Executive Summary

Research clearly demonstrates that early promotion of healthy social emotional development has a positive impact on children's physical and mental health, school readiness, academic performance and lifelong learning, productivity and success. Infant Mental Health Endorsement (IMH-E) is a vehicle for improving the quality of services for young children in Oregon. Endorsement is also a vehicle for strengthening supports and promoting professional development for all professionals who contribute to the needs of young children in early childhood settings. Oregon has both existing capacity to promote IMH-E and address unmet needs essential for IMH-E implementation in the state. Building a cross-sector workforce with expertise in social emotional development will contribute to Oregon's goals across all sectors and benefit Oregon children and families.

Introduction

Research clearly demonstrates that early promotion of healthy social emotional development has a positive impact on children's physical and mental health, school readiness, academic performance and lifelong learning, productivity and success (Sroufe et al. 2005, McClelland & Tominey 2014, Mischel 2014, Moffit et al. 2011). A growing number of early childhood professionals, academicians, corporate leaders, economists, government leaders and policymakers recognize that programs which intervene in the early years (prenatal to 5 years old) are critical for optimal brain development and provide a strong return on investment (Heckman 2012, Schweinhart et al. 2005).

Social Emotional Development

Social emotional development (also called *infant mental health, IMH*) includes infant and toddler capacity to:

- Form close and secure relationships within which to develop
- Experience, regulate and express emotions in socially and culturally appropriate ways
- Regulate behaviors including sleeping, waking, moving, reacting and feeding
- Internalize a sense of safety and efficacy to explore the environment and learn

A child's social emotional development is nurtured in an environment of healthy relationships and experiences. Social emotional development is holistic, integrated and multidimensional. It is the foundation for all brain development and leads to optimal capacity for rewarding interactions with peers and adults and lifelong learning and success.

Infant Mental Health Endorsement: Building a Cross-Sector Workforce

Infant mental health services span promotion, prevention and intervention. A workforce skilled at meeting the social emotional needs of infants and young children and their families merges the fields of child health, human services, early learning and beyond. Services most effective at addressing the

unique needs of infants and toddlers require specialized skills, education, training and reflective practice. There is consensus on what key concepts form the basic framework for the infant-toddler knowledge base and experience (Quay 2009). Building a cross-sector workforce with expertise in social emotional development can contribute to Oregon's goals across all of these sectors and benefit Oregon children and families.

Infant mental health endorsement is a federally-recommended competency-based professional development system for building multidisciplinary workforce capacity for promoting social emotional development (US Department of Health and Human Services and US Department of Education 2014, Murphey et al. 2014). Endorsement is not a license or certification, but rather an overlay onto a person's professional credentials and professional experience that acknowledges education, IMH work experience, training, skills and professional reflective process in the area of infant and early childhood mental health. It is not exclusive to any one discipline and is applicable to health promotion, prevention, early intervention and treatment services.

All professionals working with infants, toddlers and their families (e.g., early learning, education, medical, therapy, social services, mental health, judicial and others) can benefit from IMH-E (Attachments A & B). The IMH-E process involves verifying that an applicant has attained appropriate education, worked in specialized professional services, received specialized mentoring/supervision in infant mental health work and has attained the specialized infant mental health skills to deliver high quality, culturally sensitive, relationship-focused services.

Twenty-two states have an IMH endorsement process. There is strong interest among a variety of providers, programs and sectors to bring IMH-E to Oregon. This document presents the findings and recommendations from a cross-sector IMH Work Group whose purpose was to identify the best approach to establish IMH endorsement in Oregon (Attachment C).

Existing Capacity for Promoting IMH-E in Oregon

Oregon has established foundational elements that will contribute to the success of IMH-E. Key elements include a clear policy focus supporting early childhood, focused public and private resources and leadership support.

Transformation of Oregon's health, human service and early learning systems has created new regional structures and state-level supports that contribute to improving child outcomes. Other key policy and program areas aligned with these transformation efforts and supportive of professional development in social emotional development include:

- The Quality Rating and Improvement System (QRIS) which provides incentives and tools to support quality early learning and care environments

- The Oregon Center for Career Development (OCCD) Registry which supports professional development and advancement for early learning and education providers serving infants, toddlers and their families
- Oregon Department of Education Early Learning Division's alignment of the state's early learning professional development system to the State of Oregon Equity Lens adopted by the Early Learning Council in June 2014

Oregon has also been awarded multiple federal grants closely tied to child health and development, including the Maternal, Infant and Early Childhood Home Visiting (MIECHV) grant, the Race to the Top-Early Learning Challenge (RTT-ELC) grant and the Early Childhood Comprehensive Systems (ECCS) grant. All of these grants are directed at building systems and professional capacity to support the optimal development and health of young children, including social emotional development. Oregon's MIECHV federal grant includes resources dedicated to establishing IMH-E. Additionally, MIECHV is focused on workforce development for home visiting programs serving high needs infants, toddlers and their families.

