

Impact & Evaluation

FINDINGS

Training Activities and Changes in Providers and Communities



*California's Infant,
Preschool & Family
Mental Health Initiative*

California's Infant, Preschool & Family Mental Health Initiative is a statewide special project funded by the First 5 California Children and Families Commission through the California Department of Mental Health and coordinated by the WestEd Center for Prevention and Early Intervention in collaboration with the Alameda, Fresno, Humboldt, Los Angeles, Riverside, Sacramento, San Francisco, and Stanislaus County Departments of Mental Health and their interagency partners.

The following is a list of all of the products available for the 2003 Final Report of California's Infant, Preschool & Family Mental Health Initiative.

- *The Clinical Services Study:
Development, Implementation and Findings*
- *Building Capacity to Provide Infant-Family and Early Mental Health Services:
Training, Technical Assistance, Consultation and Supervision Models*
- *Training Guidelines and Recommended Personnel Competencies:
Delivering Infant-Family and Early Mental Health Services*
- *Impact and Evaluation Findings:
Training Activities and Changes in Providers and Communities*
- *Evolving Perspectives in Infant-Family Mental Health and Reflective Supervision*

For more information on the Initiative or on obtaining copies of any of the products, please contact one of the following:

WestEd Center for Prevention and Early Intervention	www.wested.org/cpei
California Department of Mental Health	www.dmh.ca.gov
First 5 California Children and Families Commission	www.cfcf.ca.gov

California's Infant, Preschool & Family Mental Health Initiative (IPFMHI) is a statewide special project funded by the First 5 California Children and Families Commission under the leadership of the California Department of Mental Health and coordinated by the WestEd Center for Prevention and Early Intervention in collaboration with the Alameda, Fresno, Humboldt, Los Angeles, Riverside, Sacramento, San Francisco and Stanislaus County Departments of Mental Health and their interagency partners. Any and all parts of this document may be reproduced for educational purposes if credit is given to CCFC, DMH, and WestEd CPEI.

□ 2003 First 5 California Children and Families Commission

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The success of California's Infant, Preschool & Family Mental Health Initiative can be attributed to the vision, expertise and dedication shown by the diverse group of professionals and parent partners involved in this effort.

The leadership, commitment and positive relationships that developed among the state and county teams is gratefully acknowledged.

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OVERVIEW OF CALIFORNIA'S INFANT, PRESCHOOL & FAMILY MENTAL HEALTH INITIATIVE

The field of infant-family and early mental health is a broad-based, interdisciplinary field of study, research and practice that focuses on the social and emotional development and well-being of infants and young children within the context of their early relationships, family, community, and culture.

The continuum of infant-family and early mental health services includes:

Promotion: Services that recognize the central importance of early relationships on brain development, learning and the emotional and social well-being of all young children. These services include a focus on positive parent-child and primary caregiver relationships within the home, child development settings and other service settings for young children and their families.

Preventive Intervention: Services that mitigate effects of risk and stress and address potential early relationship challenges or vulnerabilities that have a documented impact on early development. Specific intervention strategies are designed to nurture mutually satisfying parent-child relationships and prevent the progression of further difficulties. Health and developmental vulnerabilities; parenting difficulties; domestic violence, family discord and other major child and family stressors may warrant the delivery of preventive intervention services in a variety of settings.

Treatment: Services that target children in distress or with clear symptoms indicating a mental health disorder. They address attachment and relationships problems and the interplay between the child, parent and other significant caregivers that jeopardize early mental health and early emotional and social development. Specialized early mental health treatment services focus on the parent-child dyad and are designed to improve child and family functioning and the mental health of the child, parents and other primary caregivers

Across this continuum, infant-family and early mental health services seek to facilitate the child's biological, neurological, and emotional and social development while focusing on early relationships and the "goodness of fit" between the child, their parents and other significant caregivers.

Infant-family and early mental health services emphasize the importance of the early interactions, patterns of relating that develop, the impact of these relationships on the child and parent/caregiver and what the young child learns through these interactions. It is these relationships that provide the emotional foundations for the development of resiliency and self-esteem. It is through these patterns of early attachment and interaction that children develop trust and security or learn to mistrust and protect themselves against the insecurity of their world.

Early mental health services also promote school readiness by strengthening early relationships, family functioning, the young child's emotional regulation and social competence.

In 2001 – 2003, the Infant, Preschool & Family Mental Health Initiative (IPFMHI) was funded by the First 5 California Children and Families Commission through the California Department of Mental Health. Work was coordinated by the WestEd Center for Prevention and Early Intervention in partnership with local departments of mental health and interagency teams in the following counties:

- Alameda
- Fresno
- Humboldt
- Los Angeles
- Riverside
- Sacramento
- San Francisco
- Stanislaus

THE MAJOR GOALS OF THE INITIATIVE WERE TO:

1. Pilot new and innovative approaches to the delivery of integrated infant-family and early mental health services within communities and across service agencies.
2. Identify effective methods, measures and approaches to screening, assessment, intervention, service coordination and funding.
3. Expand education, training and consultation opportunities for interdisciplinary professionals and parent mentors concerned about early parent-child relationships and early emotional and social development.
4. Expand education, training and supervision opportunities for mental health professionals.
5. Promote interagency and interdisciplinary collaboration at the state and local levels.
6. Evaluate outcomes and changes for children and families, service providers, service systems and communities.

Across the continuum of promotion, preventive intervention and treatment, IPFMHI worked concurrently to develop new early mental health services and to build state and county-level capacity to provide comprehensive and well-coordinated early mental health services for very young children, their families and other primary caregivers.

The Initiative successfully established new models of service delivery, organized program and staff development activities and catalyzed the interagency and interdisciplinary collaboration. The Clinical Services Study, a quality improvement study, examined the impact and outcomes of new early mental health services for children, families, service providers, agencies and communities. The Initiative's evaluation framework developed tools and processes to track progress across the major goal areas.

This document and others in the series, provide information regarding the overall Initiative for direct service providers, administrators, policy makers, parent mentors and others interested in the field of infant-family and early mental health.

PRODUCTS IN THIS SERIES INCLUDE:

The Executive Summary: An overview of the Initiative's background and development, major project goals and activities, key findings across all components and recommendations for future planning.

The Clinical Services Study: Development, Implementation and Preliminary Findings: Details the creation and initial findings of a study established to document and evaluate the effectiveness and outcomes of early mental health services provided for a representative group of young children and their families within each of the eight participating counties. Common procedures, screening and assessment measures, intervention approaches, preliminary findings regarding child and family outcomes, family satisfaction and recommendations for replication and continued development are included.

Building Capacity to Provide Infant-Family and Early Mental Health Services: Training, Technical Assistance, Consultation and Supervision Models: An overview of the capacity-building approaches and training activities utilized by the participating counties and sample materials from selected trainings. This product also includes information on state-level trainings, presentations and other capacity-building activities to facilitate interagency and interdisciplinary collaboration.

Training Guidelines and Recommended Personnel Competencies: Delivering Infant-Family and Early Mental Health Services: Identifies the knowledge and skills recommended to provide relationship-based early intervention services and early mental services across the continuum of promotion, preventive intervention and treatment. The overall framework, core concepts, key knowledge and supervision skills, recommended hours of training, and a sample portfolio for individual assessment of personnel competencies are included.

Impact and Evaluation Findings: Training Activities and Changes in Providers and Communities: An analysis of the backgrounds and expertise of participants involved in the Initiative, field responses to the training and consultation activities, and the results of a statewide survey regarding the overall impact of the Initiative on individual participants, agencies and communities. Evaluation tools and implications for replication and continued development are included.

Evolving Perspectives in Infant-Family Mental Health and Reflective Supervision: A collection of published articles, presentations and training materials prepared for the Initiative by the Early Intervention Services Unit at Children's Hospital and Research Center in Oakland, California in partnership with WestEd. *Evolving Perspectives* addresses the many facets, complexities and importance of early mental health for all young children and families, emphasizing young children with special health and developmental needs.

Further information on the Initiative and copies of these reports may be requested from:

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INTRODUCTION

Evaluation was one of the major goals of the Initiative and provided the impetus for developing tools and procedures for both ongoing and overall evaluation of activities and outcomes. Ongoing evaluation and data collection served to document accomplishments and track changes and provided a bank of information to determine the immediate and longer-term impact of the varied Initiative activities on individuals, agencies and communities. The following tools were initially developed for this purpose:

A Participant Profile to identify the experience, attitudes, knowledge and skills of IFPMHI participants. The profiles were also used to collect information on providers and agencies with training and experience in infant-family and early mental health concepts, practices and intervention and treatment services for children younger than 5 years of age and their families.

The Training/Activity Evaluation Form to evaluate the training, consultation or technical assistance provided in counties and at the state levels. A standard form was developed and adapted for use in various activities to assess how well the training accomplished its goals and its relevance to the participant's daily work.

As the Initiative evolved, county and state team members became increasingly aware of the overall impact it was having on individuals, agencies and communities. This awareness emerged from comments on the Profiles and Evaluation Forms and through anecdotal accounts from mental health professionals and other service providers involved in Initiative-sponsored trainings, community education and collaborative ventures. These real life stories and examples of how the Initiative was impacting service providers skills and the delivery of infant-family and early mental health services, provided the impetus for development of a new tool.

The IPFMHI Impact Survey a web-based survey was developed and connected to the information obtained in the Participant Profiles. Participants who provided e-mail addresses were contacted in the last month of the Initiative and asked to complete this online survey, which provided both quantitative and qualitative data on the impact of the Initiative on individuals, agencies and communities.

This report provides an overview of findings from the Initiative's Participant Profiles, Training/Activity Evaluation Form and Impact Survey. Tables 1-3 provide an overview of the respondents and examples of findings for each data collection source.

TABLE 1 – PARTICIPANT PROFILE RESPONDENTS AND EXAMPLES OF KEY FINDINGS

# of Respondents	Analysis of Respondent Pool	Key Findings
1,645	<p>90% from the 8 participating counties</p> <p>70+% from a mental health profession</p>	<p>53% reported 10+ years of experience in their area of expertise</p> <p>Only 30% reported 10+ years working with children under 5 and their families</p> <p>10 -12% reported no experience with this age group</p> <p>Only 8% reported considerable expertise and the ability to train and supervise others in the field of infant-family and early mental health</p>

TABLE 2 – TRAINING EVALUATION/ACTIVITY RESPONDENTS AND EXAMPLES OF KEY FINDINGS

# of Respondents	Analysis of Respondent Pool	Key Findings
1,606	<p>49% from a mental health agency or system</p> <p>11% from early care and development agencies</p> <p>9% from a social service agency</p>	<p>The areas receiving the highest ratings were the</p> <ul style="list-style-type: none"> • Trainers' ability to engage and communicate with the audience • relevance of the trainings and other activities to the respondents' work

TABLE 3 – IMPACT SURVEY RESPONDENTS AND EXAMPLES OF KEY FINDINGS

# of Respondents	Analysis of Respondent Pool	Key Findings
281	<p>52% from a mental health profession</p> <p>48% from a non-mental health profession</p> <p>49% direct service providers</p> <p>35% administrators and supervisors</p>	<p>42% reported attending two–five Initiative-sponsored activities</p> <p>87 % reported a moderate to significant increase in awareness of infant-family and early mental health issues and needs</p> <p>84% reported a moderate to significant increase in knowledge and expertise</p> <p>68% reported a moderate to significant increase in interagency and interdisciplinary collaboration</p> <p>78% reported a need for more early mental health services in their community</p> <p>69% reported the continuing need for training on early emotional and social development and related practices</p>

Findings from all three evaluation and documentation sources suggest that

- The Initiative was successful in targeting mental health professionals and agencies for training and technical assistance while maintaining a focus on interagency and interdisciplinary collaboration.
- Ongoing training, consultation and reflective supervision continue to be needed to build professional skills and expertise in this emerging field.
- Information and technical assistance is needed to identify new resources and strategies for effective billing and funding of services, training activities and reflective supervision for mental health and other early intervention, childhood development and family support professionals.

The following sections of this report provide more detailed findings from each of the IPFMHI evaluation tools.

