early suspension and expulsion practices is warranted.

Pre-kindergartner suspension and expulsion rates can be up to three times higher than the K-12 rate (Gilliam, 2005; Gilliam & Shahar, 2006). Racial disparity and implicit bias in expulsion and suspension have been identified as concerns (Office for Civil Rights, 2014; Gilliam et al., 2016), with Black boys being suspended or expelled at rates up to four times higher than their white and female counterparts (Gilliam, 2006; U.S. Department of Education

Office for Civil Rights, 2014). Additionally, recent discussions based on reports released by the African American Policy Forum and the Center for Intersectionality and Social Policy Studies address similar dimensions of Black girls' vulnerabilities that are frequently overlooked by their absence in the conversation (African American Policy Forum & Center for Intersectionality and Social Policy Studies, 2015; Morris, 2012). These are examples of the initial stages of the preschool to prison pipeline that derail the lives of children of color, beginning before kindergarten and leaving lasting effects. This is a particularly timely concern as many children are now returning to school after the COVID-19 pandemic significantly disrupted child care and school experiences. It is widely anticipated that children will need behavioral health support. Federal and state governments are investing in efforts to address children's mental health, including early childhood mental health (U.S. Department of Education, 2021). This requires both identified intervention strategies and a qualified workforce to implement interventions and support child care and school staff.

Intervention Opportunities

There are identified mechanisms with proven impact to address preschool suspension and expulsion including teacher coaching (Hemmeter et al., 2015, 2016; Snyder et al., 2015) and Infant and Early Childhood Mental Health Consultation (IECMHC; Gilliam, 2005). The National Pyramid Model (PM) is a framework that promotes the social and emotional development and school readiness of young children from birth through age 8, and it has been found to help teachers improve social/emotional and behavioral outcomes for children through teacher training and coaching (Hemmeter, 2016). Intentional coaching of teachers and providers to address social emotional development and behavioral concerns has been linked to more effective teacher skills (Hemmeter, 2015). PM implementation focuses on school-wide positive behavior support in early childhood programs through a tiered intervention framework. This

model aligns with school-aged Positive Behavior Intervention and Supports (PBIS). High fidelity implementation of PM requires a qualified workforce and a school's capacity to engage in ongoing coaching and program wide implementation.

High quality IECMHC has also been linked to improved outcomes for children, classrooms, and staff. Gilliam's seminal research demonstrated the benefits of IECMHC, including improved teacher ratings of child behavior, improved classroom climate, increases in teacher-reported developmentally appropriate knowledge, and increased job satisfaction and reduced stress for teachers (Gilliam, 2007, 2014; Gilliam & Shahar, 2006). Other studies have supported these findings by demonstrating positive outcomes for children, increased quality of teacher-child relationships, and improved climate in early childhood settings (Brennan et al., 2008; Conners-Burrow et al., 2013; Gilliam, 2007, 2014). However, securing a highly qualified workforce trained in this specialized approach can be challenging (Fry et al., 2019).

In Maryland, through Maryland State Department of Education (MSDE) funding and a collaborative partnership with the University of Maryland School of Social Work (UMB SSW) Institute for Innovation and Implementation (The Institute) several coordinated initiatives are underway to address workforce development needs and to create pipelines of professionals trained in strategies and efforts to support both PM and IECMHC. These include: increasing statewide capacity for PM implementation through a statewide workforce of master trainers and coaches in the PM; updating the state's IECMHC practice standards to stipulate qualifications and professional development needs including increasing access to and frequency of reflective practice training and supervision for all IECMHC providers; creating pipelines that provide training and access to further education for current providers; addressing equity within the IECMHC and PM work; and pushing IECMHC and PM practices into the lower public school grades (Pre-K to 2nd) to address behavioral concerns for the youngest public school students.

This descriptive paper reviews and discusses workforce development efforts within early childhood education and early elementary settings to promote social emotional development and address challenging behaviors. The focus is on Maryland's efforts to advance the workforce and create workforce pipelines, including statewide coordination of PM and IECMHC programming, the creation of new guidelines and pipelines for IECMHC service providers, specific focus on equity within IECMHC and PM programs statewide, an expansion of these efforts into early elementary school, and graduate and post-graduate education opportunities that focus on infant and early childhood mental health.

