

*129th Legislature*  
*Senate of*  
*Maine*  
*Senate District 25*

*Senator Cathy Breen*  
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**MEMORANDUM**

**TO:** Senator Ned Claxton, Chair  
Representative Michelle Meyer, Chair  
Joint Standing Committee on Health & Human Services

**FROM:** Senator Cathy Breen

**DATE:** March 30, 2021

**RE:** LD 533, An Act to Expand Statewide Voluntary Early Childhood Mental Health Consultation Program

Thank you for the opportunity to present LD533. This bill is a concept draft that will help expand and improve an innovative program enacted by the 129th Legislature.

**Background**

1. Legislation from the 129th Legislature directed DHHS/OCFS to start five Early Childhood Mental Health Consultation pilot programs throughout Maine (see attached statute).
2. Due to COVID19, the pilot programs did not get off the ground until November 2020 (see attached letter)
3. As a result, the data collection and evaluation of the pilot programs will be later than anticipated in the 2019 legislation.
4. Robust evaluation will be essential to inform OCFS in the transition from pilot programs to statewide implementation.
5. This concept draft will provide OCFS, the HHS Committee and myself with a vehicle to amend the statute to reflect program improvements stemming from the pilot program evaluation.

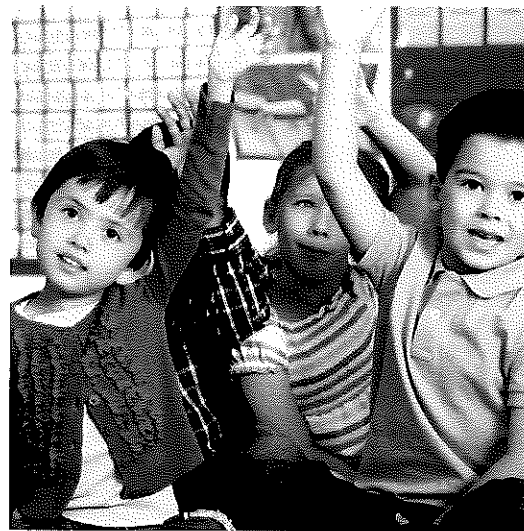
**Request**

I would appreciate your keeping LD533 in your committee's possession for the remainder of this First Regular Session, First Special Session of the 130th Legislature and into the Second Regular Session. It would be on your list of "carry over requests" just before we adjourn in June, 2021.

**Attachments:**

- Report and recommendations of the stakeholder group
- Statute passed in the 129th
- Correspondence from OCFS
- Recent announcement about expanding pilot program sites

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# Maine Social and Emotional Learning & Development Project

REPORT TO THE JOINT STANDING COMMITTEE ON EDUCATION & CULTURAL AFFAIRS OF THE MAINE LEGISLATURE



This work would not be possible without the following people and organizations:

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with Disabilities

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Formerly Caring Community Collaborative

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Penquis - CAP

LARRY SCHOOLEY,  
Formerly Child Development Services

We would like to thank the extreme generosity of our funders who have made this project possible:

ALLIANCE FOR EARLY SUCCESS

BETTERMENT FOUNDATION

MAINE HEALTH ACCESS FOUNDATION

MAINE COMMUNITY FOUNDATION

ANNIE E. CASEY FOUNDATION

## MAINE SOCIAL AND EMOTIONAL LEARNING & DEVELOPMENT PROJECT

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### THANK YOU

The Maine Children's Growth Council and the Maine Children's Alliance would like to recognize the dedicated and comprehensive work of our national partners at the Ounce of Prevention Fund, the National Center for Children in Poverty, and ZERO TO THREE.

For over the past year, these national groups have worked with experts and stakeholders in Maine to help move Maine's Social Emotional Learning and Development project forward. Their expertise and commitment have been essential.

We would also like to thank Carole Martin for her facilitation and guidance during this project and the staff of the Maine Children's Alliance.

## Executive Summary

Maine's children are the foundation of our future prosperity. With appropriate preparation, today's children will come of age ready to participate successfully in society. The need for public support of young children's cognitive skill development has been long established, but public policies have not kept pace with research from developmental science that shows how critical social-emotional skill development is to academic success.

