This proposal is in direct support of funding the development of Nevada's first Infant-Early Childhood Mental Health Association (referred to hereafter as the "Association"). The creation of the Association is a necessary requirement in establishing the Alliance for the Advancement of Infant Mental Health Endorsement (referred to hereafter as "Endorsement").

Endorsement[®] is an opportunity for multidisciplinary consistency for professionals working with infants and young children by offering multiple endorsement categories for various levels of training to allow for inclusivity to professionals such as home visitors, early care and education professionals, community health workers, and mental health providers.

Competencies outlined to reach endorsement criteria are consistent, yet discipline specific to allow for a general consensus in working with young children and families while providing discipline specificity to ensure best practice is utilized.

What is "Infant-Early Childhood Mental Health? Healthy social and emotional development refers to a child's capacity to experience, manage, and express a full range of positive and negative emotions; develop close, satisfying relationships with others; and actively explore environments and learn. Professionals in the field of child development who focus on social and emotional development refer to their area of practice as "infant mental health" or "early childhood mental health."

Why invest in improving the mental health of infants, toddlers, and their caregivers? The healthy growth and development of a young child is much like the construction of a strong and stable building. When it comes to infant and toddler development, the neural pathways and connections literally shape the physical architecture of the developing brain, forming the strong foundation on which everything else is built. Social and emotional development is an integral part of the foundation that helps guide a young child into adulthood and is firmly tied to every other area of development—physical growth and health, communication and language development, cognitive skills, and early relationships.

Laying the foundation for early development: Infant and Early Childhood Mental Health. ZERO TO THREE. (n.d.). Retrieved April 1, 2022, from https://www.zerotothree.org/resources/443-laying-the-foundation-for-early-development-infant-and-early-childhood-mental-health#chapter-251

Data tells a story about the status of Nevada's youngest citizens; you can have a say in determining the outcome by investing in quality early childhood development.

Infants and toddlers in Nevada

Nevada is home to & ê,êţ ń ~ Ž~/\$® representing 3.5 percent of the state's population. As many as 42.8 percent live in households with incomes less than /v ff\$ />\$ &\$, \$, Ž∫°ñů\$, /x fµ\$ (in 2019, about ½½ a year for a family of four), placing them at economic disadvantage. The state's youngest children are diverse and are raised in a variety of family contexts and household structures.

26.4% of Neuada's Mothers of infants and toddlers report less than optimal mental health.

Nevada's Infant
Mortality Rate is 6.1
deaths per 1000 live
births (National Average
is 5.1)

Adverse Childhood
Experiences
11.2% Nevada's
Infants and Toddlers
have experienced 2
or more adverse
childhood experiences

10.7 of Nevada's Infants/Toddlers were removed from home (per 1000 infants/toddlers)

Data provided here is from the most recent The State of Babies Yearbook: 2021, a national and state resource from ZERO TO THREE, with data and indicator analysis powered by Child Trends, provides a snapshot of how babies (birth to 3 years) are faring in Nevada and across the United States.

Endorsement[®]is central to the fostering of quality early childhood development in Nevada.

As of October 2020, there are 31 US states and 2 international associations for infant mental health who are members of the Alliance for the Advancement of Infant Mental Health.

Licensing. allianceaimh. (n.d.). Retrieved April 1, 2022, from https://www.allianceaimh.org/endorsement-licensing

Nevada has no comprehensive structure or associative network of Infant and Early Childhood Professionals focused on the promotion of Infant-Early Childhood Mental Health.

No mechanism exists to ensure that Nevada's infant, toddlers, and families receive assessment and intervention services from professionals/paraprofessionals who are adequately trained, and who have the expertise necessary to meet the specific needs of young children and their families.