SECTION 1: IPFMHI PARTICIPANT PROFILES SUMMARY

INTRODUCTION

The Participant Profile is an instrument developed to characterize participants involved in Initiative activities. This section summarizes 1,645 responses to the Profile from those involved in Initiative activities within eight counties, as well as participants from other areas of the State. These represent nearly one-half of the reported total number of participants involved in the Initiative.

Participant Profiles gathered information relevant to three primary goals of the Initiative:

- Goal 3: community education for general providers in infant-family and early mental health
- Goal 4: training, consultation and supervision to mental health providers
- Goal 5: interagency and interdisciplinary collaboration

Each of the eight participating counties developed training plans based on their perceived needs and involved professionals from various backgrounds. Some counties (e.g., Alameda) focused on intensive, seminar-based training to mental health providers who wished to deepen their clinical skills in working with very young children. Others (e.g., Sacramento, Riverside) offered larger training events with speakers in order to reach a wide audience that included both mental health professionals and professionals from allied agencies serving children and families. In addition, participants involved in state-level presentations and trainings and technical assistance activities also completed Participant Profiles.

The following information summarizes responses to the Initiative. These findings are linked to information provided in Section 2, the Training/Activity Evaluation Summary, and Section 3, the Impact Survey Summary.

Because participants varied in their background and involvement with infant-family and early mental health, the Profiles provide a tool identifying resources, needs and interests among this diverse group. This information can then be linked to other Initiative findings to assist in determining effective approaches to capacity building.

METHOD

The Participant Profile is a four-page questionnaire identifying the experience, knowledge, interest and skills of Initiative participants. The Profile (uniform data collection, resource identification, etc.) was presented at training events in the eight participating counties, and at statewide training events where participants were invited to complete the form. The information then was entered into a computer database specifically designed for the Initiative.

PARTICIPANTS BY COUNTY

Figure 1 displays the number of respondents from each of the eight Initiative counties as well as participants from other counties involved in state-level presentations and trainings.

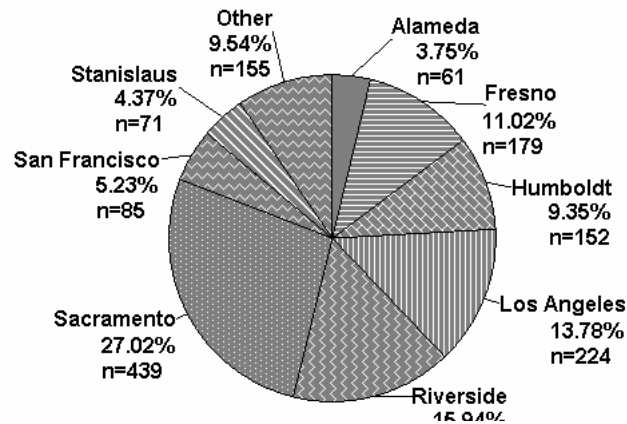


Figure 1: Respondents by County
n=1,645; 1% non-response rate

PROFILE OF PROVIDERS AND AGENCY REPRESENTATIVES COMPLETING THE PARTICIPANT PROFILE

Figure 2 displays the work setting of respondents. Sixty-six percent came from county mental health-based agencies or contracted organizations serving mental health needs of children and families. Thirty four percent of the respondents came from agencies that provide other types of services for children and families.

Figure 2: Respondent Agency Type

	Respondents	Percent of Respondents
Mental Health Agency		
County Employee	419	27.3
County Contracted Agency	289	18.8
Private Agency	202	13.2
Other	98	6.4
Other Agencies or Organizations		
Service Provider (non-mental health)	270	17.6
Other	258	16.8

n=1,645; 6.6% non-response rate

Figure 2a provides an overview of respondents by employment agency settings.

Figure 2a: Respondents by Employment Setting

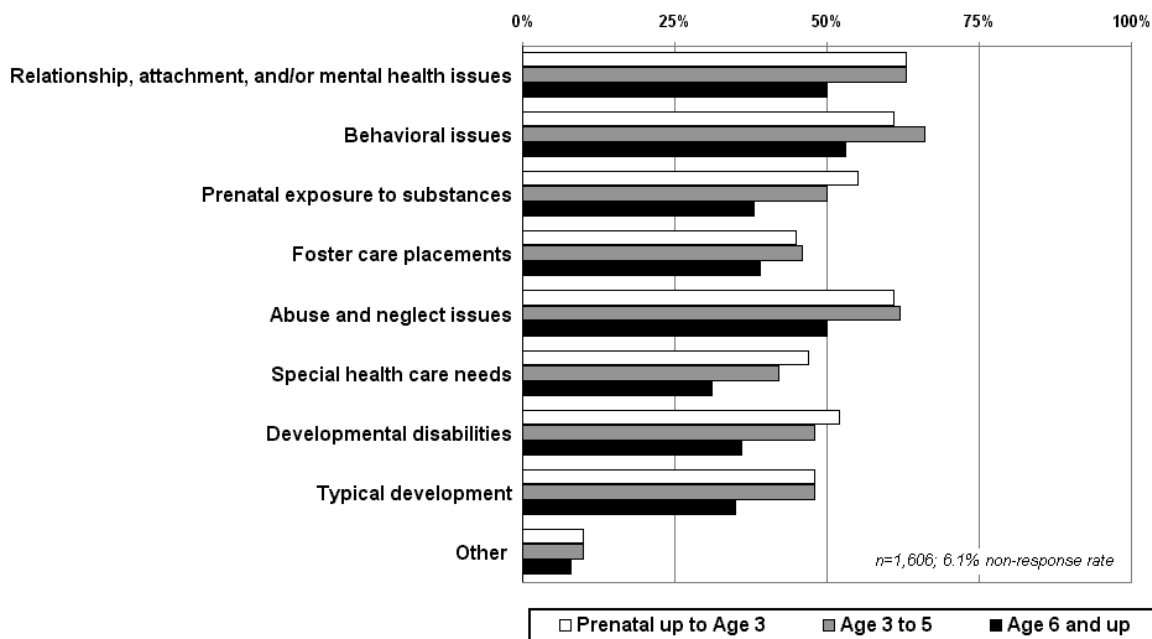
	Respondents	Percent of Respondents
Mental Health Agency/System	516	31.4
Social Service/Community Agency	158	9.6
Childcare/Early Care Center Based	152	9.2
Child Welfare/Foster Care	121	7.4
Other Type of Agency/System	121	7.4
Education Agency/System	120	7.3
Family Support Agency/System	118	7.2
Early Care and Education Agency/System	111	6.7
Developmental Disabilities	75	4.6
Private Practice/Consulting	75	4.6
Childcare/Early Care Home-based	67	4.1
College/University	65	4.0
Hospital	51	3.1
Public Health System	38	2.3
Primary Health Care	19	1.2
Training/Technical Assistance Agency	12	.7
Judicial System	6	.4

n=1,645; 1.9% non-response rate; multiple responses allowed

PRIMARY SERVICE NEEDS ADDRESSED BY RESPONDENTS

Figure 3 displays the service needs of children and families in agencies where providers work, categorized by the age of children served.

Figure 3: Primary Service Needs of Children and Families Served by the Agencies Represented

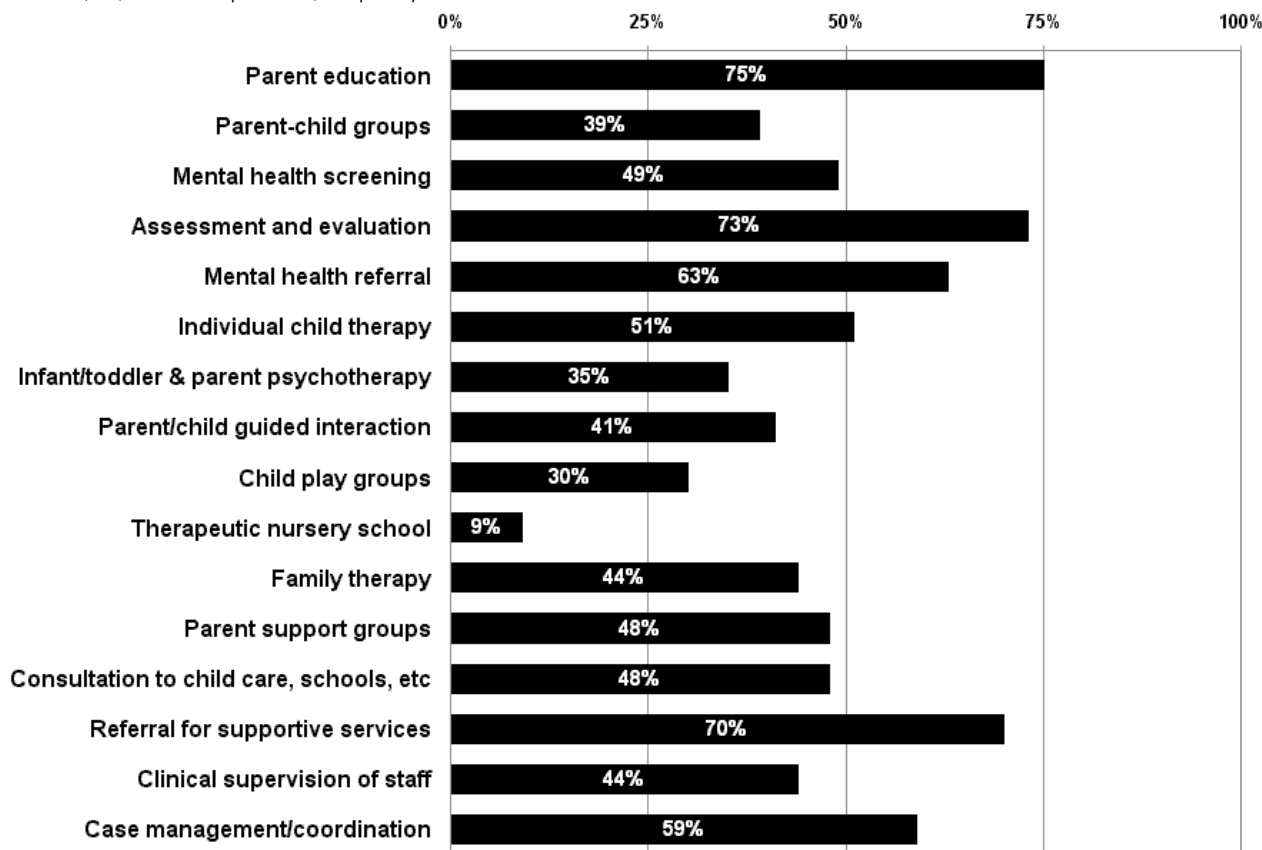


SERVICES PROVIDED BY RESPONDENTS

Figure 4 demonstrates respondents who worked in agencies that offered multiple services.

Figure 4: Family Support/Mental Health Services Offered by the Agency of Respondents

n=1,645; 7.1% non-response rate; multiple responses allowed



RECIPIENTS OF SERVICE

In Figure 5, the responses to the open-ended question, "Predominant Ethnicity of the Children You Serve" are presented. These figures do not indicate the total percentage of children and families being served by ethnicity, but rather the percent of respondents who indicated work with each ethnic group. For instance, 65% of the respondents indicated that they serve African American children; the data do not indicate that 65% of the children served are African American.

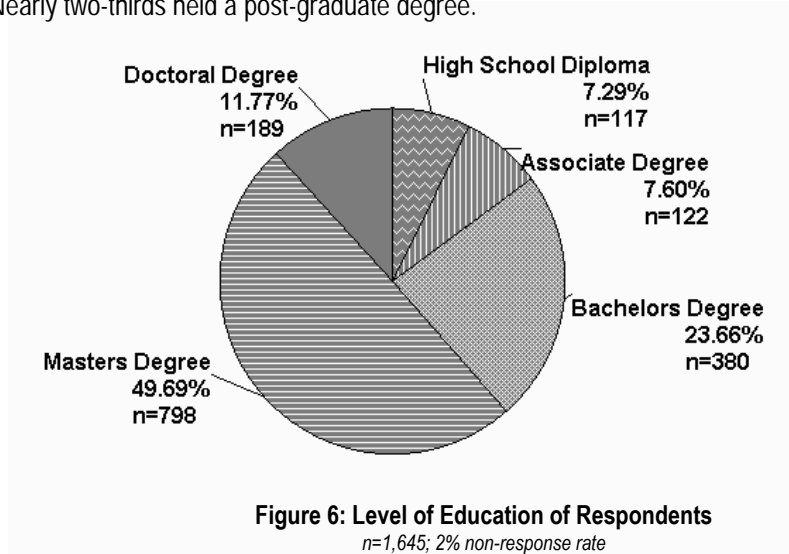
Figure 5: Percentage of Respondents Serving Children of Different Ethnicities

	Respondents	Percent of Respondents
African American	871	52.9
Asian	425	25.8
Caucasian	1,045	63.5
Hispanic	1,132	68.8
Native American	98	6.0

n=1,645; 16.4% non-response rate; multiple responses allowed

EDUCATIONAL LEVEL OF RESPONDENTS COMPLETING THE PARTICIPANT PROFILE

Figure 6 indicates that a majority of respondents (87%) held, at a minimum, a post-secondary education degree. Nearly two-thirds held a post-graduate degree.



