

Infant Early Childhood Mental Health in Rhode Island

—
Current Landscape

2022

**RHODE
ISLAND**

Continuum of care for promoting infant and early childhood mental health

- **Promotes** healthy social and emotional development of young children and family wellbeing
- **Prevents** social, emotional & behavioral problems among young children at increased risk or showing early signs of distress
- **Assesses** and **treats** social, emotional, and behavioral challenges when they arise
- Ensures that all children and families have **equitable access** to services and supports

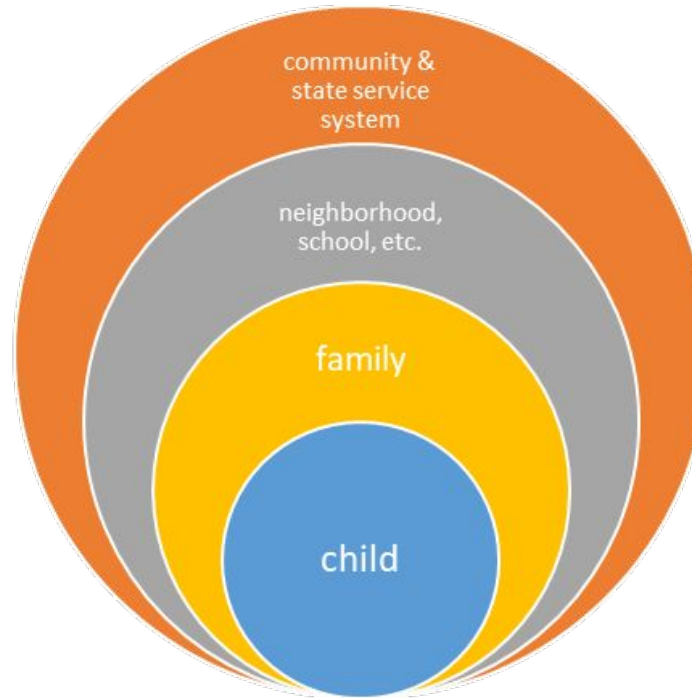


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Overview: mental health promotion for young children and families

Mental health promotion includes activities that:

- Help children to acquire the social and emotional skills and competencies that are the foundation for mental health.
- Support families in creating nurturing and responsive relationships and safe and stable home environments.
- Ensure that other environments in which children live, learn and play are healthy and safe (e.g., child care settings, neighborhoods, parks, libraries)
- Address environmental factors that can interfere with healthy development (e.g., community violence, racism and other forms of discrimination, lack of access to safe housing, jobs, food, clean water).



And a system of supports and services that:

- Can be equitably accessed by all families.
- Are culturally-appropriate, strengths-based, and trauma-informed.
- Are evidence-based/informed and embedded within a wide range of child- and family-serving programs.
- Are delivered by a high quality, well-trained workforce providing coordinated care.

Promotion

Includes activities that:

- Build awareness and understanding of the importance of IECMH among the general public
- Increase access to parenting and economic resources.
- Improve developmental/behavioral health screening rates

PROMOTION: Public Awareness and Education

- RI has a Reach out and Read and other programs that encourage reading, talking and playing (early relational health supports). Today, there are 70 hospitals, clinics, practices, and community health centers statewide reaching 40,000 children and providing 80,000 new books at no cost to families each year.
- The Narragansett Indian Council received a federal grant to provide education to indigenous families on pertinent family, newborn, young child issues. The DOH MCH program provides an educational session every month on topics including substance exposed newborns (SEN) and perinatal substance use. They also provide sessions on pregnancy, child health, asthma, birthing supports, smoking and pregnancy, infant mental health, etc.
- Add in stuff from Padlet