The science is clear that the brain is an integrated organ. Cognitive and social-emotional skills develop together—they are neither learned nor used in isolation.

The brain's architecture is shaped during a child's early years, establishing a sturdy or shaky foundation for all of the learning and development that follows. Efforts to support the development of both cognitive *and* social-emotional skills deserve more attention in the design and functioning of early care and education programs.

Research is also clear that when early childhood programs emphasize both academic and social-emotional skills, these programs see a range of positive outcomes including reductions in children's problem behaviors, improved classroom climate, and reduced teacher stress.

The Maine Legislature's Joint Standing Committee on Education and Cultural Affairs commissioned this report because of concerns that a high number of very young children across Maine are being suspended or expelled from early care and education settings, including preschools, child care centers, family child care homes, and Head Starts. One study of state prekindergarten programs (Gilliam, W.S. 2005) showed that Maine has one of the highest expulsion rates in the country.

This report examines what is happening in Maine, what child care providers and teachers are experiencing in their child care homes and classrooms, and what we can do to address the concerns that young children in Maine are not consistently receiving the support they need to develop *all* the skills they need to be able to start school on time and succeed academically.

Here is a summary of the recommendations from the Social and Emotional Learning and Development Project's Ad Hoc Committee. The Committee's highest priority is the first recommendation listed next.

### EXAMPLES OF SOCIAL-EMOTIONAL SKILLS

- › Collaboration
- › Communication
- › Emotional Management
- › Interpersonal Skills
- › Persistence

## SUMMARY OF OUR RECOMMENDATIONS

1. Implement a state-wide **Early Childhood Consultation program**. Early Childhood Consultation is a free, voluntary service in which mental health professionals who also have early childhood expertise help teachers collaborate with parents to promote children's social and emotional skill development and manage challenging behaviors. Our goal is to begin work on a pilot program in September 2017 that would include an evaluation of the pilot. After the evaluation of the pilot program, we plan to roll out the service to five counties in FY 2018, an additional six counties in FY2019, and the remaining five counties in FY 2020.

Early Childhood Consultation has demonstrated improvements in teacher-child interaction and classroom climate, reductions in young children's problem behavior and increases in their social skills, prevention of expulsion, less work missed by families and lower parenting stress, and decreases in teachers' stress and rates of turnover.

2. Create a partnership with the Technical Assistance Center on Social-Emotional Intervention (TACSEI) in order to expand our state's capacity for **professional development**.
3. Leverage and coordinate federal, state, and local funding for **parent engagement**.
4. Develop and implement consistent **screening and assessment** tools for three-to-five-year-olds, using the same process the Developmental Screening Initiative used to implement screening and assessment for zero-to-three-year-olds.
5. Establish the *Help Me Grow (HMG)* system in Maine. *HMG* is a systems-level initiative that connects early learning providers, health care providers, and child-serving state and local agencies to help families find medical homes and access timely developmental screening and assessment for their young children. Maine Quality Counts for Kids has already completed the planning to bring *HMG* to Maine.
6. Develop voluntary guidelines for suspension and expulsion that rely on evidenced-based practices for use by early childhood programs.

## RECOMMENDATIONS FOR FUTURE IMPLEMENTATION

There are some goals that we cannot make meaningful progress toward until a statewide Early Childhood Mental Health Consultation program is in place. These are:

7. Develop model policies and procedures for all licensed early care and education programs to limit the use of involuntary withdrawal of children in early childhood education programs.
8. Develop policies and procedures to limit suspension and expulsion for all publicly-funded early care and education settings.