Pyramid Model (PM) in Maryland

The PM is a framework that emphasizes coaching to improve provider and parent behavior (Hemmeter et al., 2015) in order to promote the social and emotional development and school readiness of young children from birth through age 8, while helping providers improve social/emotional and behavioral outcomes for children (Hemmeter et al., 2016). PM implementation, which is highly aligned with PBIS strategies, but designed for younger children, is reliant on cycles of practice-based coaching (PBC). PBC consists of cycles of coaching and includes shared goals and action planning, focused observation, and reflection and feedback, all of which are implemented within a collaborative partnership (Snyder et al, 2015). PBC has been found to increase implementation quality and fidelity of strategies for children with social emotional concerns in preschool classrooms (Snyder, et al., 2015; Sutherland et al., 2015). Maryland was an early adopter of PM practices, beginning in 2006. Currently, there are several PM activities across the state. This includes a PM State Leadership Team with representatives from various early childhood sectors who collectively set annual goals and tracks activities. The state PM website (<https://www.mdpyramidmodelselfel.org/>) includes resources and PM activities around the state. Additionally, there is a cadre of master trainers and

coaches who engage in continuous workforce development efforts to maintain current best practices and high-fidelity implementation. Several members of the cadre and the state leadership team engage in local leadership and implementation of PM practices across a variety of settings including Head Starts, childcare, early intervention and early childhood special education programs, and public pre-kindergarten and kindergarten. Statewide activities offered to state leadership team members, cadre members, and others interested in PM implementation include trainings for educators and clinicians working with infant/toddler and preschool classrooms, certifications in best practices. These include active collaboration with the National Pyramid Model Consortium to bring national trainers in practice based coaching and standardized observation measures to the state on a routine basis, statewide MSDE approved training of trainers, and free online trainings in several of the PM training modules (can be found here: <https://www.mdpyramidmodelselfel.org/online-training>). Participants who complete the online training modules earn certificates and continuing education credits for a range of disciplines. Table 1 indicates the number of certificates earned in each of the available online PM trainings during Fiscal Year 2020. In Fiscal Year 2020, 1,898 certificates were earned across three Infants and Toddlers Classroom modules; another 2,285 were earned in any of three Preschool Modules. Across three modules for Part C Early Intervention Providers, 1,042 certificates were earned. A total of 322 participants earned certificates in the module for Pyramid Model Leadership. The Family Engagement Module was offered in both English and Spanish, and 355 certificates were earned. Six modules of Trauma Informed Pyramid Model training are also available. Participants do not earn a certificate for these trainings; 2,597 modules were completed.

Table 1. Online Pyramid Model Trainings Completed in FY2020

Curriculum	Total Certificates
Infants and Toddlers Classrooms	
Module 1	790
Module 2	572
Module 3	536
Preschool Classrooms	
Module 1	875
Module 2	768
Module 3	642
Pyramid Model for Leadership	322
Part C Early Intervention Providers	
Module 1	418
Module 2	325
Module 3	299
Family Engagement Training	
English Version	347
Spanish Version	8
Trauma Informed Pyramid Model*	
Module 1	497
Module 2	430
Module 3	427
Module 4	420
Module 5	414
Module 6	409

*Participants who complete Trauma Informed Modules do not receive a certificate

Beginning in 2018, some jurisdictions in Maryland began providing PM training and coaching to public pre-kindergarten and kindergarten teachers. This work includes creating system- and school-wide PM leadership teams, use of PBC, and engaging in continuous cycles of data collection around implementation

including implementation checklists and classroom observations using standardized tools. Much of this work, including data collection, was disrupted due to COVID-19, although virtual activities continued. Activities and data collection are set to resume in the 2021-2022 school year.