PROMOTION: Perinatal Settings

| | Current State |
|--|---|
| Parenting Education and Resources | All RI birthing hospitals offer a variety of prenatal education programs. (offered in in English and Spanish. |
| Screening | <p>Some, but not all, OB providers ask about/screen for depression, anxiety, substance use, IPV., and broader social determinants of health (SDOH).</p> <p>RI MomsPRN in partnership with CTC-RI is facilitating learning collaborative cohorts, that include 15 practices/clinics serving perinatal patients, with a focus on increasing the use of validated screening tools for depression, anxiety and substance use. (Funding ends 2023)</p> |
| Access to Economic Supports | <p>A few RI community health centers and perinatal clinics have social workers providing case management and support to help address basic needs, assist with access to community resources and referral to services.</p> <p>RI invested in Unite US, a community resource platform, which is being utilized by CBOs, healthcare organizations, AEs and state direct service programs but very few perinatal providers are actively using UniteUs to refer patients to community resources.</p> |

PROMOTION: Pediatric Settings

| | Current State |
|--|--|
| Parenting Education and Resources | <p>RI has a Reach out and Read and other programs that encourage reading, talking and playing (early relational health supports). Today, there are 70 hospitals, clinics, practices, and community health centers statewide reaching 40,000 children and providing 80,000 new books at no cost to families each year.</p> |
| Screening | <p>Medicaid Child Core set data for RI reported to federal CMS, show that more than 75% of Rhode Island children under age 6 in Medicaid receive recommended well-child checkups – which are more frequent in the earliest months and years according to AAP recommendations. On this measure, Rhode Island performs above the national median.</p> <p>EPSDT schedule recommends developmental screening at 9 and 18 months, and 30 months, and psychosocial/ behavioral assessment at every well-child visit. Psychosocial assessments are required to be family centered. The scope of the assessment and tool used is at the provider's discretion - most often they are based on provider observation.</p> <p>Many pediatricians use a standardized tool (SWYC, ASQ or PEDS) to screen for development. Well child visits not long enough to support screening with more intensive tools.</p> <p>Providers struggle to implement EPSDT as designed. Key informants note that reimbursement rates are not sufficient to implement EPSDT as designed.</p> |
| Access to Economic Supports | <p>RI invested in Unite US, a community resource platform, which is being utilized by CBOs, healthcare organizations, AEs and state direct service programs.</p> <p>Community Health Workers are employed in some healthcare settings in RI.</p> <p>PDG funding has been used to employ Family Navigators in the HEZ collaborative network to increase enrollment in, and awareness of, programming that supports and provides choice for parents and children.</p> |

PROMOTION: Family Visiting

| | Current State |
|------------------------------------|---|
| Parenting Education | <p>Family visitors routinely share information with parents about social and emotional development/milestones.</p> <p>NFP and Healthy Families America provide perinatal education and support.</p> |
| Screening | <p>Family visiting providers routinely screen for a variety of ACEs and social emotional health using validated tools.</p> <p>First Connections uses the HOME Parent-Child Interaction tool to assess the quality of parent-child interactions</p> <p>Mental health consultation is embedded into family visiting programs in RI.</p> |
| Access to Economic Supports | <p>RI invested in Unite US, a community resource platform, which is being utilized by CBOs, healthcare organizations, AEs and state direct service programs.</p> |

PROMOTION: ECE Settings

| | Current State |
|--|--|
| Public Awareness and Parent Education | <p>RI maintains a parent/family resource page on https://earlylearningri.org/parents-families which includes information on Rhode Island Early Learning & Development Standards and provides guidance to families, teachers and administrators on what children should know and be able to do as they grow and develop from infancy through preschool age.</p> |
| Screening | <p>State-funded Pre-K and Early Head Start/Head Start programs are required to screen 100% of enrolled children : across five areas of development including social emotional.</p> <p>Developmental screening (including social emotional development) is embedded in RI's BrightStars QRIS; however, levels 1-4 only require providing families with written information about the screening. It's not until level 5 that requires collaboration with Child Outreach.</p> <p>Family Child Care Homes and other Child Care Centers and Preschools must, at a minimum, provide written information to families about developmental screenings available through health care settings or Early Intervention (for programs serving infants/toddlers), and Child Outreach (for programs serving preschoolers).</p> <p>Child Outreach aims to screen all children between the ages of 3-5 each year, prior to kindergarten across five areas of development including social emotional. In 2021, 23% of children ages 3-5 were screened.</p> <p>Child Outreach is paid for by LEA's using local dollars and small amounts of IDEA funding distributed to school district.</p> |
| Access to Economic Supports | <p>Early Head Start/Head Start programs</p> |