The Arizona State University Center for Child Well-Being worked alongside 14 IMH associations to conduct a survey of infant family professionals (Krysik, Kubicek, McCormick, & Warren, 2018). They found that of those surveyed (n = 1294), 89% responded that Endorsement® was "highly beneficial" or "beneficial" in terms of increasing their own understanding of Infant Mental Health; 90% responded that Endorsement® had a "highly beneficial" or "beneficial" impact on their ability to promote Infant Mental Health; and 93% responded that Endorsement® had a "highly beneficial" or "beneficial" effect on their ability to promote social-emotional development in babies and toddlers. (ENDORSEMENT IS GOOD FOR BABIES)

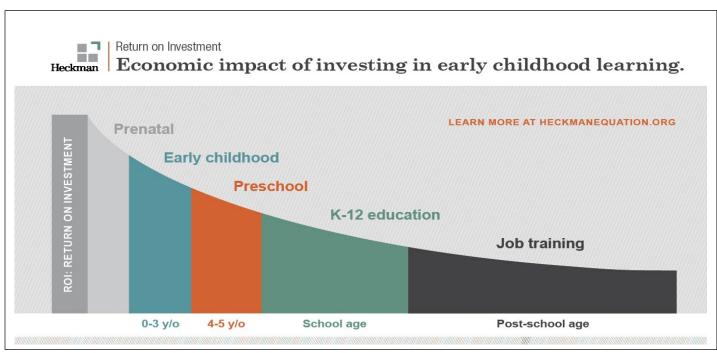
Endorsement[®]is essential in sustaining quality early childhood development return on investment in Nevada.

Have you heard about the "Heckman Equation"?

ABOUT THE HECKMAN EQUATION

Anyone looking for upstream solutions to the biggest problems facing America should look to Nobel Prize winning University of Chicago Economics Professor James Heckman's work to understand the great gains to be had by investing in the early and equal development of human potential.





The Heckman equation. The Heckman Equation. (2019, April 15). Retrieved April 1, 2022, from https://heckmanequation.org/the-heckman-equation/

Description of proposed project

The proposed project would involve a collaboration between the Division of Child and Family Services (DCFS) and the Children's Cabinet to establish a Nevada Association of Infant and Early Childhood Mental Health which would support a means of endorsing young child serving professionals through the Alliance for the Advancement of Infant Mental Health. The goal is to expand the capacity of professionals to support the mental health of infants and young children and their families and thus prevent long-term challenges and service costs resulting from unmet early mental health needs.

Development of an Association

The proposed Nevada Association of Infant and Early Childhood Mental Health would serve as a statewide, centralized access point for workforce development. The association would provide an opportunity for identification of multidisciplinary professionals with a specific interest in serving young children and families, provision of training in evidenced based practices, multidisciplinary collaboration, and access to endorsement through the Alliance for the Advancement of Infant Mental Health (Alliance). The association is a necessary step toward endorsement as the Alliance only licenses competencies and endorsement processes through statewide associations which are not held within a state agency and are either independent non-profit organizations or housed within a non-profit "umbrella agency". The collaboration between DCFS and the Children's Cabinet would allow for creation of an association with Children's Cabinet serving as the identified "umbrella agency" while DCFS and Children's Cabinet develop the initial framework and registration of the association as an independent non-profit organization. This provides for concurrent work toward the licensing of endorsement through the Alliance rather than experience delays in waiting for an independent non-profit association to be developed.

Children's Cabinet, in partnership with DCFS, would initiate the process of hiring an Executive Director position for the association. This role would initially be responsible for development of a 501(c)(3) independent non-profit organization while simultaneously working with multidisciplinary stakeholders to establish the association framework and leadership and obtain licensing through the Alliance for endorsement. The Executive Director would continue to serve as the coordinator between the

association and the Alliance for all endorsement related activities. In addition, the Executive Director would be responsible for association specific duties such as management of membership applications, association events including networking and training opportunities, management of informational materials such as the website, and independent non-profit requirements.

