

# **San Francisco's Early Childhood Mental Health Consultation Initiative (ECHMCI) Program Model**

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Since 1999, San Francisco has led the way in providing Early Childhood Mental Health Consultation services at city-designated ECE sites. This initiative, funded through multiple public agencies, has focused on providing high quality, evidence-informed consultation, early intervention, behavioral health treatment, and training services to early care and education staff, young children, and their families at DEC-designated licensed Preschool for All (PFA) and Early Learning Scholarship (ELS) Early Care and Education Center sites throughout San Francisco, DEC funded Family Resource Centers, residential outpatient substance abuse treatment programs, and domestic violence and family shelter sites.

Early Childhood Mental Health Consultation (or ECMHC) is a collaborative, adult-focused, preventative service aimed at increasing the capacity of early childhood educators and staff of other service settings engaging families with young children . Consultants with specialized knowledge of early childhood mental health are made available to ECE sites and other sites that can benefit from capacity-building around the social emotional needs of young children and their families.

To support quality implementation of MHC activities, the initiative includes the ECMHC Training Institute. This builds capacity among consultants, offering key training and professional education that benefits early childhood education sites. Examples of capacity-building activities encouraged for consultants range from training to use of evidence-based practices/frameworks to technical assistance and practice-based coaching.

## **Funding and Governance**

The Department of Early Childhood, Department of Children, Youth and their Families and the Department of Public Health provide \$4 million per year to fund the Early Childhood Mental Health Consultation Initiative.

Starting in FY25, DEC will assume oversight of the ECMHCI at the ECE and FRC service settings and DPH will continue oversight of the initiative at outpatient substance abuse treatment and domestic and family shelter settings. DEC and DPH will issue independent proposal applications to implement the new oversight arrangement.

## **Service populations**

While consultants include licensed and licensure-track mental health professionals, ECMHC services are not primarily a therapeutic intervention delivered to the child. In fact, the mental health consultant's primary role is to intervene with ECE professionals to address the social emotional needs of a classroom, a group of children, or a specific child (and their parent/caregiver, if appropriate).

EMCHCI consultants target services at three primary populations:

- Professional staff that work with young children, birth to 5, and/or their families at early care and education (ECE) and Family Resource Center (FRC) sites that are part of DEC’s Early Learning San Francisco provider network or Family Resource Center Initiative . Services are also provided to staff through partnerships with the SFUSD Early Education Department.
- Parents and caregivers with young children, ages birth to 5, who are served through the above sites, in order to support the emotional health and well-being of their children.
- Young children, birth to age 5, served by City-designated ECMHCI sites and who are assessed by ECMHCI consultants and/or developmental screening to have developmental/social-emotional health needs requiring early intervention and/or mental health treatment services.

## **Types of ECHM Consultation Services**

Consultation services exist in four categories: 1) Direct mental health consultation services, 2) Early Intervention Services, 3) Mental Health Treatment, and 4) Systems work. Typical scenarios for each kind of work are described in more detail in the “Scenario Workflow” section and below.

### **1. Direct Mental Health Consultation**

Sites can seek consultation and MHC recommend support when issues arise at an ECE or FRC site with staff, parents, and children. Mental Health Consultants work with staff, teachers, and directors at ECE and FRC sites to build internal capacities through trainings, workshops, consultation with staff or directors, supporting ASQ screenings, site observations, and linkage and referral services. Consultants may be called upon to address an issue impacting the site as a whole or at an individual child level, or a dynamic between a group of children, between a child and staff or among staff. At FRC settings, MHCs may partner with staff to co-implement activities, if a clinical perspective is needed. Further, MHCs can provide resources to help parents manage challenging behaviors directly.

### **2. Early Intervention Services**

Consultants serve as an important link for children who may need Early Intervention services. Consultants can identify children in need of EI services and support families and teaching staff with the development of care plans and linkage to external services for the child. Consultants may also provide push-in supports to children directly, providing therapeutic shadowing in the classroom to support the child in accessing the education available to them at the site. In implementing these services, consultants would collaborate with other support resources at the site.

### 3. Mental Health Treatment

While ECMH Consultation is explicitly not a therapeutic intervention, the program model recognizes that there may be times where mental health intervention is needed as linkage is made to longer-term supports. In such situations, Mental Health Consultants provide ad-hoc direct mental health intervention to sites for high-needs, acute, or crisis situations. These interventions may include individual or family/group counseling, staff counseling and always include resource linkage and referrals so that the child, family, or staff is connected to an appropriate resource to meet their needs.