TRAINING AND EXPERIENCE OF PARTICIPANTS

Figures 7, 8 and 9 indicate that respondents had a significant number of years working within their area of expertise, with the majority (53%) of respondents indicating 10 or more years of experience. Respondents indicated less experience, however, working with very young children. Respondents had less experience working with children birth-to-3-years and 3 to 5 year olds, with 13% and 11%, respectively, indicating no experience with this age group. This finding suggests that while participants were experienced in their area of expertise, they were new to the field of infant-family and early mental health.

Figure 7: Number of Years in Area of Expertise

	Respondents	Percent
None	61	4.4
1-3 years	224	16.2
4-9 years	369	26.6
10+ years	732	52.8

n=1,645; 16% non-response rate

Figure 8: Number of Years with Birth to 3 year olds

	Respondents	Percent
None	168	12.6
1-3 years	426	32.0
4-9 years	344	25.9
10+ years	392	29.5

n=1,645; 19% non-response rate

Figure 9: Number of Years with 3 to 5 year olds

	Respondents	Percent
None	144	10.9
1-3 years	338	25.5
4-9 years	402	30.3
10+ years	441	33.3

n=1,645; 20% non-response rate

PROFESSIONAL BACKGROUND OF RESPONDENTS

IPFMHI activities between 2001 and 2003 were targeted to build capacity within mental health programs. Training activities, accordingly, attracted more mental health professionals than professionals from other disciplines.

Figure 10 shows that the majority of respondents completing Participant Profiles were from a mental health-related profession (64%) indicated by MH. Professionals from education and child care professions were the next largest group of respondents, comprising 38% of respondents. Health professionals comprised 11% of total respondents.

Figure 10: Respondents by Profession/Background

	Respondents	Percent of Respondents
Marriage Family Therapist (MH)	311	19.1
Social Worker (MH)	272	16.7
Early Childhood Educator/Childcare Provider (E)	249	15.3
Teacher/Educator (E)	174	10.7
Unlicensed Master/Doctoral Level Psychologist (MH)	161	9.9
Licensed Clinical Social Worker (LCSW)	154	9.5
Nurse (H)	134	8.2
Family Support Worker	118	7.3
Student	115	7.1
Child Developmental Specialist (E)	110	6.8
Early Childhood Special Educator (E)	90	5.5
Licensed Clinical Psychologist (MH)	79	4.9
Parent of Child with Special Needs	60	3.7
Paraprofessional	42	2.6
School Psychologist (MH)	24	1.5
Other	24	1.5
Developmental Psychologist (MH)	23	1.4
Nutritionist (H)	16	1.0
Occupational Therapist (H)	13	.8
Child Psychiatrist (MH)	14	.9
Speech/Language Specialist	14	.9
Physical Therapist (H)	5	.3
Pediatrician (H)	4	.2
Audiologist (H)	1	.1

*n=1,645; 1% non-response rate; multiple responses allowed
(MH) indicate mental health-related professions; (H) indicates health-related professions; (E) indicates education-related professions*

ROLES OF RESPONDENTS

Figure 11 illustrates that nearly one-third of respondents provide direct services to clients, while 13% of the respondents were in supervisory or administrative roles. The respondents from education and child care settings were more likely to be those in supervisory or administrative roles, while those from mental health agencies were more likely to be direct service staff.

Figure 11: Respondents' Roles

	Respondents	Percent of Respondents
Direct Service Staff	486	29.5
Other	280	17.1
Supervisor/Manager	216	13.1
Home Visitor	206	12.5
Service Coordinator/Case Manager	188	11.4
Administrator	138	8.4
Child/Family Advocate	97	5.9
Private Practice Consultant	68	4.1
Training/Technical Assistance	38	2.3
College/University Faculty	30	1.8
Research	13	.8
Parent Partner	12	.7

N=1,645; 3.7% non-response rate; multiple responses allowed.

ETHNIC DIVERSITY OF RESPONDENTS

Figures 12 and 13 reflect the racial and ethnic background of respondents and their fluency in other languages. While the largest group of participants submitting profiles were Caucasian, 16% of the overall group noted fluency in Spanish.

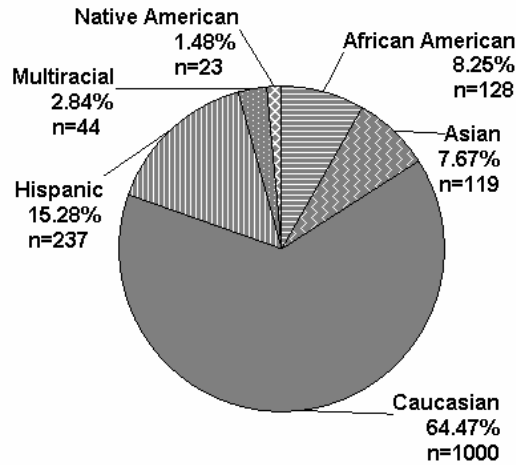


Figure 12: Ethnicity of Respondents

n=1,645; 5.7% non-response rate

Figure 13: Fluency in Languages Other than English

	Respondents	Percent of Respondents
Spanish	270	16.4
Asian/Pacific Island language	57	3.5
Western European language	39	2.3
Middle Eastern language	22	1.3
Sign language	24	1.5
Eastern European language	11	.7
African language	7	.4
None/No response*	1,209	73.5

*n=1,645; *Respondents were not offered a selection "None" on all survey tools, thus, many non-responses were respondents who did not speak a second language; multiple responses allowed*

RESPONDENTS AS A RESOURCE FOR INFANT-FAMILY AND EARLY MENTAL HEALTH:

Figure 14 focuses on the interests and activities of the respondents related to infant-family and early mental health services as well as other activities focused on children birth to 5 and their families. Of the 1,645 participants responding to the Profile, 34% indicated they were involved in at least one infant-family and early mental health committee, interagency group or other CCFC-funded project. Interestingly, of those, only 17% indicated having considerable experience and expertise in infant-family and early mental health and expressed interest in serving as a resource for training or supervision in an Initiative-related project or activity.

Respondents who expressed interest in serving as a resource to an Initiative-related project came from several professional disciplines; while 89% were from a mental health field, 45% came from an education field and 11% from a health field. This indicates that interest is common to individuals from several disciplines.

Figure 14: Community Interests and Activities

	Percent of Respondents
I am interested in learning more about opportunities to participate in the promotion of infant-family and early mental health and the development of integrated services.	77.1
I am a member of an infant-family and early mental health services committee.	8.4
I am a member of one or more interagency committees or groups supporting the interests of children ages birth to 5 and their families.	24.9
I am involved in other local First 5 Children and Families Commission-funded projects.	21.1
I am affiliated with a college/university and am interested in developing coursework that focuses on or includes infant-family and early mental health.	9.8
I have considerable experience and expertise in infant-family and early mental health and may be interested in serving as a resource for training or supervision in an IPFMHI-related project or activity.	7.8

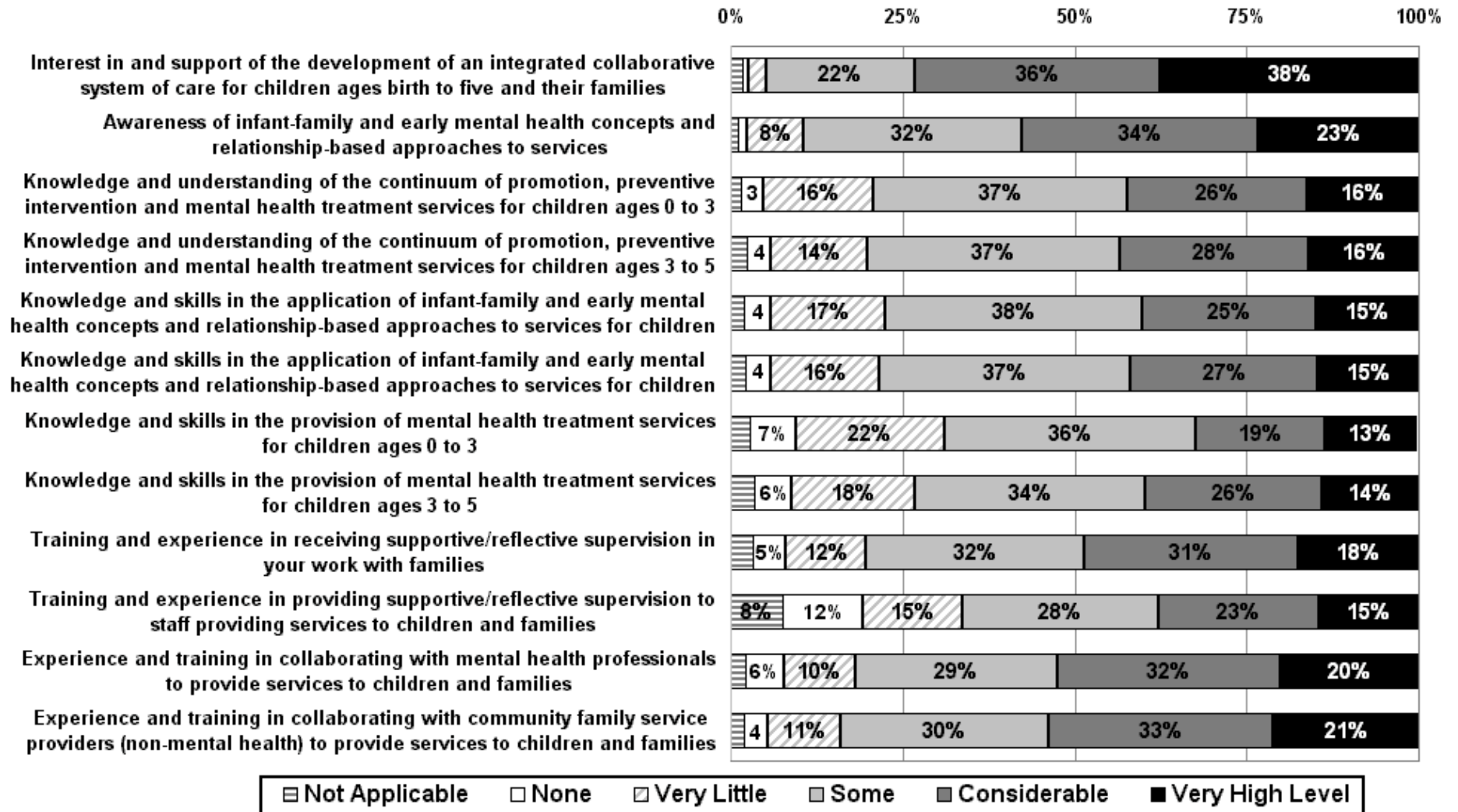
*n=1,645; *Respondents were only allowed to give a positive response or no response, thus a non-response rate is not available*

RESPONDENTS' COLLABORATION WITH OTHER SERVICE SYSTEMS:

Figure 15 suggests a significant interest in and support of collaborative systems of care, with 72% of respondents indicating considerable or very high level when asked their level of interest, knowledge or experience. Fewer respondents indicated actual experience and training in providing collaborative services, with 53% indicating considerable or very high level. Still fewer indicated a considerable or very high level of knowledge and skills in the provision of mental health treatment services for children for children ages birth to 3, 32% and for children ages 3 to 5, 40%.