IECMHC in Maryland

Maryland has a long history of providing Infant and Early Childhood Mental Health Consultation (IECMHC) throughout the state. IECMHC provides prevention services to young children and families in their natural settings to promote social and emotional well-being and address childcare program, family, and individual concerns. IECMHC occurs in a variety of settings (e.g., Head Start and Early Head Start, childcare, early intervention, and home visiting), and implementation varies depending upon the setting, population, need, and local infrastructure. IECMHC is designed to be preventive, multi-level, relationship-based, and capacity-building for young children, their caregivers, and their providers (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014). Currently, there are 11 programs that provide IECMHC throughout the state's 24 jurisdictions.

As noted above, high quality IECMHC has been linked to positive outcomes for children, classrooms, and staff including teacher ratings of child behavior and knowledge as well as increased job satisfaction, improved teacher-child relationships, and observed improvements in classroom climate,(Brennan, et al., 2008; Connors-Burrow, 2013; Gilliam, 2007, 2014; 2016; Gilliam & Shaha, 2006. A 2009 systematic review also found that improved child behavior was a consistent outcome of IECMHC (Perry & Kaufmann, 2009). In Maryland, analysis of statewide data also indicates improved child, family, and classroom-level outcomes. Teacher- and parent-rated child behavior has improved, and classroom observation has indicated improved classroom climate (Latta et al., 2021; Wasserman and Candelaria, 2020; Andujar, et al., 2019).

IECMHC addresses suspension and expulsion for young children by providing teachers with the skills needed to support a student to stay in school. Strategies can include classroom wide universal interventions as well as targeted behavioral management strategies to support specific students. Rather than focusing on removing children, this approach focuses on allowing children to successfully stay in school. In 2017 Maryland passed legislation prohibiting suspension or expulsion for children in publicly funded pre-kindergarten through 2nd grade sites (Code of Maryland Regulations [COMAR], 2017). In addition, MSDE enacted policies advising against suspension and expulsion in childcare. Hence, the state is committed to reducing suspension and expulsion in young children and needs effective tools to make this possible.

IECMHC Workforce Qualifications

Finding and keeping qualified IECMHC staff has been a challenge for Maryland's IECMHC project. National guidelines indicate that a master's degree in a mental health field (e.g., social work, psychology, marriage and family therapy) is required (Duran et al., 2009). However, finding appropriately qualified consultants and sufficient funds for master's-level trained professionals can be challenging for states and programs. Maryland's original guidelines were drafted in 2009 by MSDE with support from the Georgetown University Center for Child and Human Development (Perry et al., 2009). At that time, Maryland standards did not require a master's degree or a mental health license due to workforce shortages and challenges with offering competitive salaries. Requirements included experience and content knowledge (e.g., experience in early childhood settings and with classroom or individual interventions). Historically, the Maryland IECMHC workforce is comprised of a variety of providers including those with bachelor's degrees, those with master's degrees but without licensure, those with master's degrees with licensure, and a few who have PhDs with licensure.

Maryland revised their Consultation Guidelines (Sweeney Wasserman et al., 2020) in the spring of 2020 with support from a Technical Assistance Award from the SAMHSA funded Infant and Early Childhood Mental Health Consultation Center of Excellence from 2017-2019 and in collaboration with the University of Maryland School of Social Work (The Institute for Innovation and Implementation), which is funded to provide evaluation, training, coaching, and technical assistance to the Maryland IEMCHC project. Revising consultant qualifications was a primary component of this effort. Although national recommendations suggest providers should be licensed clinicians (Duran, et al., 2009; Center of Excellence for Infant and Early Childhood Mental Health Consultation, 2017, 2020), there is little data to support this guidance. Therefore, how IECMHC outcomes vary by consultant capacities was examined in order to better inform state guideline decisions. Findings indicated significant improvements in classroom climate and teacher reported child behaviors, regardless of whether children were seen by licensed or non-licensed providers. However, improvements in classroom climate were significantly greater when the consultant was a clinically licensed provider (Candelaria, et al., 2021a). Based on these findings, the Maryland IECMHC project adopted a tiered approach to consultant qualifications. Every program is now required to have at least one licensed consultant on staff, resulting in a mixed workforce within each program and allowing for more consistent presence of clinically licensed staff across programs.