### 4. Systems Work

Systems work involves explicit efforts by the Mental Health Consultants to build site and family capacity or to serve the broad community connected to a FRC or ECE site. Examples include site observation and rapport building, development and delivery of workshops or training for parents or site staff, interventions targeted at site policies or procedures, participation in multi-disciplinary team meetings, or providing services in response to a local crisis or tragedy impacting a site.

## DEC ECHMHI Service Populations and Settings

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In San Francisco, ECMHC services are provided in a range of settings, from Family Resource Centers to early education centers. Sites are allocated service hours based on a tiered system based on need. This change, first implemented in 2018, was in response to ever-increasing demand and static resources. Beginning in 2025, Family Child Care homes will pilot use of the California IECMHC Network/WestEd on-call program.

Center sites are assigned Mental Health Consultants through a prioritization process. Eligible sites have a high number of Early Learning Scholarship (ESL) or other subsidy-using enrollees. Sites located in prioritized neighborhoods are also prioritized for service. All FRCs are offered MHC support. Staff, children and families who are at supported sites are eligible for any consultation intervention deemed necessary by consultants and site staff. Mental Health Consultants are matched based on where sites are located at, language need, and participant population. Consultant agencies may assign a MHC to work with specific populations (i.e. Chinese-Cantonese speakers, Spanish speakers, FRC, or ECE) to achieve a linguistic and cultural match to staff and families. Not all ECE sites are assigned a MHC at this time.

### Specialty Settings

As of the 2025 funding cycle, DEC will only focus on ECE and FRC settings funded through DEC initiatives. ECE programming includes Early Learning San Francisco (ELSF) center-based in-network sites with priority given through this initiative to state-funded (CA Department of Education/Social Services or Title 5), SFUSD, and federally-funded Early Head/Head Start programs.

## Early Learning San Francisco (ELSF)

ELSF are considered “in-network” city-funded ECE sites that have voluntarily agreed to adhere to a set of quality standards and use evidence-based practices, including but not limited to child developmental screenings, documentation of child observation and assessment, classroom quality environment self-assessments, and site-based program quality improvement plans. Evidence-informed practices provide ELSF sites access to local training, instructional coaching, and technical assistance, aligned with the California Department of Education, Preschool Foundations and Frameworks, and other Key Early Education Resources.

ELSF sites receive enhanced funding from DEC to focus on specific-service populations that increase access to higher quality early learning programming for children furthest from these opportunities and prioritize families who may be experiencing homelessness, children at risk of abuse and neglect, or involved with the child welfare system, and children with identified special needs or disabilities. A hallmark of ELSF sites is an intentional approach to engage families and develop relationships with them that will foster children’s healthy development.

## Family Resource Centers (FRCs)

In 2023, twenty-six FRCs across San Francisco serve high priority neighborhoods and service populations, aiming to ensure parents and caregivers have the resources needed to support their children’s growth and development and ensure that children live in safe permanent homes. Guided by the *Family Resource Center Services Initiative Framework of Essential Services*, FRC programming includes:

- Support Groups;
- Parent-Child Playgroups for infants, toddlers and preschool age children;
- Parent Education;
- Case Management; and
- Enhanced Visitation.

FRCs’ unique service delivery model requires that ECMHCI consultants working there are comfortable supporting the varied programming in a FRC and genuinely interacting with families. This includes the ability to be matched according to families’ home language (most typically Spanish and Cantonese) and weekend and evening work schedules to align with FRC programming. Additionally, MHCs need to possess the ability to apply cultural understanding to immigrant, Black/African American and low-income family experiences, and to support FRC staff in doing so.

ECMHCI work in FRCs falls into two categories: FRC Staff Capacity Builder and FRC Capacity Extender. Capacity Builders partner with FRC staff to observe program implementation and/or co-implement activities to ensure programming addresses the needs of young children ages birth to five and their families, while building the capacity of FRC staff to do so. FRC Capacity Extenders provide direct services to children, parents and caregivers on issues where FRC staff may not be equipped to support the

participant or when engaging families with elevated or complex needs that would benefit from a clinical perspective.