## STATE OF MAINE

IN THE YEAR OF OUR LORD  
TWO THOUSAND NINETEEN

S.P. 287 - L.D. 997

An Act To Promote Social and Emotional Learning and Development for  
Young Children

Be it enacted by the People of the State of Maine as follows:

Sec. 1. 34-B MRSA c. 15, sub-c. 2 is enacted to read:

SUBCHAPTER 2EARLY CHILDHOOD CONSULTATION PROGRAM§15011. Statewide voluntary early childhood consultation program

Beginning September 1, 2020, the commissioner shall implement a statewide voluntary early childhood consultation program to provide support, guidance and training to improve the abilities and skills of early care and education teachers and providers working in public elementary schools, child care facilities as defined in Title 22, section 8301-A, subsection 1-A, paragraph B, family child care settings and Head Start programs serving infants and children who are 8 years of age or younger who are experiencing challenging behaviors that put the infants or children at risk of learning difficulties and removal from early learning and education settings, and to improve the abilities and skills of families and foster parents with infants or children who are 8 years of age or younger in the home who are experiencing challenging behaviors that put the infants or children at risk of learning difficulties and removal from early learning and education settings. Any record about a child created as a result of a consultation under this section must be made available to the parents or guardians of that child and may not become part of that child's education record. Fifty percent of the costs related to the program implemented under this section must be paid from funds provided to the department under the federal child and development block grant authorized under the federal Child Care and Development Block Grant Act of 1990.

**Sec. 2. Maine Revised Statutes headnote enacted; revision clause.** In the Maine Revised Statutes, Title 34-B, chapter 15, after the chapter headnote, the headnote



"subchapter 1, children's mental health program" is enacted and the Revisor of Statutes shall implement this revision when updating, publishing or republishing the statutes.

**Sec. 3. Early childhood consultation program.** By September 1, 2020, the Department of Health and Human Services shall develop, establish and implement an early childhood consultation program under the Maine Revised Statutes, Title 34-B, chapter 15, subchapter 2, referred to in this section as "the program," to enable trained consultants with expertise in the areas of early childhood development and mental health to work on-site with early care and education teachers and providers working with children to aid them in the use of low-cost or no-cost evidence-based strategies that reduce challenging behaviors in children and promote social-emotional growth; to provide guidance to parents about effective ways to address their children's behavioral difficulties; and to connect children and families to programs, resources and supports that will assist them in their development and success, while addressing barriers to accessing these resources and supports. The department shall design the program in consultation with the national Center of Excellence for Infant and Early Childhood Mental Health Consultation, a project funded by the United States Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, the Children's Cabinet established in Title 5, chapter 439 and key stakeholders in the State, including mental health professionals delivering mental health consultation within the State. In developing the program, the department shall:

1. Develop standards and guidelines to ensure that the program is implemented with primary consideration given to the core elements of evidence-based services as adapted for the State's unique rural character. The guidelines must include effective strengths-based strategies and plans that support children's success across learning environments. The standards must include knowledge of research-informed infant and early childhood mental health practices, family circumstances that affect children's behavior and mental health, developmental science and milestones, mental health, trauma-informed approaches, adverse childhood experiences, sensory processing issues, poverty, disability and community supports, resources and services available to a child and the child's family to alleviate family stress;

2. Explore enhancing cross-sector professional development capacity in the State through partnerships with entities such as the national Center of Excellence for Infant and Early Childhood Mental Health Consultation;

3. Develop and implement a plan for consultants to provide individualized on-site coaching as requested by teachers, caregivers and families. The plan may include professional development in the form of group training and communities of practice that include professionals, such as home visitors or child welfare staff, who work with young children and families. The plan must reinforce and extend the supports provided by early childhood mental health consultants to people providing professional development in early childhood and public school settings;

4. Develop a system for collecting and analyzing implementation data and selected outcomes to identify areas for improvement, promote accountability and provide continuous quality improvement and service delivery to improve child outcomes by

providing feedback, including feedback from department staff and community consultation staff. Data collected must include specific data related to age, gender, race and disability;

5. Develop and implement a plan for establishing, training and certifying a roster of community-based qualified mental health consultants with the specialized knowledge, skills and experience to effectively coach families, teachers, providers and program directors to promote a child's social and emotional health and reduce challenging behaviors. Early childhood consultants must be mental health professionals licensed under the Maine Revised Statutes, Title 32, section 3831, subsection 2; section 7053, subsection 1, paragraph A; or section 13858, subsection 2 or 3. The training must include training related to the following: trauma; adverse childhood experiences; resilience; trauma-informed practices; child development from birth to 8 years of age including appropriate developmental and behavioral expectations; effects of substance use; sensory processing issues; needs of children with disabilities, including special education law; the State's child protection and foster care system; other disciplines such as occupational therapy, speech therapy, physical therapy and mental health therapy; and public and private supports and services, including the Women, Infants and Children Special Supplemental Food Program of the federal Child Nutrition Act of 1966; the Child Development Services System under Title 20-A, section 7209; the divisions within the Department of Health and Human Services concerned with children's behavioral health services; case management; and entitlement programs. Consultants must also receive training that is regionally appropriate to understand the programs, resources and supports in their region or community in order to link children, families and professionals to them. The training must also include training in cultural competence to ensure consultants understand the needs of the ethnically diverse communities they may be serving and how to form relationships to provide the unique services needed to support those populations;