Figure 15: Interest, Knowledge and Expertise

n=1,645; non-response rate range of 13.3% to 15.3%



CONCLUSION

The Participant Profile was a useful tool for unified data collection and analysis of the audience involved in a wide variety of Initiative activities. This universal approach enabled the project to collect tangible evidence regarding the backgrounds and needs throughout the state of professionals, parent mentors and paraprofessionals interested in infant-family and early mental health. The Profile also established the foundation for developing a statewide database of resource people and agencies in this emerging field of specialized service, research and training.

Key findings:

- Respondents in each county reflected the varied county approaches
- Almost 50% of respondents held a master's degree or above
- Respondents from county mental health agencies were more frequently represented than those from other agencies

Behavioral, abuse/neglect and relationship/attachment/mental health issues were the most highly identified needs of the very young children and families served by respondents

- Respondents identified the services provided in their agencies as parent education, assessment, evaluation and referral services more frequently than they did direct intervention and treatment services
- Despite respondents professional experience in their own field, they identified a need for more training and experience.

Use of the Profile modeled a relationship-based strategy to involve participants in the Initiative much the way providers seek to involve families in services for their children. This tool and process to convey information about the backgrounds and experience of participants provided an opportunity for participants to influence the Initiative's planning, evaluation and goal setting. Continued use of the tool is recommended.

SECTION 2: TRAINING/ACTIVITY EVALUATION SUMMARY

INTRODUCTION

This section summarizes responses to the Initiative's Training/Activity Evaluation from participants involved in Initiative activities within eight counties and from other areas of the state. The questionnaire was developed to evaluate the relevance and value of a wide variety of training, technical assistance, consultation and supervision activities sponsored by the Initiative. The form provided a snapshot of the respondents' backgrounds and assisted in identifying the usefulness of specific trainings for participants from different professional and employment settings.

The Training/Activity Evaluation gathered information relevant to four primary goals of the Initiative:

- Goal 3: community education for interdisciplinary providers in infant-family and early mental health
- Goal 4: training, consultation and supervision to mental health providers
- Goal 5: interagency and interdisciplinary collaboration
- Goal 6: documentation and evaluation of Initiative activities

1,606 evaluations were gathered at more than 125 different training, technical assistance, presentation, and consultation and supervision activities during the 2001–2003 program year. While not all events were evaluated using the Initiative's standard form, responses from this sample provide a solid foundation for the analysis of key findings. These findings are linked to information provided in Section 1, the Participant Profile Summary and Section 3, the Impact Survey Summary.

METHOD

The Training/Activity Evaluation is a one-page questionnaire distributed to Initiative participants at various professional development activities. The profession/background section contained descriptions for 26 professions and 16 employment settings. The form includes scaled questions regarding the value of the training in 10 areas with two open-ended questions regarding application of the training and additional comments. The information was entered into a computer database specifically designed for the Initiative and was analyzed for internal planning purposes. Based on training and field requests, evaluation summaries were provided to hosting counties and trainers during the last six months of trainings.

PROFESSION AND EMPLOYMENT SETTING

Figures 1 and 2 provide an analysis of respondent's profession and employment setting.

Figure 1 shows that most represented by the respondents were in professions in the mental health field followed by participants in education and nursing. This is consistent with the Initiative's focus on mental health professionals as a priority group for training and technical assistance during this program year. Professionals from other disciplines were also invited to attend Initiative activities as well as trainings co-sponsored by other state agencies with the Initiative to build capacity across the continuum of promotion, preventive intervention and treatment services.

Figure 2 shows that 49% were employed in mental health agencies/systems. The remaining respondents were from a wide variety of employment settings.

TRAINING EVALUATIONS ACROSS COUNTIES AND RESPONDENTS

This report focuses specifically on the evaluation of trainings and related activities throughout the Initiative. Evaluations from large and small group trainings, seminars, small learning groups, case presentations and meetings were combined to provide an overall picture of the relevance, usefulness and value of these activities to the participants involved in county- and state-level activities. A listing of trainings offered by each county and at the state level is provided in Appendix.

Figure 3 provides a summary of evaluation findings for all county- and state-level trainings. 92% of all respondents indicated a moderate to high rating for each of the 10 evaluation questions. The most highly rated areas were:

- trainer/facilitator's ability to engage and communicate with the audience (92%)
- overall value of this training/activity to their work (89%)
- relevance of training/activity topic to their work (88%)

Overall, trainings were rated at moderate to high levels for value and relevance by all groups of respondents across professions, employment settings and counties .

More than 60% of participants rated items related to networking, strengthening relationships and improving confidence as moderate to high. .

Figure 1: Respondents by Profession

	Count	Percent of Respondents
Audiologist	1	.1
Child Developmental Specialist	75	4.7
Child Psychiatrist	12	.7
Developmental Psychologist	26	1.6
Early Childhood Educator/Child Care Provider	112	7.0
Early Childhood Special Educator	48	3.0
Family Support Worker	69	4.3
Foster Parent	14	.9
Licensed Clinical Psychologist	131	8.2
Licensed Clinical Social Worker	216	13.4
Marriage Family Therapist (MFT)	404	25.2
MFT Intern	49	3.1
Nurse	99	6.2
Nutritionist	4	.2
Occupational Therapist	5	.3
Paraprofessional	22	1.4
Parent of Child with Special Needs	35	2.2
Pediatrician	5	.4
Physical Therapist	2	.1
School Psychologist	36	2.2
Social Worker	234	14.6
Speech/Language Specialist	11	.7
Student	78	4.9
Teacher/Educator	80	5.0
Unlicensed Master/Doctoral Level Psychologist	224	13.9
Other	57	3.5

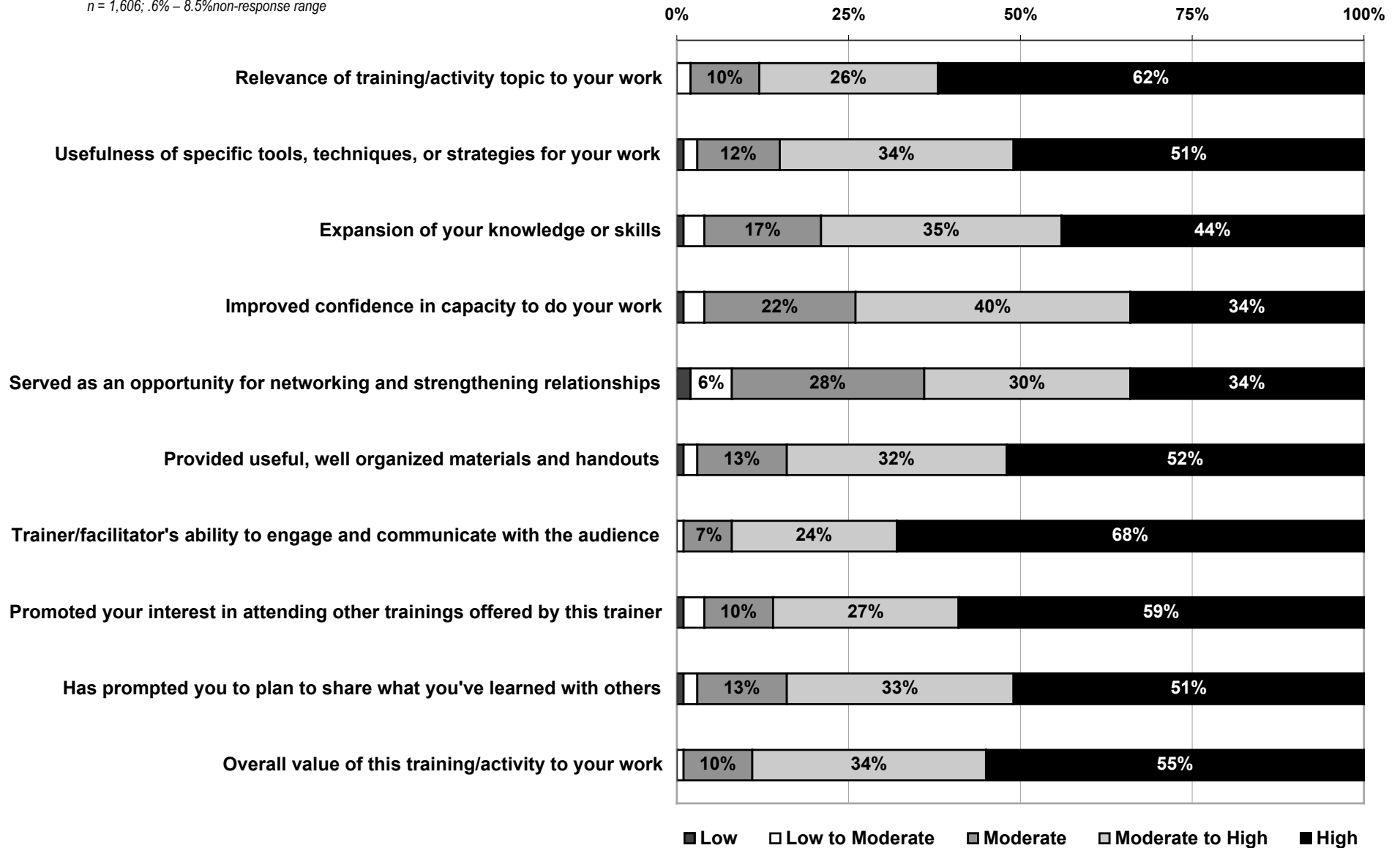
n=1,606; .7% non-response rate; multiple responses allowed

Figure 2: Respondents by Employment Setting

	Count	Percent of Respondents
Child Welfare/Foster Care	82	5.1
Child Care/Early Care Home-Based	36	2.2
Child Care/Early Care Center-Based	69	4.3
College/University	31	1.9
Developmental Disabilities	44	2.7
Early Care and Education Agency/System	80	5.0
Education Agency/System	66	4.1
Family Support Agency/System	98	6.1
Hospital	56	3.5
Judicial System	3	.2
Mental Health Agency/System	780	48.6
Primary Health Care	13	.8
Private Practice/Consulting	97	6.0
Public Health System	33	2.1
Social Service/Community Agency	146	9.1
Training/Technical Assistance Agency	78	4.9
Other Type of Agency/System	34	2.1

n=1,606; 2.1% non-response rate; multiple responses allowed

Figure 3: Overview of Training Evaluations Across Counties and Respondents
July 1, 2001 – June 6, 2002
n = 1,606; .6% – 8.5% non-response range



RESPONSES TO THE OPEN-ENDED QUESTIONS

Of the 1,195 respondents who responded to the open-ended question, **"How will you apply your experience from this training/activity to your work?"**

- 52% indicated that they would use what they learned directly with clients
- 18% indicated that they would share their experiences with other colleagues

Of the 637 respondents who provided **"Additional comments"**

- 59% provided positive feedback regarding the training and often focused their comments on the trainer and the value, clarity, relevance and "nuts and bolts nature" of the training
- 21% provided general suggestions and requests for more printed materials, more in-depth training, additional information during video-based case presentations and changes in the time allowed for trainings (more or less).

SAMPLE COMMENTS

"Excellent training! I'm very encouraged, I really enjoyed the trainers...both are excellent speakers and role models...."

"The seminar has been a thought-provoking engaging, challenging course. It has provided a good framework for understanding and evaluating current theories and approaches to infant work."

"This training has been invaluable! It has sparked my passion to expand services for my agency and change my area of expertise which has been elementary and middle school-aged children. The training has also helped to link me with other agencies providing a variety of mental health and family support services as well as educational services."

"This intern, who speaks Spanish, has made it possible for our program to serve monolingual Latino families. Without the support of the seminar, none of this would have happened."...

"The video clips really allowed for clean understanding and hands-on practice with colleagues. Valuable!"

"The trainers and material were exceptional... made a significant impact on my work with child care consultation."

"I feel very fortunate to have been allowed to attend training. I have waited for a long time for this to be offered locally."

"This was the best and most helpful training I've attended in my nine years of infant/family treatment experience."

"I will share forms and ideas with co-workers and try new strategies...see the positive more... look for causes....try to think outside the box about collaboration, relationships and partnerships."

"In my work as a child welfare worker I make recommendations about placement, return, and how to promote healthy attachments. This training provided me a framework and tools to more accurately observe, assess and report these significant relationships and enabling me to intervene and communicate much more effectively with caregivers and juvenile court bench officers."