## **San Francisco Unified School District (SFUSD) Early Education and Transitional Kindergarten Sites**

SFUSD's Early Education Department (EED) provides high quality early childhood education programs in a safe, caring, and nurturing environment that promotes each child's social-emotional, physical, and cognitive growth and competency, strives to validate the cultural and linguistic heritage of each child, and supports families in maintaining their children's physical and mental health. SFUSD school site programs, educational approaches, and curricula are designed to maximize the success rate of students, preparing them for kindergarten and an educational career as aligned with California's Common Core Standards. EED also embraces the essential principles of early childhood development aligned with the California Preschool Learning Foundations and the "12 Principles of Child Development" of the National Association for the Education of Young Children.

Though not a joint funder, SFUSD is a longstanding ECMHCI collaborative partner to provide access to early childhood mental health consultation services to high priority SFUSD-designated Preschool Early Education Schools, Preschool Special Education Sites, and Transitional Kindergarten sites while ensuring that services are not duplicated by SFUSD. Depending on school site tier designations made by SFUSD, ECMHCI consultants serving this specialty setting must have the capacity and flexibility to offer the full range of ECMHCI services onsite. Consultants working in this setting must have knowledge and familiarity with Restorative Practices principles, as practiced by SFUSD sites, as well as Positive Behavioral Interventions and Supports protocols.

## **Staff**

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Early Childhood Mental Health Consultation services must be provided by mental health consultants who are licensed or license-eligible with the California Board of Behavioral Sciences or the CA Board of Psychology OR unlicensed student interns/trainees pursuing an M.A. in a mental health related field or M.S.W. DEC prefers assignment of licensed or license-eligible staff at sites with higher needs, as previous evaluations have found that ECE and FRC center staff make better use of consultants with higher levels of professional experience.

In addition to the above qualifications, MHCs need to be familiar with the developmental and mental health needs of young children, as well as the adults who provide care to those children, either at home or in ECE sites. Sites are best served by MHCs who not only have the mental health expertise to serve very young children and their families and educators, but also systems knowledge about the broader ECE community in San Francisco and existing community resources that can address needs they assess at a site. Due to the Initiative's mission to provide services to diverse communities, MHCs must be able to work respectfully in racially, culturally, and linguistically diverse early care and education and FRC settings.

## Need-based Tiers

ECMHCI Program Consultation Service Frequency by Program Tier

ECMHCI Service	Tier 1* Characteristics: Low Need, High Quality Environment/ Interactions w/All Children	Tier 2 Characteristics: Moderate Need, Adaptation, Small Group, Individualized Instruction for Some Children	Tier 3 Characteristics: High Need, Specialized Instruction for a Few Children
Program Observation	As needed, On-Call	Once per month	At least weekly
Individual Consultation with Site Director/Designee	As needed, On-Call	Once per month	At least weekly
Group Consultation with Site Staff or Family Child Care Providers	As needed, On-Call	Once per month	At least weekly
Site Staff Training	None	None	Quarterly as needs arise

\* Tier 1 sites are considered high functioning sites with low program capacity needs and low child and family needs, having the following characteristics: a) Emotional domain score > 6; b) ERS > 5; c) QRIS Level > 4; d) stable administration; and 5) uses CSEFEL.

In 2018, the ECMHCI moved to a tiered model of consultation provision citywide, allocating services based on tier of need. Need was evaluated based on the following measures: emotional domain scores, environmental rating scores, Quality Rating Improvement System Rating (QRIS) level, program administration stability, and whether or not the site had implemented the Center on the Social and Emotional Foundations of Early Learning (CSEFEL) framework. The accompanying table, from the 2021-22 ECMHCI Evaluation report,

lays out the current allocation of services by tier.

DEC remains committed to ensuring sites that reach out to consultants with a need are able to access available consultation supports.

## Typical Scenarios

Consultants working in ECMHCI programs use a standardized set of scenario workflows, developed with stakeholder input. The scenarios are designed to account for approximately 70-80% of the hours MHCs bill. Through scenario data for MHCs, DEC seeks to gather useful evaluation data, see the value and impact of different kinds of actions, and develop better training tools for MHCs. Scenarios allow funders to gather operational data to answer the following questions:

1. What are the most common scenarios?
2. How long do scenarios last?
3. How many unique participants are being served?

The scenarios are broken into three groupings: mental health consultations actions, early intervention and treatment actions, and systems work. Each work type is further subdivided into typical scenarios that arise in the course of the work, and possible MHC actions are listed.