Creation of Workforce Pipelines

One Maryland IEMCHC program has been a host site for field placements for Master's of Social Work (MSW) students for several years, in collaboration with a local university. MSW students spend 2-3 days each week providing consultation services under supervision, and they graduate with a deep knowledge of infant and early childhood mental health concepts as well clinical experience in

consultation. In 2019, MSDE and UMB SSW the Institute planned to expand the field placement options beyond one region of the state, and identified local universities with MSW programs that could offer field placements in three other regions. These partnerships were to be funded by the state's Preschool Development Grant. However, due to the COVID-19 pandemic, field placements across the state were limited. Many child care programs and all public school programs were closed for much of the school year. This initiative is now slated for the 2022-2023 school year. Currently, field placements and supervisors are being identified, and standard onboarding and training requirements for field students are being developed.

An additional activity slated for the upcoming year is the use of MSDE funds to allow current consultants to further their education toward a clinical degree. The intention is to allow existing consultants a path toward achieving further qualifications, while maintaining their employment, furthering the qualifications of the existing workforce.

Additional Workforce Development Efforts

The updated standards (Sweeney Wasserman et al., 2020) also included additional requirements for workforce development efforts to standardize training and onboarding processes throughout the state. These include the following topics: knowledge of IECMHC systems and practices, use of the consultative stance, knowledge of cultural competence and implicit bias, reflective practice, use of Facilitated Attuned Interactions (FAN) and use of the National Pyramid Model (PM) practices including practice-based coaching. Much of this was already in existence at either the local or state level, but with varying implementation. The new standards lead to more consistent IECMHC practice implementation (including use of classroom wide and child specific screeners), onboarding practices and workforce training, and provider competency. Two of these efforts are highlighted below: reflective practices and FAN.

Reflective Practice. Reflective supervision/consultation (RS/C) supports the growth of a professional's reflective capacity—the ability to explore the thoughts, feelings, actions, and reactions that are evoked in the work. It is widely agreed that as a professional's capacity to engage in the reflective process grows, their self-confidence and level of mastery in the field is likely to grow as well; for this reason, RS/C holds an important place in the field of IECMHC (Heller & Gilkerson, 2009; Parlakian, 2001). RS/C is a fundamental part of workforce development in IECMHC and requires ongoing supervision and practice (Center of Excellence for Infant and Early Childhood Mental Health Consultation, 2020). RS/C addresses the emotional content of the work and attends to relationships and the complex interactions in relationships (professional and caregiver, professional and parent, parent and caregiver; Alliance for the Advancement of Infant Mental Health, n.d.).

The new 2020 IECMHC Maryland Standards formalized the requirement that all consultants engage in RS/C (Sweeney Wasserman et al., 2020). Each program is now required to engage in RS/C specific to their role for a minimum of 1 hour per month. The provider of this service should be a licensed mental health professional, experienced with IECMHC and the provision of reflective consultation. The time and date of meetings, attendees and reflective consultant information is required to be tracked. Again, COVID-19 interfered with this process; programs had varying success in securing and implementing regular RS/C. Consequently, the system of RS/C is currently under revision. Rather than tasking individual programs with securing and implementing RS/C independently, MSDE and UMB SSW the Institute are collaborating to create a statewide position that would provide RS/C to all programs. This will allow for more consistency in statewide application.

Facilitated Attuned Interactions (FAN). The FAN (Facilitating Attuned Interactions)® model out of the Erikson Institute is based on the concept of attunement, defined as an individual's sense of feeling connected and understood (Gilkerson & Gray, 2014; Gilkerson

et al., 2012). At the center of the FAN are the parent's concerns: worries about the self, about interacting with their child, and meeting their needs. Researchers at Chapin Hall at University of Chicago (Spielberger, et al., 2016) found that FAN trained home visitors were more able to read parents' cues and focus on parents' agenda, were calmer in distressing situations, demonstrated increased reflective capacity, and reported decreased burnout at work. In Maryland, the FAN model increased empathy and collaboration with parents among early intervention providers and increased job satisfaction (Cosgrove, et al., 2019). In addition, youth mentors experienced increased empathy and attunement along with increased collaboration in the supervisory relationship (Pryce, Gilkerson, & Barry, 2018). Therefore, the FAN has demonstrated positive impact across many workforce roles. FAN training began for the Maryland IECMHC workforce in 2019. To date most consultants have been trained in the FAN Level 1. Consultants will be given the opportunity to engage in FAN Level 2 coaching in the upcoming academic year.