Competencies and Endorsement

Endorsement through the Alliance is organized into two categories: Infant Mental Health and Early Childhood Mental Health. These categories indicate mental health in a broad sense to encompass any professionals contributing to the mental health of young children. The Infant Mental Health endorsement category is specific to professionals serving pregnant women, young children aged O to 36 months, and their families. The Early Childhood Mental Health endorsement category is specific to professionals serving children 3 through 6 years of age and their families. Within each of these categories are 4 pathways to endorsement applicable to professionals of varying disciplines and areas of service. These pathways are organized to apply to a wide range of educational attainment varying from any academic degree to post-doctorate degree and encompass multiple disciplines including but not limited to early care and education, home visiting, mental health, early intervention, health care, child welfare, higher education and research, and policy and advocacy. The 8 pathways (4 within each of the 2 categories) are associated with competencies that outline specific skill areas and means for demonstration of these skills. In addition, each pathway has general requirements, including membership in an infant mental health/early childhood mental health association, which are detailed in tables on the following page.

Infant Mental Health Endorsement

	Infant Family Associate PROMOTION	Infant Family Specialist PREVENTION	IMH Specialist TREATMENT/INTE RVENTION	IMH Mentor Clinical, Faculty, or Policy LEADERSHIP		
Education	Any academic degree ¹	Bachelors or Masters	Masters or Post- Graduate	Masters, Post- Graduate		
Work Experience	Min. 2 yrs. of infant/early childhood related work experience or volunteer experience in an applicable role ²	Min. 2 yrs. of prevention and/or early intervention service to 0-36 mo. olds & their families; served a min. of 10 families	Min. 2 yrs. post- masters IMH practice working on behalf of caregiver-infant relationship	Min. 3 yrs. as an IMH practice leader (policy, research/faculty and/or clinical) and provider of RS/C for 3+ yrs. ³		
In-Service Training	Minimum 30 hrs., average 40 hrs.	Minimum 30 hrs., average 50 hrs.	Minimum 30 hrs., average 75 hrs.	Minimum 30 hrs., average 75 hrs.		
References	3	3	3	3		
Reflective Supervision with a Vetted Provider	Not required	Minimum 24 hrs.	Minimum 50 hrs.	Minimum 50 hrs. (Clinical only)		
Code of Ethics & Agreement	Signed	Signed	Signed	Signed		
Written Exam	No	No	Yes	Yes		
Membership in IMH Association	Yes	Yes	Yes	Yes		

Early Childhood Mental Health Endorsement

	Early Childhood Family Associate PROMOTION	Early Childhood Family Specialist PREVENTION	ECMH Specialist TREATMENT/INTE RVENTION	ECMH Mentor Clinical, Faculty, or Policy LEADERSHIP	
Education	Any academic degree ¹	Bachelors or Masters	Masters or Post- Graduate	Masters, Post- Graduate	
Work Experience	Min. 2 yrs. Of early childhood related work or volunteer experience in an applicable role ²	Min. 2 yrs. of prevention and/or early intervention services to 3-6 yr. olds & their families; served a min. of 10 families	Min. 2 yrs. post- masters ECMH practice working on behalf of caregiver-child relationship	Min. 3 yrs. as an ECMH practice leader (policy, research/faculty and/or clinical) and provider of RS/C for 3+ yrs. ³	
In-Service Training	Minimum 30 hrs., average 40 hrs.	Minimum 30 hrs., average 50 hrs.	Minimum 30 hrs., average 75 hrs.	Minimum 30 hrs., average 75 hrs.	
References	3	3	3	3	
Reflective Supervision with a Vetted Provider	Not required	Minimum 24 hrs.	Minimum 50 hrs.	Minimum 50 hrs. (Clinical only)	
Code of Ethics & Agreement	Signed	Signed	Signed	Signed	
Written Exam	No	No	Yes	Yes	
Membership in IMH Association	Yes	Yes	Yes	Yes	

Training Requirements

Endorsement pathways include training requirements set forth by the Alliance. Six of the 8 pathways require a varying number of hours in reflective supervision and all pathways require a minimum of 30 hours of training specific to the associated endorsement category age group. Some young child serving professionals may have had opportunities to receive both to meet eligibility criteria for endorsement, while many have not. The proposed project includes requests for both reflective supervision and an evidence-based mental health therapy training (Child-Parent Psychotherapy) to assist professionals in meeting endorsement requirements. These offerings would be provided through the association to multidisciplinary professionals in need of experiences to meet the requirements for their pathway to endorsement.