6. Develop and implement a plan for supervision of early childhood consultation and outreach staff that includes administrative, clinical and reflective supervision; and

7. Develop and implement a plan in conjunction with staff from the Child Development Services System under the Maine Revised Statutes, Title 20-A, section 7209 for how early childhood consultants can support children, families and staff who intersect with the Child Development Services System, particularly as the plan relates to children who are referred for behavior issues.

**Sec. 4. Early implementation.** The Department of Health and Human Services shall provide support, guidance and training under the Maine Revised Statutes, Title 34-B, chapter 15, subchapter 2 in 5 locations prior to implementation of the statewide voluntary early childhood consultation program in Title 34-B, chapter 15, subchapter 2.

**Sec. 5. Report.** The Department of Health and Human Services shall submit a report by January 1, 2021 to the joint standing committee of the Legislature having jurisdiction over health and human services matters regarding the status of the statewide voluntary early childhood consultation program in the Maine Revised Statutes, Title 34-B, chapter 15, subchapter 2 and the program's ability to provide support and guidance to families, early care and education teachers and providers working with children. The

joint standing committee may submit legislation related to the report to the First Regular Session of the 130th Legislature.

**Sec. 6. Appropriations and allocations.** The following appropriations and allocations are made.

**HEALTH AND HUMAN SERVICES, DEPARTMENT OF**

**Early Childhood Consultation Program N323**

Initiative: Allocates funds necessary to design and implement a statewide voluntary early childhood consultation program beginning September 1, 2020.

<b>FEDERAL BLOCK GRANT FUND</b>	<b>2019-20</b>	<b>2020-21</b>
All Other	\$424,040	\$440,341
<b>FEDERAL BLOCK GRANT FUND TOTAL</b>	<b>\$424,040</b>	<b>\$440,341</b>

**Early Childhood Consultation Program N323**

Initiative: Provides ongoing funds for one Regional Education Representative position and one Office Associate II position and related All Other funding necessary to design and implement a statewide voluntary early childhood consultation program beginning September 1, 2020.

<b>GENERAL FUND</b>	<b>2019-20</b>	<b>2020-21</b>
POSITIONS - LEGISLATIVE COUNT	2.000	2.000
Personal Services	\$109,446	\$182,876
All Other	\$314,594	\$257,465
<b>GENERAL FUND TOTAL</b>	<b>\$424,040</b>	<b>\$440,341</b>

**HEALTH AND HUMAN SERVICES,  
DEPARTMENT OF  
DEPARTMENT TOTALS**

	<b>2019-20</b>	<b>2020-21</b>
<b>GENERAL FUND</b>	<b>\$424,040</b>	<b>\$440,341</b>
<b>FEDERAL BLOCK GRANT FUND</b>	<b>\$424,040</b>	<b>\$440,341</b>
<b>DEPARTMENT TOTAL - ALL FUNDS</b>	<b>\$848,080</b>	<b>\$880,682</b>

Janet T. Mills  
Governor

Jeanne M. Lambrew, Ph.D.  
Commissioner



Maine Department of Health and Human Services  
Child and Family Services  
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Augusta, Maine 04333-0011  
Tel.: (207) 624-7900; Toll Free: (877) 680-5866  
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October 8, 2020

Senator Geoff Gratwick, Chair  
Representative Patty Hymanson, Chair  
Members, Joint Standing Committee on Health and Human Services  
100 State House Station  
Augusta, ME 04333-0100

Re: Report to the Health and Human Services Committee pursuant to PL 2019, Ch. 481 (LD 997) *An Act To Promote Social and Emotional Learning and Development for Young Children*

Dear Senator Gratwick, Representative Hymanson, and Members of the Joint Standing Committee on Health and Human Services:

Due to some important updates on the implementation of this law, the Office of Child and Family Services (OCFS) is writing to apprise you of developments related to this law and submitting this report ahead of its legislative due date in January 2021.