"... this training is a foundation for better service to children and families and I wish all child welfare workers could receive similar training!!!"

"Great presentation, the trainer was very human and so likable... found all the examples personal and professional....very helpful handouts and use of video."

CONCLUSION

The Training/Activity Evaluation form provided a useful tool and uniform process for evaluating a wide variety of training activities. It was particularly useful in providing immediate feedback to trainers and host counties or sponsoring agencies.

The information provided an overall picture of the effectiveness of trainings across counties and at the state level. In examining this information some trends appeared. Higher ratings were noted for trainings that:

- occurred towards the end of the Initiative or within the last six months
- included smaller groups of participants
- provided case consultation and supervision focused on the daily work of the participants

Patterns were also noted in the evaluation responses for the various types of training activities as follows:

- case consultation trainings were rated with higher overall values
- trainings focused on assessment and diagnostics received higher ratings related to the trainer's ability to engage and communicate with the audience
- respondents indicated that they would attend other trainings offered by specific trainers when offering assessment and diagnostic information
- trainings that focused on intervention strategies and approaches received higher ratings in the area of "expansion of knowledge or skills" than did other types of trainings.

With minor modifications, this tool is recommended for future use to expand the database, track emerging trends and provide guidelines for future training and technical assistance within counties and across the state.

SECTION 3: IPFMHI IMPACT SURVEY SUMMARY

INTRODUCTION

The Initiative's Impact survey was developed to provide a cross-county and statewide perspective on the impact of the overall Initiative during the 2001-2003 program years.

It was a web-based survey focused on the overall impact of the Initiative on individual participants, agencies and communities. The survey was completed by 281 of the 604 participants who supplied e-mail addresses on their Participant Profile. These Profiles, developed specifically for the Initiative's data collection and evaluation efforts, were disseminated at a wide variety of events to identify the participants involved in trainings, reflective supervision, case consultation, learning labs, the Clinical Services Study, statewide meetings and other Initiative-sponsored activities.

The report presents the finding of the Impact Survey and offers guidance for future program and personnel development, capacity building, and systems' change within the interdisciplinary field of early mental health.

These findings are linked to information provided in Section 1: The Participant Profile Summary and Section 2: The Training/Activity Evaluation Summary.

METHOD

The IPFMHI Impact Survey was a web-based tool to evaluate, follow-up and contact participants throughout the state. Participants with current e-mail addresses were contacted and asked to complete an online survey regarding their participation in the Initiative. Participants were directed to a website for completion of the 15-minute survey and asked to identify changes to themselves, their agencies and communities as a result of participation in Initiative activities. Seven sets of questions were answered with multiple choice or scaled responses. Three additional open-ended questions surveyed participants about the more personal and professional impact of the Initiative and their recommendations for the future.

RESPONDENTS

Of the 1,645 participants recorded in the Initiative database, 796 provided an e-mail address on their Participant Profile. Of these addresses, 604 proved to be current and 47% of those eligible responded.

Table 1 illustrates the primary roles of the survey respondents when asked, "Which of the following best describes your work?"

Type of Work	% of Respondents
Direct Service Provider	49
Administrator/Supervisor	35
Other (consultants, faculty, researchers, students, etc.)	16
<i>n=281</i>	

Table 2 further describes this pool of respondents based on their employment setting and affiliation.

Table 2: Type of Agency/Professional Affiliation	% of Respondents
Mental health clinic and/or agency	52
Other agency or organization (non-mental health)	48

n=281

Table 3 demonstrates that 89% of survey respondents were from the eight participating Initiative counties. The remaining 11% were respondents from 15 of the 30 additional counties that also were involved in Initiative-sponsored activities and included Contra Costa, El Dorado, Kings, Madera, Nevada, Orange, Placer, San Mateo, San Bernardino, San Diego, San Joaquin, Santa Clara, Santa Barbara, Sutter and Yolo counties.

Table 3 also indicates the percentage of respondents from mental health and other agencies in each county.

Table 3: County Respondents (by Type of Agency/Profession)	% of Respondents	% from Mental Health Agency	% from Other Agency
Alameda	9	91	9
Fresno	12	62	38
Humboldt	9	50	50
Los Angeles	16	67	33
Riverside	7	24	76
Sacramento	27	39	61
San Francisco	6	67	33
Stanislaus	3	75	25
Other	11	21	79

n=281; 8% non-responsive

Table 4 reports the number of Initiative-sponsored activities the respondents attended. The largest group (42%) reported attendance at two to five trainings. 27% of respondents did not report attendance at trainings but were involved in meetings, workgroups, technical assistance and other collaborative activities sponsored or co-sponsored by the Initiative.

Table 4: Trainings Attended	% of Respondents
None	27
One	9
Two – Five	42
Six – Ten	15
Eleven or more	7
<i>n=281; 1% non-responsive</i>	

Table 5 shows the types of trainings and other activities participants had attended during the two-year Initiative period.

Table 5: IPFMHI-Sponsored Trainings			
	% of Respondents		% of Respondents
Trainings	85	Learning labs	8
Ongoing supervision	26	Statewide/All County meetings	22
Case consultation	34	Local meetings & committees	45
Seminars	45	Other	14
<i>n=281; 1% non-responsive</i>			

FINDINGS REGARDING THE OVERALL IMPACT OF THE INITIATIVE

Four of the survey questions sought to assess the overall impact of the Initiative. Responses to these questions are presented in Tables 6-9.

Table 6 presents the findings regarding the Initiative's overall impact on increasing awareness. It indicates that the Initiative had:

- the most significant impact on individual participants
- a more moderate but still significant impact at the agency and community levels

An increase in awareness of relationship-based interventions and early mental health was the most highly rated of the four overall impact questions.

Table 6:

Has **awareness** of relationship-based infant-family and early mental health issues **increased** over the past two years?

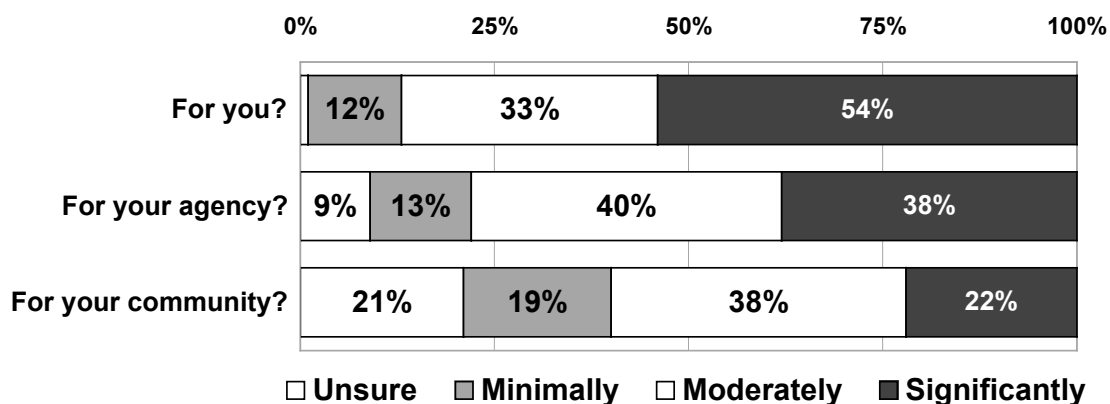
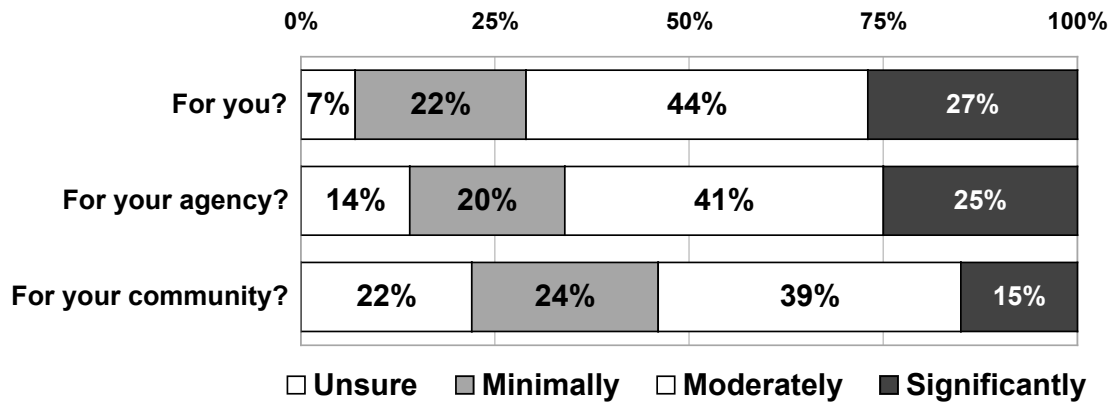


Table 7 demonstrates that the Initiative had the most significant impact on increasing resources and supports at the personal and agency levels.

Table 7:

Have **resources and supports** associated with relationship-based infant-family and early mental health service delivery **increased** over the past two years?



The findings in Table 8 show that a significant increase in knowledge and expertise occurred within the individuals' level while moderate increases occurred at the agency level.

Table 8:

To what extent has training and other activities **increased knowledge and expertise** in relationship-based infant-family and early mental health approaches?

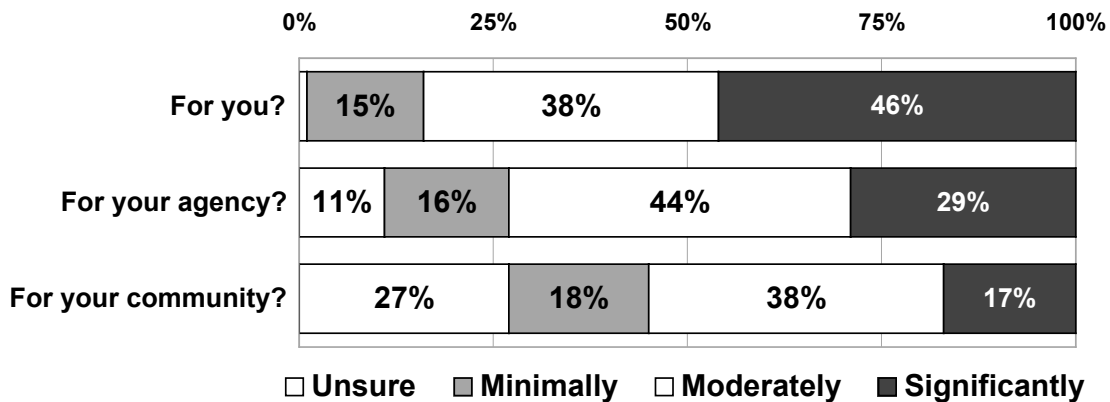
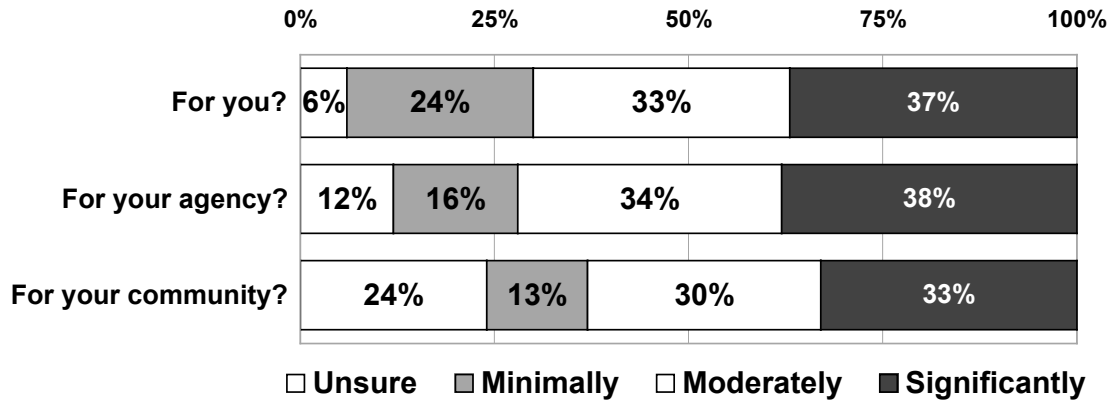


Table 9 shows that the demand for services increased at the individual, agency and community levels. Nearly 75% of the respondents report that the increase was moderate to significant.

