



Colorado Evaluation & Action Lab

UNIVERSITY OF DENVER

A strategic research partner
for government agencies and a
bridge to the research community

September 2023

► Early Childhood Mental Health Consultation

AUTHORS:

Allie Kallmann Wegner, MA, M.Ed.

Staff Researcher, Colorado Evaluation
and Action Lab

Kristin Klopfenstein, PhD

Director, Colorado Evaluation and Action Lab



This brief represents evaluation work funded and managed outside of the Colorado Evaluation and Action Lab's Early Childhood Evaluation Hub. Findings from this aligned evaluation do not necessarily reflect the contribution of stimulus funding.



Overview

The Colorado Department of Early Childhood (CDEC) used federal and state stimulus funding to support the existing [Early Childhood Mental Health Consultation \(ECMHC\) program](#). The ECMHC program is a no-cost, confidential program that pairs Masters-level mental health professionals with adults caring for children age birth to six years to build the adults' capacity to promote the social-emotional development and mental well-being of the child(ren) in their care. By engaging in this relationship-based work, ECMH consultants promote equity, reduce disparities in access to resources, and support positive outcomes for young children and their families. The program supports [CDEC's strategic goal #2](#) to recruit, support, and retain highly competent, caring, and diverse professionals across early care and education settings.



SB21-137 requires an independent third-party outcomes evaluation of ECMHC to be completed on or before August 1, 2026. Starting in 2021, CDEC (then the Office of Early Childhood in the Colorado Department of Human Services) partnered with the Colorado Evaluation and Action Lab (Colorado Lab) to lay the foundation for an outcomes evaluation by standardizing a statewide model of ECMHC as delivered in child care settings. CDEC also partnered with the Colorado Lab to coordinate the evaluation of stimulus-funded activities, including ECMHC activities.



What We Will Learn by the End of the Evaluation

- The extent to which the Colorado model of ECMHC implemented at the program level:
 - Improves organizational climate in child care programs.
 - Improves the knowledge, skills, and capacity of directors in child care programs.
 - Reduces director stress and burnout.
- The extent to which the Colorado model of ECMHC implemented at the classroom level improves interactions and relationships between children and early childhood professionals.
- The extent to which the Colorado model of ECMHC implemented at the classroom and/or program levels reduces teacher and director turnover in child care programs.

This brief represents early insights from the initial phases of the ECMHC program evaluation work. Final findings will be available in August 2026.

Evidence-Based Decision-Making

[Evidence-Based Decision-Making \(EBDM\)](#) recognizes that research evidence is not the only contributing factor to policy and budget decisions. EBDM is the intersection of the best available research evidence, community needs and implementation context, and decision-makers' expertise. Actionable insights across these domains are highlighted in the box below, with supporting evidence and additional information detailed in each of the three following sections.





Actionable Insights

- National and limited Colorado-specific research on ECMHC indicates beneficial associations with children's and adults' outcomes, with some evidence of a reduction in racial disparities in early childhood suspension and expulsion. However, the existing evidence is based on varied ECMHC program designs and implementation.
- Colorado has established a formal model for ECMHC services and program infrastructure to support consistent implementation and meaningful evidence-building.
- Over half of the ECMHC program budget is supported through temporary funds that will expire June 30, 2024, including 43% of funds that support FTE.
- As a program focused on prevention and promotion, ECMHC services are appropriate for all adults who provide care for young children, but only 10.6% of licensed child care providers are reached with support of current stimulus funding.
- Expansion of program-level consultation, where services impact all individuals associated with a child care program, including enrolled families, is essential for increasing access.

Best Available Research Evidence

Data in this section come from program materials describing the Colorado model of ECMHC and the published literature describing the national context.

National research on ECMHC indicates positive associations with children's social-emotional development as well as adults' capacity to support young children's mental health, with some evidence of a reduction in racial disparities in early childhood suspension and expulsion. However, this evidence is limited by variations in individual ECMHC program design and implementation. Many of the models examined in national literature share some, but not all, of the essential elements of the Colorado model of ECMHC, and may emphasize different types of service (e.g., child-level vs. classroom- and program-level consultation; home-based settings vs. early care and education settings). The types of outcomes examined and results reflect that variation.