Reflective Supervision

Reflective supervision is a relational practice in which a professional and a supervisor or consultant explore the thoughts and feelings that emerge during professional activities. This includes interactions in the relationship between the professional and the supervisor, professional and parent, and between the parent and young child. Reflective supervision will be provided through the association to young child serving professionals from various disciplines working toward endorsement. An approved provider would be contracted to provide reflective supervision to approximately 20 multidisciplinary professionals in the second year of the project and an additional 20 professionals in the third year of the project.

Child Parent Psychotherapy

Child Parent Psychotherapy (CPP) is an evidence-based mental health treatment that utilizes a dyadic, relational model to support the mental health needs of both young children and their caregivers. CPP training would be provided by University of California, San Francisco (UCSF) through the Association to licensed mental health professionals requiring support to meet the 30-hour training requirement for endorsement under either the Infant Mental Health Endorsement or Early Childhood Mental Health categories. UCSF would provide training to approximately 20 licensed, young child serving mental health professionals in the second year of the project and approximately 20 additional professionals in the third year of the project. In addition, UCSF would train a CPP trained mental health professional to become a Nevada trainer in the model to provide future CPP training to applicable association members to support efforts toward endorsement.

Mental Health Consultation Expansion

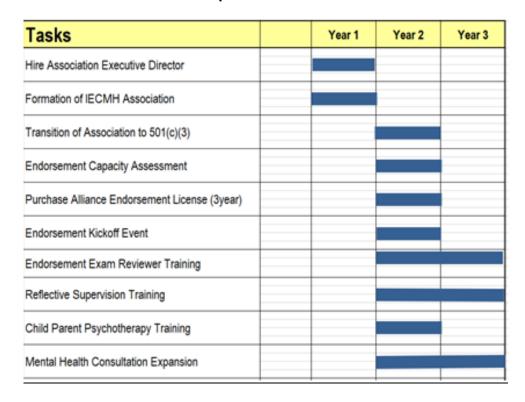
Mental health consultation is a preventative service provided by mental health professionals in early care and education settings focused on supporting young children experiencing social-emotional and/or behavioral challenges. Mental health consultation is an evidence-informed intervention developed through Georgetown University's Center for Child and Human Development to reduce or eliminate the need for suspension and expulsion and support professionals in learning new strategies for supporting young children. Services are strength-based, focused on understanding contextual and cultural factors, and include intervention at multiple levels including classroom, family, and community. Mental health consultation is currently provided through the Division of Child and Family Services, with 2 FTE consultants based in Clark County and 1.5 FTE consultants based in Washoe County.

This project includes an expansion of current consultation services to include an additional 4 FTE consult positions, 2 FTE positions in Northern Nevada and 2 FTE positions in Southern Nevada. These positions would allow for a broadening of the current service area to include consultation to rural communities. DCFS will provide oversight to consultants to ensure consistency with current evidence informed practice in the state outlined in the diagram below.

Child Specific Observation/Consultation Process Teacher/Director to submit a child specific observation process observation of the child's consential to observe whole classroom structure and director to discuss general discussion observation. The regist to provide recommendations to explain the initial observation of the child's functioning. Child Recurrence. Cinician contacts the site in the child's family and hone and to explain the initial observation. Information and to make a reasonable sessentment of the child's functioning. Child Recurrence. Child Recurrence Addition of the child's functioning in the classroom. **Teacher/Director to explain the initial observation process and goals.** Child Recurrence Addition of the child's functioning. **Teacher/Director to discuss present discussion of the child's functioning.** **Teacher/Director to discuss present discussion observation.** **Teacher/Director to discuss present discussion observation.** **The point to provide recommendations to which classroom.** **The point to provide recommendations to which classroom.** **The point to provide recommendations to which classroom.** **The point to provide recommendation to which classroom.** **The point to provide recommendation to which classroom.** **The point to provide recommendation to which the classroom.** **The point to provide recommendation to which classroom.** **The provide recommendation to which classroom.** **The point to provide recommendation



Proposed Timeline



Description of proposed budget

Association Costs

Association costs include Executive Director salary/benefits and costs associated with forming an independent non-profit. The Executive Director will be expected to meet the following deliverables in the first year: identification of young child serving professionals, collaboration with organizations relevant to infant and early childhood (Early Childhood Advisory Council), development of association website and materials, development of association leadership structure, and movement towards functioning independently as its own 501(c) (3).