Scenario Overview (as of 10/10/2023)	
Mental Health Consultation Scenarios (11)	Child-Focused Consultation
	Parent-Family-Focused Consultation

	Classroom or Group-Focused Consultation
	Staff-focused Program Consultation
	Parent-Teacher Conference
	Support Developmental Screening
	Group Wellness Activity
	Interdisciplinary Team Meeting
	Therapeutic Groups
	Referral and Linkage
	Crisis Response/Intervention (in the moment, CPS/APS reports, etc.)
Early Intervention + MH Treatment Scenarios (2)	Child-Parent Focused Mental Health Treatment
	Early Intervention Services (includes Therapeutic Shadowing)
Systems Work Scenarios (6)	Site Observation + Rapport Building
	Parent Training/Support Groups
	Staff Workshops/Group Training
	Interdisciplinary Consultation with Childcare Program(s) Leadership of Large Multi-site Programs
	Site Consultation: Program/Policies/Procedures
	Response to Community Incident/Tragedy
Administration (1)	Administrative Duties

Typical Scenario	Consultees	Standard Responses	Participants	Duration	Description
<b>Mental Health Consultation</b>					
<b>Child-Focused Consultation</b>	Teacher(s) Staff	<ul style="list-style-type: none"> <li>Initial consult with teacher(s)/staff</li> <li>Meet with parents/caregiver (Acquire consent to observe)</li> <li>Formal observation of child</li> <li>Assessment in collaboration with team to create a hypothesis to inform interventions</li> <li>Review strategies with teacher or staff and provide support/coaching</li> <li>Referral and care coordination (if needed)</li> </ul>	Teacher(s) Children Parents or caregiver	Start and end	Consultation activities with a variety of participants directed at the social-emotional functioning of an individual child. Stems from ongoing conversations and observations with staff or teachers.
<b>Classroom or Group Consultation</b>	Teacher(s) Staff	<ul style="list-style-type: none"> <li>Consult with teacher(s)/staff</li> <li>Active observation of the classroom or group</li> <li>Collaborative development of strategies with staff</li> </ul>	Teachers Students FRC Participants	Start and end	Consultation activities directed at the needs of a whole classroom or group setting.

		<ul style="list-style-type: none"> <li>● Identify areas of support and respond</li> </ul>			Includes climate and dynamics.
<b>Parent/Family-focused Consultation</b>	Teacher Staff Family	<ul style="list-style-type: none"> <li>● Initial consult with consultee</li> <li>● Identify area of needs and goals</li> <li>● Parent consultation meeting if needed</li> <li>● Referral and linkages</li> <li>● Ongoing consultation to support parent-site relationship</li> </ul>	Teacher FSS Director FRC Staff FRC Director Parents or caregivers	Start and end	Consultation activities directed at the social-emotional functioning of a parent or family. Improving family functioning will improve child and site functioning.
<b>Interdisciplinary Team Meeting</b>	Teachers Directors Other Helpers (Coach, Manager, Speech therapist, OT, Social-emotional coach, etc.)	<ul style="list-style-type: none"> <li>● Consultation with interdisciplinary team</li> <li>● Review and identify area of concern</li> <li>● Coordinate and develop action plan with identified goals</li> <li>● Identify point person to communicate with care team</li> <li>● Follow up with teaching team and family</li> </ul>	Teaching or staff team  Parent or caregiver  Support Staff		Consultant participates in team meeting with site staff and external child supports to support child's improved social-emotional well-being and facilitate coordination between site and external providers.
<b>Staff-focused Program Consultation</b>	Director	<ul style="list-style-type: none"> <li>● Initial consult with director or staff</li> <li>● Initial meeting with identified (involved) staff</li> <li>● Co-create plan for support with staff</li> <li>● Follow up with team</li> </ul>	Director Teaching or Staff Team	Start and end	Consultation activities directed toward capacity-building for an individual staff member.
<b>Parent-Teacher Conference</b>	Teacher(s) Family Support Specialist Director	<ul style="list-style-type: none"> <li>● Consult with consultee</li> <li>● Prepare for conference</li> <li>● Participate in conference</li> <li>● Conduct follow up</li> </ul>	Teacher(s) Family Support Specialist Parent or caregiver	Start and end	Formal conferences that help inform child-focused consultation.
<b>Therapeutic Groups</b>	Child Parent Staff	<ul style="list-style-type: none"> <li>● Initial consults with teachers or staff to identify children for group</li> <li>● Meet with parents to est. consent and understanding of group and family engagement.</li> <li>● Goals for individual children established</li> <li>● Provision of therapeutic group (2-3x/week)</li> <li>● Ongoing consultation with staff and families throughout duration of group to assess</li> </ul>	Child Parents or Family Teachers	Start and end (groups often 12-24 wks)	Groups at supported sites to support capacity building through co-facilitation with staff or classroom teacher.