Table 9:

To what extent has the **demand** for relationship-based infant-family and early mental health services **increased**?



IMPACT SURVEY FINDINGS ON SERVICE DELIVERY

Table 10 presents the results of several survey questions focused on changes in service delivery within communities. Responses indicate that:

- overall, there has been a moderate increase and change in service delivery.
- the most significant area of impact relates to increased linkages for interagency and interdisciplinary collaboration
- 46% of the respondents were unsure of the impact on new billing mechanisms and funding resources.

Table 10:

To what extent has the following occurred in your community over the past two years:

Increased **linkages** and interagency/interdisciplinary **collaboration**:



Increased **infusion of** relationship-based interventions and infant-family and early mental health **approaches** into community services for very young children and their families:



Increased the **availability of trained mental health professionals** to provide services to very young children and their families:



Increased the **number** of very young children and families **served**:



Increased the relationship-based and early mental health **services available** to very young children and families in need:



Established and/or expanded **integrated service delivery**:



Increased the use of **screening and assessment tools and processes** to identify parent-child relationships and the child's development:



Increased identification and utilization of new **billing mechanisms and funding resources**:



Unsure
 Minimally
 Moderately
 Significantly

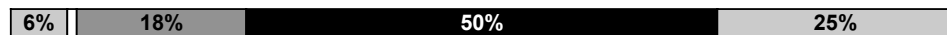
IMPACT OF TRAININGS AND ACTIVITIES

Tables 11 and 12 present findings of two groups, those from mental health professions or agencies, and those from other agencies and organizations. While the questions for both groups were similar, they were modified within the survey to reflect possible goals and outcomes desired for each group of participants. Both groups reported that the impact of trainings and other activities had been moderate. However, when responses from mental health professionals are compared with responses from non-mental professionals, a more significant impact in all areas was reported by the mental health group.

Table 11:
Participants from mental health professions or agencies

“To what extent has **training, supervision and consultation** provided in your county?”

Increased **awareness of other resources and services** for very young children and their families:



Increased **awareness of approaches** to working with very young children and their families:



Prepared mental health providers to provide consultation and/or direct services for very young children and their families:



Increased **capacity of mental health-based programs** and agencies to serve very young children and their families:



Increased the **availability of supervision and support** for mental health providers:



Prepared mental health providers to **collaborate** with early childhood and early intervention service providers and agencies:



Unsure
 Not at all
 Minimally
 Moderately
 Significantly

Table 12:

Participants from other agencies or organizations (non-mental health)

"To what extent has **training, supervision and consultation** provided in your county:"

Increased awareness of relationship-based infant-family and early mental health **resources and services** for very young children and their families:



Prepared providers to implement relationship-based infant-family and early mental health concepts and approaches to services:



Increased ability to identify very young children and families in need of relationship-based infant-family and early mental health services:



Increased ability to use relationship-based infant-family and early mental health concepts and relationship-based **approaches**:



Prepared providers to collaborate with mental health professionals and agencies:



□ Unsure □ Not at all □ Minimally ■ Moderately □ Significantly

IMPACT ON COMMUNITY NEED

Table 13, 14, and 15 report responses to survey questions on continuing needs for new services, resources, and training and technical assistance. Significant needs were noted for services, resources and training. Slightly more moderate ratings, though still considerable needs, were noted in the areas of technical assistance.

Table 13:

Community Need for Services and Resources

Mental health services to very young children and their families:



Mental health consultation services to communities and programs:



Interdisciplinary providers able to incorporate relationship-based and early mental health skills in their practice:



Opportunities for interagency/interdisciplinary case conferences and consultation:



□ Unsure □ Minimally □ Moderately ■ Significantly

**Table 14:
Community Need for Training**

Training for mental health providers to work with very young children and their families:



Training on early emotional and social development and relationship-based practices for multiple disciplines and agencies:



Individualized and/or small-group consultation and supervision for mental health providers:



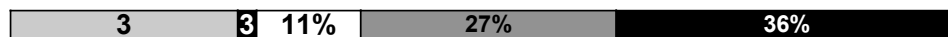
Individualized and/or small-group consultation and supervision for interagency/interdisciplinary providers:



□ Unsure □ Minimally □ Moderately ■ Significantly

**Table 15:
Community Need for Technical Assistance**

Assistance in data collection, evidence-based practice and evaluation activities:



Assistance in developing and promoting interagency and interdisciplinary collaboration:



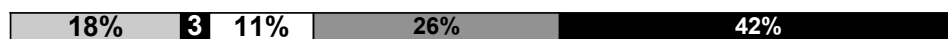
Assistance in further developing integrated service delivery, including utilizing funding resources:



Assistance in partnering with family resource centers and other parent support organizations:



Assistance in coordinating with local First 5 Commissions and school readiness sites:



□ Unsure ■ Not needed □ Minimally □ Moderately ■ Significantly

ADDITIONAL SURVEY FINDINGS AND CONCLUSIONS

Table 16 compares ratings from respondents in the eight participating IPFMHI counties with those of respondents from all other counties.

Respondents from the eight Initiative counties reported more moderate to significant impact than did those from other parts of the state in the following areas:

- Infusion of relationship-based interventions and infant-family and early mental health approaches into community services.
- Availability of mental health professionals trained to work with young children and families.
- Availability of relationship-based and early mental health services within the community.
- Establishment and/or expansion of *integrated* service delivery.

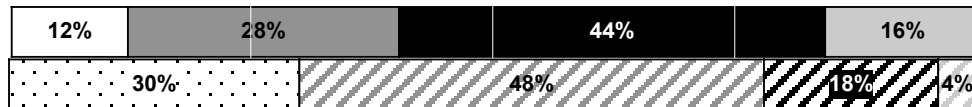
Table 16:

To what extent has the following occurred in your community over the past two years:

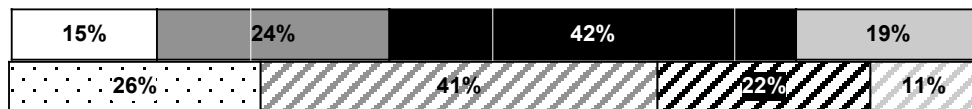
Increased **infusion of** relationship-based interventions and infant-family and early mental health **approaches** into community services for very young children and their families:



Increased the **availability of trained mental health professionals** to provide services to very young children and their families:



Increased the relationship-based and early mental health **services available** to very young children and families in need:



Established and/or expanded **integrated service delivery**:



Respondents from:
Eight participating counties:

Unsure Minimally Moderately Significantly

All other counties:

Unsure Minimally Moderately Significantly

- For 11 of the 20 survey questions related to impact (see survey questions 5-16) administrators selected 'significant' more frequently than did direct service providers.
- Mental health professionals reported that training, supervision and consultation had a more significant impact in their county when compared to the responses from professionals in other disciplines (See Tables 11 and 12).

RESPONSES TO THE OPEN-ENDED SURVEY QUESTIONS AND CONCLUSIONS

The Initiative has had a high-moderate to significant impact on

- increasing awareness of infant-family and early mental health and
- the need for new services

These are relationship-based intervention, early mental health and related resources. Respondents reported increased linkages across agencies and interdisciplinary collaboration as areas that had been significantly increased and highly impacted by the Initiative's efforts. The Initiative also noted the continued need for training, resources and new approaches to funding and billing.

The three open-ended questions that surveyed participants about the *most important impacts* of the Initiative on themselves, their agencies and their communities generated more than 700 comments. This information provided insight into how participants are applying the information and skills gained through participation and the tangible, direct and personal impact of the Initiative within agencies and communities. Key comments are included in the introductory section of this report.

This web-based survey was a timely and effective approach for gathering information from a wide group of Initiative participants. The rate of return, 281 of the 604 participants, almost half of the participants contacted via e-mail, is a strong response rate when compared to responses to more traditional survey procedures. Respondents commented positively on this innovative approach to follow-up for gathering information on the impact of the Initiative. Future use of this tool and method is recommended.

PARTICIPANT COMMENTS REGARDING THE IMPACT OF THE INITIATIVE ON INDIVIDUALS, AGENCIES AND COMMUNITIES

Individual Impact Statements

"The level of training received has increased my knowledge and sense of competence in service delivery with this age group"

"...finally get to hear from families about the benefits of receiving early intervention services, education and support needed. They also feel involved in the treatment"

"I now have a resource at the local and state level to network with to support relationship based service delivery model here in this county"

"...reprioritized focus of my direct services more towards prevention and addressing developmental needs and issues as early on as possible-- with the entire family system"

"Over the last 3 years with this agency my awareness and knowledge that infants could even have mental health issues has been greatly heightened."

“As a direct provider to children and families and a staff development trainer, I am in a perfect position to utilize the information. At a time when relationships have declined in the family and there is a desperate need for increased support to families, the direct provides simultaneously need the ability, resources, and links to that help. This Initiative is the most significant program that has given direct providers hope”

“As a new MSW just hired to work in a new mental health program geared to 0-5, the trainings on how to assess and treat young children was invaluable and I use what I learned constantly. I appreciated hearing from the best of the best. It made me more secure in my work.”

“The Initiative impact for me is much greater than just the past two years - it goes back to the beginning of Infant Mental Health 4-County project when I had the very fortunate opportunity to began to work with and network with people at both the county and statewide level involved in promoting IMH practices. As a result of this, I have had the opportunity to develop my knowledge base, to consult with, train, or collaborate with several counties, to participate in the CSS, and most importantly, to develop long-lasting and valued relationships....

“I have accessed more quality infant mental health training in the last two years than I would have otherwise over several years. Small training groups have allowed adequate time to ask questions and get them answered. Have met a number of local mental health providers that I probably would not have otherwise had the opportunity to meet.”

“As a Clinical Psychologist for Head Start, the resources made available to me (trainings, collaborations etc.) have greatly enhanced my ability to serve young children and their families.”

“ ... taking part in a 9 month seminar about parent/infant relationship based interventions, etc vastly increased my knowledge and confidence in the work I do, and greatly influenced how I work with my caseload - more focus on the relationship between mother and baby as opposed to just focusing on the mother.”

“I have gained a wealth of information from the trainings that I've attended. Now, I feel that I can be a good consumer of the early childhood interventions. Before, I had very little knowledge and it was difficult for me to compare and contrast different approaches.”

“The most important impact of the initiative for me has been an increased understanding of the importance of mental health with a family and child in the child's early developmental stages.”

“It's great to have ongoing trainings in order to expand our knowledge of clinical work in infant-parent and early childhood work. Because it's a rather specialized and often overlooked field, it can be difficult to find updated information on this topic and to network with other colleagues. It's also great to hear about work that others are doing in this field. It gives me ongoing inspiration and confidence to keep doing this work.”

“We were long overdue for 'Infant Mental Health'. The most important and critical aspect of human behavior starts with the dyad. Today I have a unique appreciation and understanding for Infant Mental Health and I look forward to continued education in the field to become better equipped to work with the generations to come!”

“I found the trainings to be very valuable and increased my knowledge of early intervention and child development.”

“I have come to appreciate the fact that there are people concerned about the well-being of families on a continuum. I am impressed that there is this effort to do work that is so very important to the community and to the lives of the families”

“The accessibility of trained professionals, that are ready to address the needs of the families/children, regarding complex psychosocial issues. I believe the mental health professionals I came in contact with, were surprised at our (the early interventionist's) own expertise. This challenged them to address our working relationships differently, in order to be truly effective.”

Initiative Impact on Agencies

"My knowledge flowed into my supervisor's awareness as she has never attended the seminar. This played a part in her understanding of interventions and the need"

"Our agency has just announced that 'reflective supervision' will be available to the preschool staff on a consultation basis. This was due to continuous requests by two teachers who were involved.... we will also be tapping into a new funding resource to pay for these services."

"Opportunities to work more collaboratively with other agencies."

"Increased our ability to serve an expanded population to include infants/toddlers. It is great our agency started to recognize this and funded a small group of staff to attend ... training needs to be expanded to the whole department and their line workers and supervisors."

"The initiative provided theories which have served as the base of our philosophy of treatment. It has provided a road map in forming our new program. It also raised awareness of the complexities of treating young children and all of the areas - physical, emotional, relational, developmental, which must be considered"

"Head Start has integrated the important principles related to attachment, temperament, relational assessment, and other insights into their work with the children and families. I have also been able to apply some of my new learning in my parent education with foster parents in our community".