That said, ECMHC has generally been shown to improve children's social skills and emotional functioning, promote healthy relationships, and [reduce challenging behaviors](#). Because ECMHC is focused on building adult capacity to support young children's mental health and healthy social-emotional development, other studies have found positive relationships between ECMHC and topics such as increased [teacher self-efficacy](#), [interaction quality](#), [classroom quality](#), and [center quality](#), as well as reduced [teacher stress](#), [suspensions and expulsions](#), and [racial bias](#) in classroom outcomes. Overall, studies of ECMHC in other settings indicate that these services likely support children's healthy social-emotional development and mental health through the adults who care for them.

Available Colorado-specific research on ECMHC has found positive associations with adults' efficacy and stress-reduction, as well as decreases in suspension and expulsion. A [2021 study](#) of the Warm Connections pilot program, which integrates ECMH services into the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) offices, found that caregivers were highly satisfied with the program, increased parenting self-efficacy, and expressed less distress about their child. A [separate survey](#) of Colorado licensed child care providers found

that knowledge of how to access ECMHC predicted decreased suspension, and accessing those services predicted decreased expulsion, consistent with [earlier findings](#) in licensed family child care homes.

Colorado has established a formal model for ECMHC services and program infrastructure to support consistent implementation and meaningful evidence-building. The Colorado ECMHC program has developed a model and accompanying resources, begun measuring fidelity of implementation, and developed infrastructure to support measuring outcomes. This has included articulating the program’s theory of change and [Essential Elements](#); developing [dosage requirements](#) and caseload recommendations; documenting these and other critical guidance in an [Implementation Manual](#); and creating a Service Agreement to support consultants in communicating clearly and consistently with consultees. In Colorado’s model of consultation, services are offered at three levels: program-level, in which consultants work with a program leader (e.g., director) to make systemic changes; classroom-level, in which consultants work with educators to support their whole classroom; and child-level, in which consultants work directly with adults supporting a specific child. To support fidelity to the essential elements of the Colorado model, the state has developed dashboards and reports in the statewide data system; piloted goal-setting’s formal implementation and data collection; begun monitoring goals and goal quality; and piloted a measure of the consultative stance. The state data system has also been modified to support data collection of outcomes, including a measure for program-level cases. Together, these activities have laid the groundwork for the 2026 outcomes evaluation.

Community Needs & Implementation Context

Data in this section come from studies conducted by the Office of Early Childhood and, subsequently, CDEC, or their contracted partners including the Colorado Lab.

Colorado’s ECMHC program operates statewide and provided service across 1,982 cases in SFY23, 22% of which were in rural counties. In general, ECMH consultants provide services to early childhood education program leadership, teachers, and families in program, classroom, and child cases respectively. Based on data pulled on September 14, 2023, consultants provided services in 454 program cases, 473 classroom cases, and 1,055 child cases in SFY23 totaling 1,982. While services are available statewide in all 64 counties, they were accessed in only 55 counties. 435 cases (22%) were in rural counties. The ECMH workforce is primarily female (95%), white (95%), and English-speaking (91%). By comparison, according to Census data, just under half of Colorado’s population identifies as female, 68% as white, and 83% speaks English at home.



[ECMHC] seemed to be a great fit for a community such as ours that’s really looking to work together to support young children holistically...I particularly work in a community that has a huge diversity of socioeconomic background, and so this is one tool I that I can provide to everyone in my community and they can access those things without having to stress about the financial impact.

- Participating Preschool Executive Director



You can't [shouldn't] underestimate the benefit that this could have for one child, but also just for your entire classroom and your entire school community. We can serve really any kid and we can make it a successful, amazing, joyful experience, and they can build peer relationships, and if we can't offer that to every child, then we're not really doing the whole job.

- Participating Pre-K Teacher

Over half of the ECMHC program budget is funded through temporary funds that will expire June 30, 2024, including 43% of funds that support FTE. The ECMHC program has received \$7,784,320 in stimulus funds. In SFY23, the state-funded ECMHC program budget totaled \$5.78 million, \$3 million (52%) of which will expire June 30, 2024. The majority of the program budget, \$4.84 million (84%), is invested directly into contracted consultant FTE (i.e., ~52 FTE boots on the ground). Of the contracted FTE, \$2.09 million (43%) will expire June 30, 2024, which supports roughly 22.25 of the current 52 FTE and has been used to pilot innovative service delivery such as [Statewide Brief Consultation](#).

As a program focused on prevention and promotion, ECMHC services are appropriate for all adults who provide care for young children, but only 10.6% of licensed providers are reached. Demand for ECMHC services has been consistently documented across the last several years. Both a 2019 cost estimation and Preschool Development Grant (PDG) [Needs Assessment](#) indicated an inadequate supply, with findings [replicated in 2022](#). While not all eligible providers or caregivers would access ECMHC if offered, the current consultant workforce was only able to reach 10.6% of licensed providers in SFY23. The ECMHC program would require a significantly larger workforce to meet all potential statewide needs for preventive mental health services.