		progress towards goals and integration of effective supports into classroom/ home environment.			
<b>Group Wellness Activity</b>	Director Staff Teachers	<ul style="list-style-type: none"> <li>● Initial consult with Directors and key leaders to identify need and collaborate to support activity</li> <li>● Communication to staff regarding date and time of wellness activity</li> <li>● Facilitate activity</li> </ul>	Teachers Staff		Planned activity to support staff well-being and self-care in order to build capacity at site.
<b>Support Developmental Screening</b>	Director	<ul style="list-style-type: none"> <li>● Initial consult with director to discuss what was shared with families, how MHC can support</li> <li>● Map out logistics/timeline</li> <li>● Support parents in completing screening as needed</li> <li>● Support scoring as needed</li> <li>● Follow up with parents to review results/recommendations</li> <li>● Review with teachers/staff</li> </ul>	Director Parent or Caregiver Teacher or Staff	start and end	Supporting site staff and family to complete screening activities, interpret next steps, and facilitate linkage to needed services. Also includes work with site staff to develop plan to address child's needs at site.
<b>Referral and Linkage</b>	Director FRC Staff FRC Client	<ul style="list-style-type: none"> <li>● Meet with requestor</li> <li>● Collaborate and support in triaging community/family needs, particularly as it relates to mental health support, tools, and resources.</li> <li>● Gather resources and share with staff</li> <li>● Possible meeting with family to support navigating any referral process of completing referral forms</li> </ul>	FRC Staff FRC Client Teachers Parents Students		Support participant in accessing needed services for a child or family.
<b>Crisis Response/Intervention (in-the-moment, CPS/APS reporting, etc.)</b>	Director Staff Parent Teacher Other Community Providers	<ul style="list-style-type: none"> <li>● Client reaches out to MHC for support, MHC gathers information as needed</li> <li>● Direct support to individuals/ groups impacted</li> <li>● Provide resources</li> <li>● Reporting duties as needed, including coaching staff/providers on navigating reporting systems</li> <li>● Follow up with impacted families to offer ongoing support/long-term referral and linkages</li> </ul>	Director Staff or Teacher Parent Other community providers Child or student	Start and end	Time spent managing emergent safety issues at site or in response to information gained during course of normal work activities.

<b>Early Intervention + Mental Health Treatment Services</b>					
<b>Child- Parent -focused Treatment</b>	Child Parent Family	<ul style="list-style-type: none"> <li>● Initial consult with teacher</li> <li>● Observation of student</li> <li>● Meet with parents/caregiver</li> <li>● Assessment and care planning</li> <li>● Review care plan with teacher and provide support/coaching</li> <li>● Short-term treatment for student</li> <li>● Referral and care coordination</li> </ul>	Child Parent or caregiver Teaching/staff team	Start and end	Short-term mental health treatment for child and/or family member. Goal should be stabilization and/or referral to longer-term supports.
<b>Early Intervention services, including therapeutic shadowing</b>	Child Parent Teachers Staff	<ul style="list-style-type: none"> <li>● Parent meeting with teacher to acquire consent and understanding of EI services</li> <li>● EI goals established</li> <li>● Push-in support in classroom</li> <li>● Ongoing consultation to team and family to assess progress towards goals</li> </ul>	Child Parents or caregiver Teaching Team		Consultation and direct EI services to support children with special needs in accessing site activities and skill-building.
<b>Systems Work</b>					
<b>Site Observation + Rapport Building</b>	Assigned site	<ul style="list-style-type: none"> <li>● Establish connection and rapport building with key stakeholders</li> <li>● Assessing/updating on overall climate and needs</li> </ul>	MHC	Start and end	Relationship development with site stakeholders to facilitate effective consultation.
<b>Parent Training/ Support groups</b>	Director, Teacher(s), Parent, Family Support Specialist (FSS)	<ul style="list-style-type: none"> <li>● Needs assessment by site to determine topic</li> <li>● Workshop planning</li> <li>● Deliver workshop</li> <li>● Obtain feedback from participants, adjust training as needed</li> </ul>	Director Teaching Team Parents or caregivers FSS	Start and end	Planned groups or trainings available to all parents at site. May be focused on an emergent issue at site or recurring programming.
<b>Staff Workshops and Group Training</b>	Director, Teachers, Staff	<ul style="list-style-type: none"> <li>● Consult with consultee(s)</li> <li>● Plan training and workshop</li> <li>● Deliver workshop</li> <li>● Obtain feedback from participants, adjust training as needed</li> </ul>	Teachers Staff	Start and end	Planned trainings or workshops to build staff capacity at sites.
<b>Community Incident/tragedy</b>	Director, Identified or Involved parties, staff, community members	<ul style="list-style-type: none"> <li>● Initial consult with director to formulate a site response</li> <li>● Assess resources available to site</li> <li>● Coordinate response with other helpers</li> <li>● Provide individual and/or</li> </ul>	Director Teaching Team Staff Students Parents or caregivers	Start and end	Activities and supports in response to a crisis impacting the local site community.