LD 997 was passed in June 2019 during the First Regular Session of the 129th Legislature and became effective 90 days from the close of the First Session (September 17, 2019). The law involves the implementation, in five pilot sites, of an early childhood consultation program to provide support, guidance, and training to improve the professional skills of child care and elementary school staff working with children who have challenging behaviors that may put them at risk of learning difficulties or expulsion. The consultation program also involves efforts to support families and foster families of children who are experiencing challenging behaviors. LD 997 directed that the consultation program utilize trained consultants to provide low-cost or no-cost evidence-based strategies to reduce challenging behaviors and promote social-emotional growth, as well as connecting children and families to resources and supports to assist in child development and success.

OCFS' efforts to implement an early childhood consultation pilot program have involved hiring of staff, selection of the program's model, the process of developing and completing a request for proposals (RFP) for the service model selected, stakeholder engagement and other general implementation efforts. The program has come to be known as the Maine Early Childhood Consultation Program (MECCP).

In the fall of 2019, OCFS began work with Human Resources to draft a Functional Job Analysis (FJA) for two of the new positions allocated as part of LD 997. Hiring for these new positions has taken more time than planned due to unforeseen challenges. OCFS posted the Project Manager position in June 2020. Unfortunately, there were only two applicants. The position was re-posted to ensure hiring of an individual who had the qualifications and experience for successful program implementation. After the second posting, OCFS was able to hire a qualified

candidate, Amy Beaulieu, who began work in mid-August. Amy is an LCSW and has over fifteen years of clinical and program development experience. She has worked as a clinician in various child and family-focused settings, including home and community-based treatment, schools, and treatment foster care. Amy has training in Early Childhood Mental Health Consultation through the University of Maine and experience providing on-site consultation in schools and early learning settings. Beaulieu also has a background in project management as she previously worked with the Cutler Institute at the Muskie School of Public Service to coordinate projects on evidence-based practices in children's behavioral health.

Over the past year, OCFS has been collaborating with stakeholders to study and select a model for use in Maine. This included meetings in September 2019 with the Community Caring Collaborative, Maine Roads to Quality, and the Center for Excellence at Georgetown to discuss the national landscape and models being used across the nation. In December 2019, OCFS connected with the developers of Connecticut's Early Childhood Consultation Partnership (ECCP) model. Additionally, OCFS met with Colorado representatives to learn about models implemented in that state, and with New York to discuss their pilot of the Connecticut ECCP model. OCFS' efforts to research models led to a desire to pursue more information regarding the Connecticut ECCP model.

In the Spring of 2020, OCFS met with Dr. Walter Gilliam to discuss his evaluation of the Connecticut model, gather his recommendations towards implementing the model with fidelity, and discuss the possibility of an evaluation of the MECCP in the future. In March 2020, OCFS finalized its decision to pursue the Connecticut ECCP model for Maine as it is the only model that is considered evidence-based at this time. OCFS then met with the Office of MaineCare Services and Child Development Services to orient them to this model. In collaboration with MaineCare, OCFS has also researched if/how this type of consultation program is being funded through Medicaid nationally as this funding would provide significant federal match for these services. It was determined that Medicaid funds are not currently being accessed for this purpose. OCFS and MaineCare continue to collaborate on the possibility of utilizing Medicaid funding for the MECCP in the future.