The Oregon Infant Mental Health Association (ORIMHA) is a professional organization for infant mental health professionals in existence since 2006. The ORIMHA is the only professional organization in Oregon that focuses on the infant and toddler population and embraces multidisciplinary IMH professionals at all levels of professional expertise. The ORIMHA supports bringing IMH-E to Oregon and is an active partner in this work.

Finally, Oregon's higher education system provides programming supportive of IMH-E. Many two- and four-year institutions across the state already offer IMH courses, curricula and certification programs to varying degrees. One program, Portland State University's Infant Toddler Mental Health certification program, is a one-year program with course work linked to the IMH core competencies required for IMH-E.

Unmet Needs Essential for IMH-E in Oregon

Although Oregon has built an important foundation of professional development focusing on early childhood, critical components for assuring IMH-E success and sustainability are lacking. These components include the establishment of IMH core competencies, available infrastructure for processing IMH-E (e.g. receiving, processing and reviewing portfolio submissions), and an adequate professional capacity to provide reflective supervision.

Reflective supervision is a competency-based process of professional development characteristic of IMH and required for IMH-E. This facilitated process of self-reflection is conducted either one-on-one or in small groups lead by an IMH-E professional. This process of shared exploration of relationships and

feelings within the context of working with infants, toddlers and families elevates professionalism, builds capacity to handle more and more complicated cases and refuels workforce physical and emotional stamina, resulting in reduced attrition. Estimates are that Oregon currently has only four professionals qualified to provide this essential component of IMH-E. Growing the number of IMH-E qualified professionals in the state who are motivated to provide reflective supervision will be critical during the first year of implementation.

Infant mental health and IMH-E are unfamiliar concepts to many professionals and organizations. As such, there will be need for active education to build a broad recognition of the benefits of IMH-E. An informed public will begin to appreciate and benefit from IMH-E as it builds sustainable workforce capacity to better serve infants, toddlers and their families at a high standard of care. Other states have included outreach and education duties in the role of a paid IMH-E staff position.

It will be critical for Oregon to be vigilant in ensuring that IMH-E attainment is available to all professionals regardless of race, ethnicity, language, geographic region and beyond. Intentionality will be critical to ensure that in keeping with the diversity of Oregon's young children and families, pathways to professional development are accessible and culturally meaningful to all professionals working with young children. A plan for achieving an equity lens must be built into Oregon's IMH-E approach from the beginning.

The Michigan IMH-E Model: Recommendations and Benefits

A total of 22 states have established IMH-E. Some states have chosen to create their own core competencies and processes. This approach requires a significant amount of professional resources and time to complete (likely multiple years before achieving full implementation). Alternatively, 18 of the 22 states have chosen to purchase an IMH-E license from Michigan; that number will grow to 20 by the end of 2015. (Figure 1) The Michigan license includes adoption of Michigan's well-established and proven core competencies and processes and membership in the League of States thereby establishing a community of states that works collaboratively to improve IMH-E implementation.

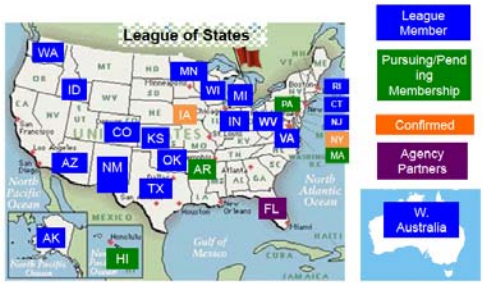

Figure 1

After careful consideration, Oregon's IMH Work Group recommends purchase of the Michigan IMH-E license and implementation of their IMH endorsement model. Multiple benefits are associated with the Michigan core competencies and IMH-E license. These are summarized in Table 1. MIECHV funding is available to purchase the Michigan core competencies and IMH-E license.

Table 1: Benefits of Purchasing the Michigan IMH-E Model
Provides swift pathway to IMH-E implementation
Long standing, successful and respected IMH-E model
Vetted in 18 states
Opportunities to collaborate with and learn from other states (Membership to the "League of States")
Provides technical assistance for IMH-E implementation

Challenges for Sustainability of IMH-E in Oregon

The IMH-E process is relevant to all professionals working in the early childhood system of care. To preserve and assure this characteristic of IMH-E, Michigan strategically decided at inception, and requires as a condition of their IMH-E license, that IMH-E be housed within each state's Infant Mental Health Association. The ORIMHA is committed to playing an active role in implementing IMH-E in Oregon. However, it will need staffing and operational supports to do so.