"The initiative has provided resources and contacts for referral and support agencies for our staff, children, and families. It has been a great resource for extending our knowledge of the importance of early childhood interventions for at risk children and their families."

"By getting more and more staff to be trained in these concepts I believe we will have a strong voice in influencing the way the agency delivers services to the community and focusing more on relationship based issues rather than strictly case management."

"...as a representative of my school district, it has been eye opening for our school readiness programs"

"The most important impact of the initiative for my agency has been the availability of the mental health provider to parents and staff. Parents can 'talk' with the provider on site and are less threatened by that approach as opposed to 'setting an appointment'. It has increased parent initiative in expressing their concerns."

"It has been terrific for staff because they can work hand in hand with the mental health provider to develop an environment in the classroom that can be duplicated in the family home that best serves a relationship based approach to provide continuity for a child as well as an increased understanding for the parent(s)."

"In our agency we recognize the impact this Initiative has had in raising awareness of the importance of Infant Mental Health Services, however in collaborating with outside agencies/private child care providers, we recognize a significant need for further information and training"

"A number of therapists were able to attend some of the presentations and two were able to attend the supervision/consultation groups on a regular basis. These therapists now serve the young children referred by County Mental Health"

"The awareness of the Initiative and the trainings has encouraged my agency to initiate Infant Mental Health Services linked to our Child Abuse Prevention Home Visitation Program. We were able to obtain EPSDT funding for this program through our county"

Impact on Communities

“More people are receiving services... I believe that more families are significantly impacted by the help they receive. They are changing themselves and their interactions with their children which will ultimately support the positive development of children

“Our community is realizing the need to prioritize family needs of raising young children. This initiative is educating the whole community!”

“Community trainings and learning labs were very helpful. It began the process of interagency collaboration at local meetings.”

“It is hard to tease out the initiative, prop 10 influences, and the general direction of my community. The Initiative helped tremendously with training and this has vastly increased the ability of the community to staff programs adequately and in general built up a pool of interested people.”

“The Initiative Increased trust among service providers. Improved team work in serving younger children.”

“It is all about relationships. Isolated members of the community can now be reached with this Initiative extending a hand of concern and hope.”

“All that we have learned from the initiative has been infused all of our work with our clients and child care providers Parents have been guided to see that their relationship with their child is the most important factor in their young child’s life and have been provided with the tools to make that relationship better.”

“Families like this model of mental health care and are more willing to see service providers. It is respectful ... when families are respected, the trusting relationship forms more quickly.”

“I have witnessed a change in overall perspective with respect to the importance of early intervention in the community. The initiative has been very successful in bringing together very effective collaborations within our community which actually work!”

“I think people are becoming more aware of the importance of providing services to young children. They are beginning to understand that mental health services for young children are preventative in nature”

“Being able to offer mental health to infants and their families in their home has not been done before and I believe that a number of new mothers have avoided hospitalization as a result of having home visits from a team of nurses and mental health practitioners...We are hoping that we can add to our staffing so our services can continue to expand to meet the needs of the community.”

“We have more referrals than we can handle, so the new program is clearly valuable.”

“We are planting the seed of knowledge, awareness and love. The results have been and will continue to be EXTRAORDINARY!”

“The Initiative has helped us better serve young children and their families... and target children with special needs and link them to the appropriate resources.”

“Receptivity to mental health programs are vital to the well being of a large number of community members -- children, adults and professionals... that increased participation and use of resources will require ongoing resource awareness and facilitation of existing and new programs.”

“Our agency has tripled in size in just short of two years, we have expanded our client number, frequency of visits, and I believe retention rates in the program as well, the increased knowledge and professionalism of our agency can only be translated into better services for our community.”

“I am unsure of the full impact of the Initiative on the community. I do know that when I presented with a colleague recently at an early childhood education conference on the subject of social emotional development, we had a packed room and a three page address list for handouts for those unable to find seating for our workshop.

“The trainings/seminars have afforded an opportunity to meet and share with family service providers throughout the county. This has helped me to better educate the parents with whom I work about what is available to help them build strong relationships within their families.

“Our immediate community (service area) has benefited tremendously from new programs or existing programs which have been fortified by the Initiative. The number of well-trained professionals has improved the quality of the services which have been offered. And, the creation of relationships between agencies has contributed greatly to the effectiveness of these services.”

“The initiative brought greater awareness to the larger community and put the importance of early intervention on the radar screen. Staff from various agencies were talking the same language and moving in the same direction. The initiative definitely accomplished the task of getting the word out and highlighting the value of early intervention. There seems to be a better understanding of continuum of care, and why it's so important we work with each other. Collaboration is not so foreign and more the norm.”

“Although I cannot say definitively, my sense is that the knowledge of the importance of family relationships is growing. A deeper appreciation for the importance those relationships play in developing capable children and strong communities is growing as well. I truly hope there is more to come from this Initiative. I know I will be looking for ways to continue the growth our community has started.”

APPENDIX A

Participant Profile

Infant Preschool and Family Mental Health Initiative

Activity or Training: _____ Location: _____ Date: _____

Please check the box that best describes you as a participant in this IPFMHI activity or training:

Participant from Mental Health Agency	<input type="checkbox"/> County Employee	<input type="checkbox"/> County Contracted Agency
	<input type="checkbox"/> Private Agency	<input type="checkbox"/> Other: _____
Participant from Other Agencies or Organizations	<input type="checkbox"/> Service Provider (Non-Mental Health)	<input type="checkbox"/> Other: _____

Contact Information

Name: _____ County: _____
Agency: _____ Phone: _____
Address: _____ Fax: _____
City: _____ E-mail: _____
State: _____ Zip: _____

Profession/Background

Please check **all** applicable descriptions

- | | | |
|--|---|--|
| <input type="checkbox"/> Audiologist | <input type="checkbox"/> Licensed Clinical Psychologist | <input type="checkbox"/> Pediatrician |
| <input type="checkbox"/> Child Psychiatrist | <input type="checkbox"/> Marriage Family Therapist (MFT) | <input type="checkbox"/> Physical Therapist (PT) |
| <input type="checkbox"/> Child Development Specialist | <input type="checkbox"/> Social Worker | <input type="checkbox"/> Teacher/Educator |
| <input type="checkbox"/> Developmental Psychologist | <input type="checkbox"/> Nurse | <input type="checkbox"/> School Psychologist |
| <input type="checkbox"/> Early Childhood Educator/Childcare Provider | <input type="checkbox"/> Nutritionist | <input type="checkbox"/> Speech/Language Specialist |
| <input type="checkbox"/> Early Childhood Special Educator | <input type="checkbox"/> Occupational Therapist (OTR) | <input type="checkbox"/> Student _____ |
| <input type="checkbox"/> Family Support Worker | <input type="checkbox"/> Paraprofessional | <input type="checkbox"/> Unlicensed Master/Doctoral Level Psych. |
| <input type="checkbox"/> Licensed Clinical Social Worker (LCSW) | <input type="checkbox"/> Parent of Child w/ Special Needs | <input type="checkbox"/> Other _____ |

Education and Years of Experience

- | | | |
|--|--|--|
| <input type="checkbox"/> High School Diploma | <input type="checkbox"/> Bachelor's Degree | <input type="checkbox"/> Doctoral Degree |
| <input type="checkbox"/> Associate Degree | <input type="checkbox"/> Master's Degree | <input type="checkbox"/> Other _____ |

Of Years in Area of Expertise

Of Years Working with Children Birth up to Age 3 and Their Families

Of Years Working with Children Ages 3 to 5 and Their Families

Employment Setting

Please check **one**

- | | | |
|---|---|---|
| <input type="checkbox"/> Child Welfare/Foster Care | <input type="checkbox"/> Education Agency/System | <input type="checkbox"/> Social Services/Community Agency |
| <input type="checkbox"/> Childcare/Early Care <u>Home-based</u> | <input type="checkbox"/> Primary Health Care | <input type="checkbox"/> Training/Technical Assistance Agency |
| <input type="checkbox"/> Childcare/Early Care <u>Center-based</u> | <input type="checkbox"/> Hospital | <input type="checkbox"/> Private Practice/Consulting |
| <input type="checkbox"/> College/University | <input type="checkbox"/> Judicial System | <input type="checkbox"/> Other Type of Agency/System |
| <input type="checkbox"/> Developmental Disabilities Agency/System | <input type="checkbox"/> Mental Health Agency/System | <input type="checkbox"/> |
| <input type="checkbox"/> Early Care and Education Agency/System | <input type="checkbox"/> Family Support Agency/Organization | <input type="checkbox"/> |

Primary Role/Responsibility

Please check **one**

- | | | |
|---|--|---|
| <input type="checkbox"/> Administrator | <input type="checkbox"/> Home Visitor | <input type="checkbox"/> Service Coordinator/Case Manager |
| <input type="checkbox"/> Child/Family Advocate | <input type="checkbox"/> Parent Partner | <input type="checkbox"/> Supervisor/Manager |
| <input type="checkbox"/> College/University Faculty | <input type="checkbox"/> Private Practice Consultant | <input type="checkbox"/> Training/Technical Assistance Provider |
| <input type="checkbox"/> Direct Service Staff | <input type="checkbox"/> Research | <input type="checkbox"/> Other _____ |

Cultural Diversity Experience

Your Ethnicity/Race: African American Asian Caucasian Hispanic
 Native American Other : _____

Languages other than English in which you are fluent: Spanish Other: _____

Predominant Ethnicity of the Children you Serve:

1.	3.
2.	4.

Children and Families Served by Your Agency

Please check **all** that apply

Children and families with:	Prenatal up to Age 3	Age 3 to 5	Age 6 and up
Relationship, attachment, and/or mental health issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavioral issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prenatal exposure to substances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care placements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abuse and neglect issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special health care needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developmental disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Typical development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Family Support and Mental Health Services Offered by Your Agency

Check **all** that apply

- Parent education
- Parent-child groups
- Mental health screening
- Assessment and evaluation
- Mental health referral
- Individual child therapy
- Infant/toddler & parent psychotherapy
- Parent/child guided interaction
- Child play groups
- Therapeutic nursery school
- Family Therapy
- Parent Support Groups
- Consultation to child care, schools, pediatricians, early intervention programs
- Referral for supportive services
- Clinical supervision of staff
- Case management/coordination
- Other _____
- None

Community Interests and Activities

Please indicate which of the following are true for you:

- I am interested in learning more about opportunities to participate in the promotion of infant-family and early mental health and the development of integrated services.
- I am a member of an **infant-family and early mental health services** committee called _____
- I am a member of one or more **interagency committees or groups** supporting the interests of children ages birth to five and their families.
- I am involved in other local California Children and Families Commission (Proposition 10) funded projects.
- I am affiliated with a college/university and am interested in developing coursework that focuses on or includes infant-family and early mental health.
- I have considerable experience and expertise in infant family and early mental health and may be interested in serving as a resource for training or supervision in an IPFMHI related project or activity.(Please describe your expertise and experience: _____)

Interest, Knowledge, and Experience

Please rate your current interest, knowledge or experience in each of the following areas:

	Not Applicable	None	Very Little	Some	Considerable	Very High Level
	0	1	2	3	4	5
1. Interest in and support of the development of an integrated collaborative system of care for children ages birth to five and their families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Awareness of infant-family and early mental health concepts and relationship-based approaches to services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Knowledge and understanding of the continuum of promotion, preventive intervention and mental health treatment services <u>for children ages 0 to 3</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Knowledge and understanding of the continuum of promotion, preventive intervention and mental health treatment services <u>for children ages 3 to 5</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Knowledge and skills in the application of infant-family and early mental health concepts and relationship-based approaches to services <u>for children ages 0 to 3</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Knowledge and skills in the application of infant-family and early mental health concepts and relationship-based approaches to services <u>for children ages 3 to 5</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Knowledge and skills in the provision of mental health treatment services <u>for children ages 0 to 3</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Knowledge and skills in the provision of mental health treatment services <u>for children ages 3 to 5</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Training and experience in receiving supportive/reflective supervision in your work with families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Training and experience in providing supportive/reflective supervision to staff providing services to children and families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Experience and training in collaborating with mental health professionals to provide services to children and families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Experience and training in collaborating with community family service providers (non-mental health) to provide services to children and families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

APPENDIX B

Training/Activity Evaluation

Infant, Preschool and Family Mental Health Initiative

Activity or Training: _____ Location: _____ Date: _____

In order to understand the impact of the activities sponsored by California's Infant, Preschool and Family Mental Health Initiative, we ask that you complete this brief survey. Please return completed surveys at the end of the training/activity or send them directly to the evaluation team: WestEd/CIPFMHI, 429 J Street, Sacramento CA 95814. Fax (916) 492-4002. Thank you!