The selection of the Connecticut ECCP Model resulted in two sole-source contracts to assist with implementation. The first with the developer of Connecticut's model and the second with the owner of the model to coordinate the purchase and associated technology and materials. The development of the RFP for this service was heavily dependent on efforts to select the model Maine wished to pursue. Simultaneous to the model selection efforts, OCFS was also gathering child welfare, child development services (CDS), and children's behavioral health services data in order to establish the pilot site locations. These efforts resulted in Cumberland, Androscoggin, Aroostook, Penobscot, and Kennebec counties being selected as the five pilot sites for MECCP. Once the model for the program was selected, OCFS worked with the ECCP experts (including the developer of the model) to draft an RFP for the service. A draft of the RFP was completed in May and OCFS has been collaborating closely with the Department's Division of Contract Management (DCM) in order to finalize and publish the RFP. Unfortunately, the RFP finalization process took much longer than anticipated as a result of contracting delays caused by a significant increase in contracts aimed at addressing COVID-19 needs. In August, the Department agreed on an ambitious 9/1/2020 contract start date, but that date has since been

pushed back to no sooner than 11/1/2020. OCFS continues to work diligently with DCM and push for the soonest possible start date.

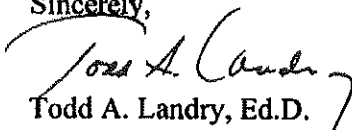
Other efforts related to implementation of the MECCP have been ongoing since the fall of 2019. These include the Department's collaboration with the Department of Education to draft and submit the Preschool Development Grant (PDG) application (unfortunately Maine was not awarded the grant), the shifting of Mental Health Block Grant and Child Care Development Block Grant funding (over what was allocated as part of the passage of LD 997) to fund the purchase of the evidence-based model and implementation of the five pilot sites, the development of an implementation action plan and regular meetings to monitor progress, and continued meetings with a small group of early childhood education stakeholders to orient them to the Connecticut model.

In the last month, OCFS worked collaboratively with the Maine Department of Education to discuss possible grant funding for the expansion of the MECCP beyond the five pilot sites. Although the RFP is still in progress, OCFS has begun working with Maine Roads to Quality and the model developer and owner to plan for implementation (including the referral process, training, integration into the early childhood education system, etc.). The hope is to have the MECCP up and running as soon as possible after the contract is awarded and these simultaneous efforts have been pursued with that goal in mind.

In the coming months, OCFS anticipates completing the RFP process, awarding a contract, and monitoring the hiring of each pilot site's consultant by the Awarded Bidder. OCFS has developed a plan to hasten implementation by engaging with Head Start providers. OCFS' goal is to have all consultants hired and trained (in-person) on the ECCP model by the end of December 2020. Due to delays in the procurement process and other delays related to the State's response to COVID-19, this date is later than anticipated, but OCFS continues to do everything possible to prepare for implementation and ensure MECCP can be up and running as soon as possible after the contract is awarded.

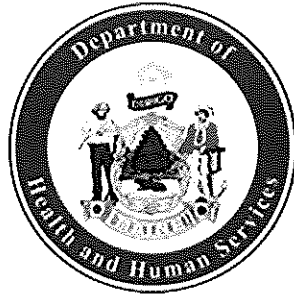
OCFS' efforts towards implementation of the MECCP have been extensive. The selection of the model took careful consideration and exploration, as well as the navigation of national and local relationships, including input from stakeholders whose buy-in is critically important to the success of these pilots. This pioneering program takes a great deal of effort to implement in a manner that ensures successful outcomes for children, families, and providers. OCFS remains committed to implementation of a successful pilot that may ultimately lead to Maine being the first state in the nation to implement an early childhood consultation program statewide.

Sincerely,



Todd A. Landry, Ed.D.

Director, Office of Child and Family Services



## **Early childhood mental health consultation expansion**

*Maine Department of Health & Human Services sent this bulletin at 03/11/2021 12:17 PM EST*

OCFS will be expanding its early childhood mental health consultation pilot program to three additional areas of the state in 2021. These areas are: Franklin/Oxford county, Hancock/Washington county, and York county. OCFS would like to draw your attention to the newly published Request For Proposals for providers interested in bidding to provide this service. Further details may be found [here](#).

Please direct questions regarding the RFP to the RFP  
Coordinator: [Thomas.Charette@maine.gov](mailto:Thomas.Charette@maine.gov).

Request for Proposals have been issued by the State of Maine under 5 M.R.S.A. Â§ 1825 A-E and Ch. 110 & 120 in 18-554 of the Code of Maine Rules  
(CMR): <https://www.maine.gov/dafs/bbm/procurementservices/Policies-Procedures>