Equity Efforts

As noted above, there are significant racial disparities in expulsion and suspension rates (Office for Civil Rights, 2014; Gilliam et al., 2016), with Black boys being suspended or expelled at rates up to four times higher than their White and female counterparts (Gilliam, 2006; Office for Civil Rights, 2014) and, in some places, the expulsion and suspension rates for Black girls exceed those indicated for Black boys (African American Policy Forum & Center for Intersectionality and Social Policy Studies, 2015). However, discussing/addressing racism and implicit bias are skills that have been largely underdeveloped in the workforce. Therefore, within the PM and the IECMHC efforts, equity has become a priority.

The Maryland PM State Leadership Team created an Elevating Equity Subcommittee in 2020, which prioritizes raising the profile of equity work within PM training, coaching and implementation efforts. The subcommittee has revised the state leadership team's

Mission and Vision, developed an Equity Statement (<https://www.mdpyramidmodelselfel.org/mission-vision-and-equity-statements>), and launched a PM Trainer Knowledge, Skill and Attitudes on Equity and Anti-racism survey in 2021. Overall, survey results indicate Maryland PM trainers believe focusing on equity should be a primary role during their trainings, yet a majority of respondents stated that topics of diversity, equity, inclusion, anti-bias, and anti-racism infrequently or never come up during trainings. The survey results are being used to inform future training and coaching needs, with a renewed focus on how to facilitate conversations about equity within PM practices. Continued efforts include the development of a Training Guide with resources to address race and equity to accompany PM training content for state trainers. Additionally, three state leadership members participated in a 4-part equity series hosted by the Pyramid Model Consortium with representatives from 32 Leadership Teams. Most recently, the state leadership team participated in an intensive equity retreat, based on content shared during the equity series hosted by the Pyramid Model Consortium.

Within the state IECMHC work, the Institute and MSDE partnered with the Indigo Cultural Center to address race and equity issues in IECMHC. This began with a two-day equity retreat. Prior to an Equity Retreat with the Indigo Cultural Center, close to fifty IECMHC staff participated in a survey. Results revealed that 81% of participants indicated race and equity issues arise in their work, but only 26% reported engaging in communication and dialogue about race and equity (Candelaria, et al., 2021b). In addition, anecdotal evidence from consultants indicated that they are often called in after a school or teacher has already decided to remove a child, suggesting that those most in need of supportive consultation are not utilizing services in a timely manner. IECMHC equity training can address this challenge by providing skills to engage in deeper conversations about suspension and expulsion decisions, and the use of IECMHC services to prevent these decisions.

The IECMHC equity approach is two-pronged: (1) increase the capacity of the existing workforce for initiating and facilitating conversations with early childhood educators about race and equity, and (2) ensure antiracism is understood as it applies to IECMHC work. Through Small Group Facilitator (SGF) Coaching Sessions with the Indigo Cultural Center, current IECMHC staff are building their capacity and expertise in facilitating conversations around equity and addressing inequities as they arise. During the monthly statewide IECMHC peer meetings, SGFs lead small group conversations exploring how characteristics of White Supremacy Culture (Okun, 2021) show up in the classroom or at work, how they reinforce inequities, and which of the identified antidotes they plan to use in the future. During our monthly IECMHC Equity Leadership meetings, we are beginning to explore ways to diversify the IECMHC workforce. This work is ongoing and will include an implementation evaluation in the upcoming year as schools begin to reopen.