Implementation of the Universal Preschool Program (UPK) in Fall 2023 increases the number of providers and teachers statewide who could benefit from ECMHC services. As of June 1, 2023, UPK had received over 30,000 family applications. Approximately 8,600 children and 800-2,000 teachers are estimated to be new to the licensed child care system. Demand for ECMHC services is likely to grow, widening the gap between available capacity and demand.

As with other early childhood services, rural service delivery remains challenging. Although services are available in all 64 counties, they are not evenly used, and consultants in rural areas may cover large portions of the state (e.g., as of the December 2019 [PDG Needs Assessment](#), the northwest region of the state had two full-time ECMH Specialists who are responsible for an area larger than the state of Massachusetts). Eleven counties, all of them rural, received no ECMHC services in SFY23. To address this gap, the program provides telehealth services. Additionally, the program's communications plan for SFY24 prioritizes outreach to rural communities.

In response to long waitlists and high demand, the ECMHC program has piloted innovative service delivery strategies, including the statewide support line. Point-in-time data from across Spring and Summer 2023 show double-digit waitlist numbers (54 on April 13, 2023; 22 on August 15, 2023). The ECMHC program has piloted innovative service delivery strategies, including the [ECMH Support Line](#), to help meet demand. Trained ECMH consultants provide brief consultation and may discuss needs, brainstorm supports, and connect the caregiver to a local ECMH team or other community resource. Additionally, given the relatively small pool of individuals who are qualified as ECMH consultants and able to meet these service needs, the program has invested in

workforce development, including the launch of a consultant waiver. Through additional training and supervision, individuals who have relevant experience but do not yet meet the minimum qualifications are given the tools needed to become fully qualified consultants and expand the statewide ECMHC workforce.

Consultees receiving ECMHC services value consultants' support, experience growth in their skills, and see changes in young children. [Families](#) and [providers](#) have shared that ECMHC is a helpful resource that builds their knowledge, skills, and capacity to support children's mental health and social-emotional development. In a [2022 survey](#) of the early childhood workforce, providers who received consultation agreed that it had a positive impact on staff and families (average rating of 3.24 where 3 = "somewhat agree" and 4 = "strongly agree"). Nearly all of those providers (93%) found their ECMH consultation experience to be at least "somewhat helpful."

Decision-Maker Expertise

Data in this section come from interviews, focus groups, and meetings with stakeholders including ECMH consultants, CDEC staff members, Healthy Child Care Colorado, and Government Partner Solutions.

Expansion of program-level consultation, the widest-reaching form of ECMHC, is an essential component of increasing access. [One strategy](#) to better meet the demand for ECMHC is prioritizing program-level ECMHC cases. This service level is the least defined but provides greater reach by addressing the program climate and staff-wide knowledge in an early care and education setting. Stakeholders including CDEC staff, Healthy Child Care Colorado, consultants, and service recipients have shared that this level of consultation can broaden access to more children, support workforce retention, and sustain consultation outcomes through system-wide changes. A program-level tool being piloted in 2023-24 will support clearer definition of this level of intervention and allow for its outcomes to be reflected in the 2026 evaluation.



I see [a program-level tool] as a necessary guide, which has been missing.

- ECMH Consultant

ECMHC is uniquely positioned to support the mental health of individuals who provide care for young children, across settings. Several kinds of professionals provide service to adults who care for young children in Colorado, including Child and Adult Care Food Program (CACFP) Specialists, Child Care Health Consultants (CCHCs), Continuous Quality Improvement (CQI) Coaches/Consultants, the Expanding Quality in Infant and Toddler Care (EQI) Specialist network, home visiting, and Early Intervention. However, program staff, consultants, and external partners have identified several key distinctions. As master's-level, license-eligible mental health professionals, ECMH consultants bring a unique mental health lens and emphasis on social-emotional development to the work they do with caregivers, and the program has an explicit aim to reduce suspension and expulsion in early care and education settings. Consultants also work across different care settings, not just in traditional child care programs or in family homes. Although coaches and other support providers in the early childhood field share some activities and responsibilities, ECMH consultants' expertise in mental health fills a specific niche in the early childhood environment. Coaches and consultants can and do team up to provide holistic support across their areas of expertise and meet their communities' needs.