Non-profit start-up costs include 501(c)(3) fees, website and outreach materials, office space, office supplies, technology and communication costs, and travel reimbursement.

Budget Item	Year One		Yea	r Two	Yea	Year Three	
Executive Director							
Salary	\$	25,433	\$	80,115	\$	84,121	
Benefits (28%)	\$	7,121	\$	22,432	\$	23,554	
Nonprofit Startup							
(Association)	\$	20,000	\$	50,000	\$	50,000	

Endorsement Costs

Endorsement costs are based on estimates provided by the Alliance for critical components of the endorsement process. The capacity assessment is conducted by the Alliance to determine a state's readiness for adopting endorsement. This includes identification of strengths, opportunities, and customized recommendations for adopting endorsement. The kickoff event is planned with and attended by Alliance staff to assist the association in introducing the endorsement process to stakeholders, leading a planning workshop, and providing technical assistance to stakeholders. Competency Guideline printing involves printing of Competency Guidelines by the Alliance to distribute to interested parties and stakeholders to understand the requirements for differing endorsement requirements.

Endorsement is organized into two separate areas of specialty, Infant Mental Health reflecting children birth to 3 years of age and Early Childhood Mental Health reflecting children 3 to 6 years of age. For each of these endorsement categories, there are costs for the licensing of the endorsement to the association, technical assistance through the Alliance, training of reviewers for the endorsement exam, and fees for an initial leadership cohort to achieve endorsement. In addition, fees are included in the budget for an endorsement coordinator who would support the association in reviewing endorsement applications.

	Year				
Budget Item	One	Yea	Year Two		r Three
Capacity Assessment		\$	10,000	\$	_
Kickoff Event		\$	3,000	\$	1
Competency Guidelines printing		\$	1,000	\$	1,000
IMH-3 Year License		\$	50,000	\$	-
IMH-E TA		\$	10,000	\$	10,000
IMH-E Exam Reviewer Training		\$	1,000	\$	1,000
IMH-E Leadership Cohort Fee		\$	4,000	\$	4,000
ECMH-E 3 Year License		\$	18,000	\$	1
ECMH-E Leadership Cohort Fee		\$	3,000	\$	3,000
ECMH-E Exam Reviewer Training		\$	1,000	\$	1,000
Endorsement Coordinator		\$	12,500	\$	12,500

Training Costs

Training costs include costs for training endorsement candidates in evidence-based practices required through competency guidelines. Reflective Supervision training will be provided by an approved trainer to two cohorts of approximately 20 multidisciplinary infant and early childhood serving professionals, for a total training of 40 professionals. Child-Parent Psychotherapy (CPP) will be provided by University of California, San Francisco to two cohorts of approximately 20 licensed mental health clinicians, for a total training of 40 licensed mental health clinicians. In addition, a training of trainer model will be utilized to train a licensed mental health clinician within DCFS to provide CPP training to licensed DCFS and community clinicians statewide.

Budget Item		Year One		Year Two		Year Three	
Reflective Supervision Training			\$	20,000	\$	20,000	
Child-Parent Psychotherapy							
Training			\$	50,000	\$	50,000	

Mental Health Consultation Expansion Costs

Consultation expansion costs reflect salary costs for 4 FTE consult positions, 2 FTE positions in Northern Nevada and 2 FTE positions in Southern Nevada to expand current mental health consultation services in early care and education settings. DCFS will provide oversight to consultants to ensure consistency with current evidence informed practice in the state.

Budget Item		Year One Ye		Year Two		Year Three	
IECHMH Consultants (4 FTEs)		_	\$	260,000	\$	273,000	
Benefits (28%)		-	\$	72,800	\$	76,440	