A critical question that has already been posed regards how to incentivize workers to seek endorsement that does not inherently include pay or reimbursement incentives. What is known anecdotally is that workers who experience professional growth through reflective supervision, a component of IMH-E, regularly choose to stay in practice even when monetary incentives are not compelling. Pay equity as a broader issue affecting all early childhood professionals warrants serious consideration. In the interim, IMH-E can bring deserved recognition to the field as a valid and valuable resource. In so doing, greater opportunities for workforce development and professional growth will be stimulated and be an incentive for early childhood professionals. Financial supports including scholarships for needed education and training will also incentive endorsement acquisition until such time as policies assuring appropriate reimbursement are put into place. Additionally, it is anticipated that IMH-E as a preferred qualification for employment will result from bringing IMH-E into the state and the anticipated wider recognition of the value associated with endorsement. Nonetheless, these issues will warrant ongoing exploration.

A lack of available opportunities for education and trainings in languages other than English has been posited as a potential barrier for professionals of diverse cultural backgrounds interested in working toward IMH-E. Resources will be necessary to assess existing assets as well as needs and develop strategies for addressing them. Infant mental health is based in the principal of cultural sensitivity; having a culturally diverse workforce with IMH-E will be essential to adhere to that IMH value.

Sustainability continues to be a topic of discussion in other states with IMH-E. Oregon can learn from insights that other states have shared. These include:

- Having a paid staff position is key to sustainability. States with a paid position have included in the duties for this position the responsibility to promote IMH-E and elicit funding.
- Requiring infant mental health association membership for IMH-E and ongoing renewal of endorsement. This contributes to building a more robust professional organization instrumental to the endorsement process.

The benefits to IMH-E range from individual to systems gains. Through the endorsement process and ongoing renewal of endorsement, early childhood professionals will continue to advance their highly specialized skills to work effectively with infants, toddlers and their families. They will gain recognition through the professional skills that IMH-E brings to their careers. Professionals will also benefit from connecting across disciplines via networking venues created by the endorsement process and association membership. The coalescing of the field of IMH through the endorsement process will create potential for greater recognition and appeal to entry-level professionals seeking their first or a new career. Reflective supervision will provide a venue for processing challenging cases and promote a more sustainable workforce in this emotionally demanding work. Finally, increased awareness of IMH professionals across sectors will promote greater communication, coordination and collaboration between widely varied professionals and IMH services.

Recommendations

Having considered, explored and processed all the aspects of bringing infant mental health endorsement (IMH-E) to Oregon as summarized above, the IMH-E Work Group has developed recommendations for implementation IMH-E in Oregon. The work group recommends that:

1. Oregon purchase the Michigan core competencies and infant mental health endorsement (IMH-E) model
2. The Michigan IMH-E license and process be located in the Oregon Infant Mental Health Association (ORIMHA).
3. Memoranda of Understanding be obtained from a broad representation of early childhood stakeholders in support of IMH-E in Oregon.
4. The endorsement process be supported by a full time staff position and part time assistant staff position.
5. An IMH-E Advisory Committee be formed and used to advise on implementation of IMH-E.
6. Education and promotion of IMH and IMH-E be a component of the role of paid IMH-E staff
7. Equity and inclusionary best practices be embedded in all aspects of the IMH-E process to ensure culturally and linguistically responsive IMH professional development opportunities that are equally affordable to non-English speaking early childhood workers
8. Financial supports be dedicated to equity and inclusion work including needs assessment, translation of materials and creation of curricula that address identified special needs
9. Membership in ORIMHA be a requirement for endorsement and ongoing renewal of endorsement
10. A tiered or scaled membership fee structure be discussed within the ORIMHA and with advise from the Advisory Committee to assure that membership to the ORIMHA is not a barrier to any early childhood professional seeking endorsement.
11. A small number of highly experienced professionals be targeted for the first cohort (These professionals should be able to achieve IMH-E through a rapid track; selection should be contingent on expressed commitment to providing reflective supervision or review of portfolios and/or exams to future IMH-E participants.)
12. After the first cohort, cohorts be developed of diverse professionals spanning all levels of IMH expertise to capitalize on broad workforce development, coordination and cross-fertilization.