Profession/Background

Please check **all** applicable descriptions

- | | | |
|--|---|--|
| <input type="checkbox"/> Audiologist | <input type="checkbox"/> Licensed Clinical Psychologist | <input type="checkbox"/> Pediatrician |
| <input type="checkbox"/> Child Psychiatrist | <input type="checkbox"/> Marriage Family Therapist (MFT) | <input type="checkbox"/> Physical Therapist (PT) |
| <input type="checkbox"/> Child Development Specialist | <input type="checkbox"/> Social Worker | <input type="checkbox"/> Teacher/Educator |
| <input type="checkbox"/> Developmental Psychologist | <input type="checkbox"/> Nurse | <input type="checkbox"/> School Psychologist |
| <input type="checkbox"/> Early Childhood Educator/Childcare Provider | <input type="checkbox"/> Nutritionist | <input type="checkbox"/> Speech/Language Specialist |
| <input type="checkbox"/> Early Childhood Special Educator | <input type="checkbox"/> Occupational Therapist (OTR) | <input type="checkbox"/> Student _____ |
| <input type="checkbox"/> Family Support Worker | <input type="checkbox"/> Paraprofessional | <input type="checkbox"/> Unlicensed Master/Doctoral Level Psych. |
| <input type="checkbox"/> Licensed Clinical Social Worker (LCSW) | <input type="checkbox"/> Parent of Child w/ Special Needs | <input type="checkbox"/> Other _____ |

Employment Setting

Please check **one**

- | | | |
|---|---|---|
| <input type="checkbox"/> Child Welfare/Foster Care | <input type="checkbox"/> Education Agency/System | <input type="checkbox"/> Social Services/Community Agency |
| <input type="checkbox"/> Childcare/Early Care <u>Home-based</u> | <input type="checkbox"/> Primary Health Care | <input type="checkbox"/> Training/Technical Assistance Agency |
| <input type="checkbox"/> Childcare/Early Care <u>Center-based</u> | <input type="checkbox"/> Hospital | <input type="checkbox"/> Private Practice Consulting |
| <input type="checkbox"/> College/University | <input type="checkbox"/> Judicial System | <input type="checkbox"/> Other Type of Agency/System |
| <input type="checkbox"/> Developmental Disabilities Agency/System | <input type="checkbox"/> Mental Health Agency/System | <input type="checkbox"/> |
| <input type="checkbox"/> Early Care and Education Agency/System | <input type="checkbox"/> Family Support Agency/Organization | <input type="checkbox"/> |

Training/Activity Evaluation

Please circle the number that indicates your rating

Please rate the value of today's training/activity in the following areas:		Low ----- Moderate ----- High				
		1	2	3	4	5
1.	Relevance of training/activity topic to your work					
2.	Usefulness of specific tools, techniques, or strategies for your work					
3.	Expansion of your knowledge or skills					
4.	Improved confidence in capacity to do your work					
5.	Served as an opportunity for networking and strengthening relationships					
6.	Provided useful, well organized materials and handouts					
7.	Trainer/facilitator's ability to engage and communicate with the audience					
8.	Promoted your interest in attending other trainings offered by this trainer					
9.	Has prompted you to plan to share what you've learned with others					
10.	Overall value of this training/activity to your work					
11.	How will you apply your experience from this training/activity to your work?					
12.	Additional comments:					

APPENDIX C

IPFMHI Survey

California's Infant, Preschool & Family Mental Health Initiative (IPFMHI) is a special project funded by the First 5 California Children and Families Commission under the leadership of the California Department of Mental Health and coordinated by the WestEd Center for Prevention and Early Intervention.

IPFMHI has strived to increase state- and county-level capacity to provide coordinated, high quality early mental health and relationship-based services for very young children and their families over the past two years.

As we conclude this phase of the project, we are seeking input from individuals who participated in one or more areas of the Initiative. Whether you attended one training, or were a part of your county's leadership team, your input is valuable and will assist IPFMHI staff in determining the impact the Initiative has had on you, your agency and your community.

The estimated time to complete this survey is 15 minutes. We truly appreciate your involvement!

Contact Information

Name: _____ County: _____

1. Which of the following best describes your work?

- Direct Service Provider (work directly with children and/or families)
- Administrator/Supervisor (work primarily with staff and/or colleagues)
- Other (all others, e.g., consultants, faculty, researchers, students)

2. Which of the following best describes you as a participant in the Initiative?

- Participant from a **mental health profession and/or agency**
- Participant from **other agency or organization** (non-mental health)

Involvement

3. In which of the following IPFMHI-sponsored or IPFMHI-related **activities** were you involved?

- | | | | | |
|---------------------|------------------------------|-----------------------------|-------------------------------|------------------------------|
| Trainings | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Learning labs | <input type="checkbox"/> Yes |
| | <input type="checkbox"/> No | | | |
| Ongoing supervision | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Statewide/All County meetings | <input type="checkbox"/> Yes |
| | <input type="checkbox"/> No | | | |
| Case consultation | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Local meetings & committees | <input type="checkbox"/> Yes |
| | <input type="checkbox"/> No | | | |
| Seminars | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Other | <input type="checkbox"/> Yes |
| | <input type="checkbox"/> No | | | |

4. Since July 1, 2001, how many IPFMHI-sponsored or IPFMHI-related **trainings** have you attended?

- None
 1
 2-5
 6-10
 11+
 Not applicable

Overall Impact

5. Has **awareness** of relationship-based infant-family and early mental health issues **increased** over the past two years...

- | | | | | |
|-----------------------------|------------------------------------|-------------------------------------|--|---------------------------------|
| For <u>you</u> ? | <input type="checkbox"/> Minimally | <input type="checkbox"/> Moderately | <input type="checkbox"/> Significantly | <input type="checkbox"/> Unsure |
| For your <u>agency</u> ? | <input type="checkbox"/> Minimally | <input type="checkbox"/> Moderately | <input type="checkbox"/> Significantly | <input type="checkbox"/> Unsure |
| For your <u>community</u> ? | <input type="checkbox"/> Minimally | <input type="checkbox"/> Moderately | <input type="checkbox"/> Significantly | <input type="checkbox"/> Unsure |

6. Have **resources and supports** associated with relationship-based infant-family and early mental health service delivery **increased** over the past two years...

- | | | | | |
|-----------------------------|------------------------------------|-------------------------------------|--|---------------------------------|
| For <u>you</u> ? | <input type="checkbox"/> Minimally | <input type="checkbox"/> Moderately | <input type="checkbox"/> Significantly | <input type="checkbox"/> Unsure |
| For your <u>agency</u> ? | <input type="checkbox"/> Minimally | <input type="checkbox"/> Moderately | <input type="checkbox"/> Significantly | <input type="checkbox"/> Unsure |
| For your <u>community</u> ? | <input type="checkbox"/> Minimally | <input type="checkbox"/> Moderately | <input type="checkbox"/> Significantly | <input type="checkbox"/> Unsure |

7. To what extent has training and other activities **increased knowledge and expertise** in relationship-based infant-family and early mental health approaches?

- | | | | | |
|-----------------------------|------------------------------------|-------------------------------------|--|---------------------------------|
| For <u>you</u> : | <input type="checkbox"/> Minimally | <input type="checkbox"/> Moderately | <input type="checkbox"/> Significantly | <input type="checkbox"/> Unsure |
| For your <u>agency</u> : | <input type="checkbox"/> Minimally | <input type="checkbox"/> Moderately | <input type="checkbox"/> Significantly | <input type="checkbox"/> Unsure |
| For your <u>community</u> : | <input type="checkbox"/> Minimally | <input type="checkbox"/> Moderately | <input type="checkbox"/> Significantly | <input type="checkbox"/> Unsure |

8. To what extent has the **demand** for relationship-based infant-family and early mental health services **increased**...

- | | | | | |
|-------------------------------|------------------------------------|-------------------------------------|--|---------------------------------|
| For <u>you in your work</u> ? | <input type="checkbox"/> Minimally | <input type="checkbox"/> Moderately | <input type="checkbox"/> Significantly | <input type="checkbox"/> Unsure |
| At your <u>agency</u> ? | <input type="checkbox"/> Minimally | <input type="checkbox"/> Moderately | <input type="checkbox"/> Significantly | <input type="checkbox"/> Unsure |
| In your <u>community</u> ? | <input type="checkbox"/> Minimally | <input type="checkbox"/> Moderately | <input type="checkbox"/> Significantly | <input type="checkbox"/> Unsure |

Impact on Service Delivery

To what **extent has the following occurred in your community** over the past two years:

	Unsure/ not applicable	Minimally	Moderately	Significantly
9. Increased linkages and interagency/interdisciplinary collaboration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Increased infusion of relationship-based interventions and infant-family and early mental health approaches into community services for very young children and their families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Increased the availability of trained mental health professionals to provide services to very young children and their families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Increased the number of very young children and families served	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Increased the relationship-based and early mental health services available to very young children and families in need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Established and/or expanded integrated service delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Increased the use of screening and assessment tools and processes to identify parent-child relationships and the child's development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Increased identification and utilization of new billing mechanisms and funding resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Impact of Trainings and Activities >>>Mental Health ONLY (see Question 2)

To what extent has **training, supervision and consultation** provided in your county...

	Unsure/ Not applicable	Not at all	Minimally	Moderately	Significantly
17. Increased awareness of other resources and services for very young children and their families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Increased awareness of approaches to working with very young children and their families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Prepared mental health providers to provide consultation and/or direct services for very young children and their families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Increased capacity of mental health-based programs and agencies to serve very young children and their families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Increased the availability of supervision and support for mental health providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Prepared mental health providers to collaborate with early childhood and early intervention service providers and agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Impact of Trainings and Activities >>>'Other' ONLY (see Question 2)

To what extent has **training, supervision and consultation** provided in your county...

	Unsure/ Not applicable	Not at all	Minimally	Moderately	Significantly
17. Increased awareness of relationship-based infant-family and early mental health resources and services for very young children and their families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Prepared providers to implement relationship-based infant-family and early mental health concepts and approaches to services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Increased ability to identify very young children and families in need of relationship-based infant-family and early mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Increased ability to use relationship-based infant-family and early mental health concepts and relationship-based approaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Prepared providers to collaborate with mental health professionals and agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Community Need

Please indicate the **extent of your community's continuing need** for each of the following:

Services/Resources

- 23. Mental health services to very young children and their families
- 24. Mental health consultation services to communities and programs
- 25. Interdisciplinary providers able to incorporate relationship-based and early mental health skills in their practice
- 26. Opportunities for interagency/interdisciplinary case conferences and consultation

Unsur e	Not needed	Minimal	Moderate	Significant
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Training

- 27. Training for mental health providers to work with very young children and their families
- 28. Training on early emotional and social development and relationship-based practices for multiple disciplines and agencies
- 29. Individualized and/or small-group consultation and supervision for mental health providers
- 30. Individualized and/or small-group consultation and supervision for interagency/interdisciplinary providers

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Technical Assistance

- 31. Assistance in data collection, evidence-based practice and evaluation activities
- 32. Assistance in developing and promoting interagency and interdisciplinary collaboration
- 33. Assistance in further developing integrated service delivery, including utilizing funding resources
- 34. Assistance in partnering with family resource centers and other parent support organizations
- 35. Assistance in coordinating with local First 5 Commissions and school readiness sites

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Closing Notes

35. Please briefly describe what you consider to be one of the **most important impacts** of the Initiative...

On **you**? _____

On your **agency**? _____

On your **community**? _____

If you have questions regarding this survey, please email Stacey Powell at staceyjpowell@msn.com or
Sheila Wolfe at swolfe@wested.org.

Thank you for taking the time to complete this survey!