		<ul style="list-style-type: none"> <li>group support</li> <li>Follow up with team</li> <li>Referral and linkage as needed</li> </ul>	Community members		
<b>Interdisciplinary consultation with childcare program(s) leadership of large multi-site programs (system-wide)</b>	ECE Program Directors of large systems, Mid-managers, Mental Health disability managers, Family Support Manager, Educational Managers	<ul style="list-style-type: none"> <li>Co-creation of agenda and goals to support consultation goals and alignment with System wide classroom and family supports</li> <li>Identification of priority areas to strengthen partnership</li> <li>Follow-up and coordination of services at individual sites</li> <li>Loop back to leadership team regarding progress towards stated goals</li> </ul>	Site Director Teachers Staff Helpers at site	Start and end	Consultant participation in system of care meetings. Meetings happen monthly, bimonthly, or quarterly, depending on the system of care (i.e. SFUSD, Head Start, Wu Yee, Felton).
<b>Site Consultation: Program/Policies/Procedures-focused</b>	Site Directors, Staff, Teachers	<ul style="list-style-type: none"> <li>Initial consult with director or staff</li> <li>Co-create plan for support with staff</li> <li>Identify/develop resources, as needed</li> <li>Follow up with team</li> </ul>	Director Program Staff Teachers	Start and end	Activities related to consultation re: operation of program and intersection with issues of equitable practice and implicit bias.
<b>Administration</b>					
<b>Administrative Duties</b>	MHCs	<ul style="list-style-type: none"> <li>Charting</li> <li>Scheduling</li> <li>Travel time to sites</li> <li>Other administrative duties as required</li> </ul>	N/A	Start and end	Activities required of MHCs to do their work that are not tied to direct provision of consultation services

## Outcomes

An effective ECMHC program will have both short-term and long-term positive impacts on the ECE and FRC systems in San Francisco, and young children and their families more broadly. DEC developed the following logic model laying out the program's desired outcomes, both short and long term, as well as the inputs needed to successfully evaluate if these outcomes are being achieved. The overarching aim of the ECMH Consultation Initiative is to support all San Francisco children in developing a solid foundation that will support them in pursuing future success.