Summary/Conclusion

Infant mental health promotes healthy social emotional development that positively impacts child development, health and academic outcomes. Infant mental health endorsement acknowledges and promotes workforce development and high standards of service for infants, toddlers and their families. Infant Mental Health Endorsement is a vehicle for strengthening supports and promoting professional development for all professionals who contribute to the needs of young children in early childhood settings. Endorsement is also a vehicle for improving the quality of services for young children in our state. Oregon has both already existing capacity and unmet needs essential for IMH-E in Oregon. The IMH-E work group has developed recommendations for building on current state capacity and for addressing unmet needs toward implementation of a sustainable process for IMH-E in Oregon. With IMH-E in the state, Oregon's system of care will increase capacity for providing high quality, culturally sensitive IMH services for the benefit of infants, toddlers and their families for generations to come.

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Attachment A
Building Oregon Expertise in Social Emotional Development: Multidisciplinary Infant Mental Health (IMH) Endorsement

Infant Mental Health Across Professions

The following are examples of how infant mental health fits within various professions:

Early Care and Education: Center and non-center based care providers have wonderful opportunities to help children gain social and emotional capacities through daily classroom experiences. Teachers can help children identify strong emotions—such as anger, excitement and sadness—and facilitate the healthy expression of those emotions. Child care providers have multiple occasions to partner with parents in understanding the social and emotional development of their infants and children. They can help promote the child-parent relationship.

Home Visitors: Home visitors promote healthy child growth and family functioning. Home visitors can provide relationship-based, parent-child assistance that enhances the capacities of parents and young children and provides parents with information regarding their role in the social and emotional development of their children.

Medical Providers: Primary health care providers can play a unique role in addressing infant mental health needs. Characteristics that make primary health clinicians well suited to address mental health issues in children include: long-term relationships with children and families, a focus on prevention and development, as well as a focus on the medical home model of care.

Child Welfare: Services to preserve and support families are particularly important for families with infants and toddlers who may need extra support in parenting. Infants and toddlers in foster care are at risk for mental health disorders. Foster and biological parents can be provided guidance in promoting the child-parent relationship and social emotional development.

Mental Health Clinicians: Infant mental health clinicians provide diagnostic assessments and relationship-based therapeutic intervention that supports the parent-child relationship. Common capacity-building interventions include teaching and training, clinical supervision, infant and early childhood mental health consultation, and parent-infant psychotherapy. Treatments are focused on improving adults' effectiveness in their interactions with young children.

Judicial: Judges work in a strategic position to bring infant mental health principles into consideration and practice as part of the decision-making process. Taking into consideration brain research and evidence-based practices better assures optimal early childhood social emotional outcomes.

This document was adapted, with permission, from the Wisconsin Alliance for Infant Mental Health's document, "Wisconsin Infant and Early Childhood Mental Health Competency and Endorsement System". We sincerely thank IMH partners in Wisconsin for their support.

ATTACHMENT B: Infant Mental Health Endorsement Targeted Professionals

Although only a partial listing, this illustrates the broad spectrum of professionals targeted by infant mental health endorsement.

Level I	Level II	Level III	Level IV
Infant Family Associate AA, CDA	**Infant Family Specialist** BA, BS, MA/MS, MSW, MEd	**Infant Mental Health Specialist** MA, PA, MPH, MSW, MD, BSN, JD, PhD, MA/MS	**Infant Mental Health Mentor** Clinical, Policy, Research/Faculty
MEDICAL: Practitioners who serve infant/toddlers, Child birth educators, Doulas / Midwives, NICU staff, Nurses, Infant massage practitioners, Lactation specialists, Nutritionist, Dietician			
MENTAL HEALTH: Clinical therapists, Counselors Mental health consultants, MH Specialists, Social Workers			
HOME VISITING: Home Visiting programs serving pregnant mothers, infants, and toddlers; Community Health Worker; Public Health/ELD; Promatora, Doula; Navigators; Health Educator, Nurse home visitor, Lactation specialist			
PARENT SUPPORTS PEER MENTORING: Family to Family, Wrap-Around Initiative, Parent Educators, Family Advocate			
EARLY INTERVENTION: Speech therapist, Occupational therapist, Physical therapist, Education/ Behavioral specialist			
EARLY CHILDHOOD EDUCATION: Child Care and Education practitioners who serve infants and toddlers			
PUBLIC HEALTH: Women Infants and Children staff, Nutritionist, Dietician, Maternal child health Nurses			
LAW: Policy Maker, Legislator, Judicial, Law enforcement, Guardian ad litem, First responder, Advocates			
CHILD WELFARE: Self-sufficiency, Foster care, Court Appointed Special Advocate, Child Abuse Prevention			

Attachment C
Infant Mental Health Endorsement Workgroup

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Attachment C
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