Collaboration with Pre-k to 2nd

Both PM and IECMHC efforts in Maryland originated in child care settings but have expanded into the early elementary years. Primarily, this has been through publicly funded pre-kindergarten which has expanded widely in the state. As noted above, PM has been adopted locally by jurisdictions to address pre-kindergarten and kindergarten, with the intention of deepening developmentally appropriate techniques to promote social emotional development and address concerning behaviors in the youngest grades. In addition, there is recognition that an IECMHC model could be effective in the lower primary grades. In fact, the Maryland Legislature passed a bill during the 2021 legislative session requiring MSDE to perform a thorough evaluation of the current IECMHC project with a primary intention of exploring feasibility of expansion in the publicly funded pre-kindergarten throughout the state (Maryland General Assembly, 2021). A primary goal of bringing IECMHC into the lower

elementary grades would be to address suspension and expulsion of young children, consistent with state legislation prohibiting this activity for children in pre-kindergarten through 2nd grade.

Graduate and Postgraduate Education

A critical component of a qualified workforce to support young children in childcare and school settings is to have access to infant and early childhood mental health theory, concepts, and practices within graduate school programs and through postgraduate opportunities. There has been a recent call for the field of social work to include infant and early childhood mental health in their curriculum more intentionally, as social workers are uniquely positioned to support families with young children and the programs that serve them in child care and elementary schools (Walsh et al., 2021). A clear need exists to increase exposure to infant and early childhood mental health curricula in graduate education. In line with this, the Council on Social Work Education (CSWE) initiated a special curriculum development project, focused on developing competencies and a curricular guide for social work programs on infant and early childhood mental health and developmental neuroscience. This work, led by the Erikson Institute faculty and clinical director, includes creation of developmental competencies across a variety of practice and research sectors and content-specific resources for each social work competency. These competencies will be published in late 2021, and are expected to contribute to advancing and deepening the role of infant and early childhood mental health as a subspecialty practice.

Through the SAMHSA funded Behavioral Health Curriculum Development Initiative (BHCDI) several class and module syllabi were developed including an infant and early childhood mental health curriculum for MSW programs (Hussey & Flynn, 2019). The curriculum was developed by several experts in infant and early childhood mental health from three universities and has been implemented at MSW programs at Boston University and UMB

SSW. Initial evaluation results revealed students gave high ratings for increasing knowledge and understanding of unique aspects of infant and early childhood assessment procedures and evidence-based practices (Hussey & Flynn, 2019). The class has now been offered for three years at UMB SSW. Regarding postgraduate education, the University of Maryland School of Medicine offers a post-master's Early Childhood Mental Health Certificate program, which allows professionals to supplement their professional development with specific content on early childhood mental health theory and practice.

Conclusion

Overall, Maryland as a state recognizes the importance of infant and early childhood mental health and the importance of attending to social emotional well being in order to prepare children for a successful school experience. The Maryland State Department of Education (MSDE), in particular the Division of Early Childhood (DEC), has invested not only in programming to address infant and early childhood mental health but also to create a qualified workforce. Moreover, the MSDE DEC partners with additional MSDE divisions, local universities, and other state agencies to further advance infant and early childhood mental issues. Efforts include ongoing implementation and expansion of Infant and Early Childhood Mental Health Consultation, Pyramid Model practices across a variety of settings, application of reflective practice and the FAN model, and intentionally addressing equity practices in early childhood. Focusing on workforce development, through creation of pipelines to prepare emerging professionals as well as ongoing professional development opportunities for existing professionals, Maryland is working to ensure best early childhood mental health practices are sustained. Furthermore, there are targeted efforts to address suspension and expulsion of young children in child care and the early school years. This work cuts across several disciplines and includes systemic and

institutional collaborations to collectively promote infant and early childhood mental throughout the state. This is a particularly timely issue considering how families have suffered through the ongoing COVID-19 pandemic, which significantly disrupted lives for families including child care and school shut downs and disruptions. In order to best address the needs of young students we need to continue to invest in a competent workforce that can support families, young children, childcare providers, and teachers.

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