## ECMHCI Logic Model

INPUTS	KEY STRATEGIES & ACTIVITIES	OUTPUTS	SHORT-TERM/MID-TERM OUTCOMES	LONG TERM OUTCOMES	
<p>DEC provides \$4m in funding for the Early Childhood Mental Health Consultation Initiative.</p> <p>There are community-based agencies with significant MHC capacity that hire, train, and contract MHCs to implement:</p> <ul style="list-style-type: none"> <li>Direct Mental Health Consultation</li> </ul> <p>There are currently ~50 MHCs.</p> <ul style="list-style-type: none"> <li>MHCs are license eligible and have Master's level degree.</li> </ul> <p>There are partnerships across DEC, DPH, HSA(?), and SFUSD to implement the initiative.</p> <p>There are 160 ECE and FRC sites and 30 SFUSD sites that may be able to access MHC services.</p>	<p>MHCs are assigned to sites through a prioritization process.</p> <ul style="list-style-type: none"> <li>For ECE sites, high # of ELS/subsidies serving families with lower income and located at prioritized neighborhoods</li> <li>Current focus is on center-based programs; there is limited access for FCCs.</li> <li>One consultant is assigned to multiple sites.</li> </ul> <p>MHCs work with staff, teachers, and directors at ECE and FRC sites to build capacity in areas of child development.</p> <ul style="list-style-type: none"> <li>Trainings</li> <li>Workshops</li> <li>Counseling – Individual &amp; Group</li> <li>Support for ASQs</li> <li>Site Observation</li> <li>Resource linkage and referrals</li> </ul> <p>MHCs provide ad-hoc support to sites for high-needs, crisis situations.</p> <ul style="list-style-type: none"> <li>1 on 1 counseling</li> <li>Family/Group counseling</li> <li>Staff counseling</li> <li>Resource linkage and referrals</li> </ul> <p><u>Strategies</u>  <b>Relationship based approach</b></p> <ul style="list-style-type: none"> <li>This is an adult intervention as educators and site directors are main consumers of intervention. They seek consultation when an issue arises at site w/ staff, parents, and children.</li> </ul> <p><b>Matching</b></p>	<p># of ECE sites with MHC assigned</p> <p># of FRC sites with MHC assigned</p> <p># of staff, teachers, and directors at ECE sites receiving capacity building in areas of child development</p> <p># of workshops and trainings provided to staff</p> <p># of workshops and trainings provided to parent/caregivers</p> <p># of staff provided counseling services</p> <p># of resource linkage &amp; referral services provided to staff</p> <p># of families provided counseling services</p> <p># of resource linkage &amp; referral services provided to families</p>	<p>MHCs work with providers collaboratively to increase their capacity to understand and work with children and their families when issues in children's behavior arise.</p> <p>Through training and consultation, providers improve capacity to effectively manage classrooms.</p> <p>Providers have the tools and resources to work with children and families and thus are more confident in interactions involving child and family well-being.</p> <p>Parents/caregivers are knowledgeable and have the resources to better understand and address children's behavioral issues.</p> <p>Children's negative interruption will decrease as providers become more skilled and knowledgeable on how to mitigate and improve behavior.</p> <p>There is a decrease in expulsion for children. Higher rate of retention in ECE sites.</p> <p>Decrease implicit bias for addressing behavior of children of color. Providers are trained and educated on culturally competent/responsive approaches to addressing child learning and development.</p> <p>There is a strong relationship between MHC and provider/site and families. This provides ongoing support for training and education on important child development topics.</p>	<p>Providers have increased knowledge and skill sets in child development and the classroom environment is improved for all children and conducive to learning.</p> <p>Parents are knowledgeable on child development topics, are better equipped to provide socio-emotional support and develop self-advocacy for their children.</p> <p>Relationships between providers, parents/caregivers, and community resources are strengthened, which benefit children.</p> <p>Race is not a predictor for achieving school readiness outcomes as providers are trained and educated on how to offer support to child and family wholly.</p>	<p>All San Francisco children enjoy a solid foundation to support future success.</p>

<ul style="list-style-type: none"> <li>● Not all sites currently have MHC assigned.</li> </ul>	<ul style="list-style-type: none"> <li>● MHC are matched based on where sites are located at, language need, and participant population. Consultant agencies may assign MHC to work with specific populations (i.e. Chinese-Cantonese speakers, Spanish speakers, Substance abuse background, unhoused populations, SFUSD, FCC, FRC or ECE).</li> </ul> <p><b>Family engagement</b></p> <ul style="list-style-type: none"> <li>● MHC can provide direct services to parents in the form of workshops, classes, and counseling. Resources also given by MHC to help parents to mitigate challenging situations.</li> </ul>		<p>Providers feel supported and have an outlet for self-care. This leads to higher retention of providers at ECE and FRC sites.</p>		
<p><b>Additional Context:</b></p> <ul style="list-style-type: none"> <li>● Black, Latino, Pacific Islander, and Indigenous children face persistent inequities in health, social, and cognitive skills that support school success.</li> <li>● The initiative is currently undergoing a phase of redesign and may change program administration in the next 1-2 years.</li> <li>● Within the ECMHCI, retention has been an issue with MHCs with experience transitioning out of the program and new hires having a greener level of experience.</li> <li>● Due to # of MHC, new ELS programs are introduced to MHC services, but resources are scarce.</li> </ul>			<p><b>Assumptions</b></p> <ul style="list-style-type: none"> <li>● Providers of early care and education face difficulty in providing socio-emotional support for children and families facing behavioral issues. Mental health consultation support to providers and parents/caregivers by building capacity and providing direct services to address and mitigate these issues. Through consultation and coordination between providers, parents/caregivers, and community resources, outcomes for all children can be improved.</li> </ul>		