PROMOTION: Medicaid/MCO Policy/Incentives

| | Current State |
|------------------|---|
| Screening | <p>Medicaid Child Core set data for RI reported to federal CMS, show that more than 75% of Rhode Island children under age 6 in Medicaid receive recommended well-child checkups – which are more frequent in the earliest months and years according to AAP recommendations. On this measure, Rhode Island performs above the national median.</p> <p>Rhode Island’s EPSDT screening schedule requires psychosocial/behavioral assessment at each well-child visit.</p> <p>RI’s EPSDT guidance says this assessment should be family centered and may include an assessment of child social-emotional health, caregiver depression, and social determinants of health. It does not require a validated screening tool.</p> <p>MCO quality improvement projects include developmental screening (per EPSDT schedule).</p> <p>Caregiver screenings are required by RI’s EPSDT schedule at the 1 mo, 2mo, 4 mo, and 6 mo well child visits and the PHQ is recommended</p> <p>MCO quality improvement projects involve both depression and developmental screenings.</p> |

EPSDT

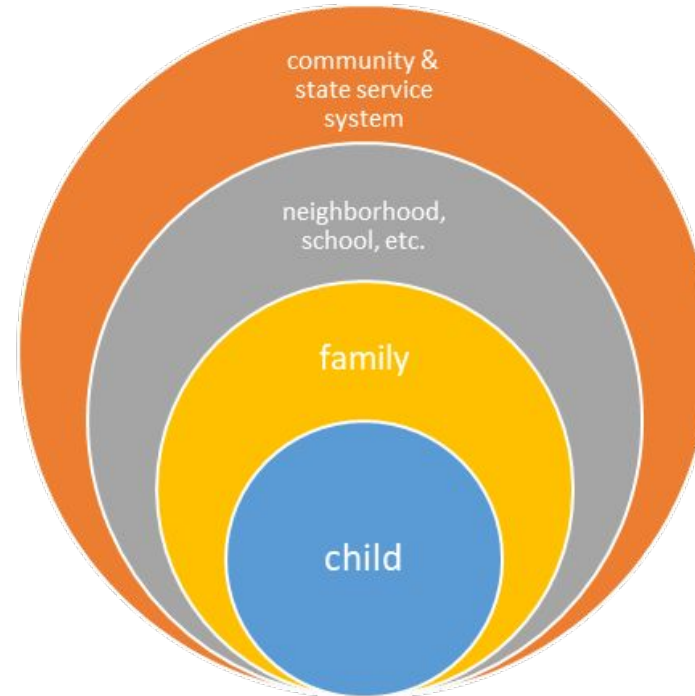
RHODE ISLAND MEDICAID EARLY PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT

| Key: • To be performed ★ Risk Assessment to be performed, with appropriate action to follow, if positive ← → Perform within indicated time frame | Infancy | | | | | | | | Early Childhood | | | | | | |
|---|----------|---------|----------|---------|------|------|------|------|-----------------|-------|-------|-------|-------|-------|-------|
| | Prenatal | Newborn | 3-5 days | By 1 Mo | 2 Mo | 4 Mo | 6 Mo | 9 Mo | 12 Mo | 15 Mo | 18 Mo | 24 Mo | 30 Mo | 3 Yrs | 4 Yrs |
| History | | | | | | | | | | | | | | | |
| Initial/Interval (1) | • (2) | • (3) | • (4) | • | • | • | • | • | • | • | • | • | • | • | • |
| Measurements | | | | | | | | | | | | | | | |
| Length/Height and Weight | | • | • | • | • | • | • | • | • | • | • | • | • | • | • |
| Head Circumference | | • | • | • | • | • | • | • | • | • | • | • | | | |
| Weight for Length | | • | • | • | • | • | • | • | • | • | • | | | | |
| Body Mass Index (5) | | | | | | | | | | | | • | • | • | • |
| Blood Pressure (6) | | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | • | • |
| Sensory Screening | | | | | | | | | | | | | | | |
| Vision (7) | | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | • | • |
| Hearing | | • (8) | • (9) | → | → | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | • |
| Developmental/Behavioral Health | | | | | | | | | | | | | | | |
| Developmental Screening (11) | | | | | | | | • | | | • | | • | | |
| Autism Spectrum Disorder Screening (12) | | | | | | | | | | | • | • | | | |
| Developmental Surveillance | | • | • | • | • | • | • | | • | • | | • | | • | • |
| Psychosocial/Behavioral Assessment (13) | | • | • | • | • | • | • | • | • | • | • | • | • | • | • |
| Tobacco, Alcohol and Drug Use Assessment (14) | | | | | | | | | | | | | | | |
| Depression Screening (15) | | | | | | | | | | | | | | | |
| Maternal Depression Screening (16) | | | | • | • | • | • | | | | | | | | |

Overview: Prevention for Young Children and Families

Prevention includes services and supports for children and families in which the child is showing early signs of social, emotional, or behavioral issues, and/or is at increased risk of developing social, emotional, or behavioral issues as a result of:

- Family history or presence of mental health issues or substance misuse
- History of trauma or exposure to violence
- Involvement in the child welfare system
- Social determinants of health
- Experiences of racial discrimination



Treatment of caregiver or family issues (mental illness, substance use, PTSD, violence, abuse) is also **prevention** for children's social, emotional and behavioral issues.

Goals of preventive interventions include:

to support relational health (child's healthy attachment to primary caregivers and caregivers' capacity to provide nurturing and responsive care)

to help caregivers develop strategies to manage children's social, emotional, and behavioral challenges

PREVENTION: Perinatal Settings

- Women and Infants Hospital is implementing the ROSE Program which is an evidence-based program that has been shown to reduce the risk of postpartum depression by 50% in low-income women.
- Rhode Island has increased accessibility to doula services by allowing doula services to be reimbursed through Medicaid and investing in expansion of the doulas of color workforce through workforce development investments . Doulas are uniquely positioned to support women during birth and the postpartum period and can serve as a great asset to identify symptoms of perinatal mood and anxiety disorders (PMADs) and refer women to treatment.
- RIDOH has received a planning grant from DLT focused on increasing workforce development for newborn care specialists, IBCLCs, and Maternal Child Health CHWs.

PREVENTION: Pediatric Settings

- CTC-RI/PCMH Kids, with funding from UnitedHealthcare and the RI Department of Health, is facilitating a 15-month DULCE learning collaborative. (Sep 2022 – Nov 2023) with two (2) pediatric and family medicine primary care practices. This model has a specific anti-racist approach and was created with focus on equity.
- Hasbro Children's Hospital has integrated behavioral health (IBH) in their primary care, foster care, refugee health, and GI clinics. There are also other primary care practices that have IBH.
- CTC-RI/PCMH Kids and the RI Department of Health, with Healthy Tomorrows funding, is facilitating a learning collaborative with pediatric practices and family visiting programs to improve coordination and increase access to health care, family visiting services, and other supports and services that families might need (basic needs, jobs, education, etc.)

PREVENTION: Family Visiting Settings

- **Nurse Family Partnership** focuses on both maternal mental health and the early nurturing relationship, beginning in pregnancy and during infancy, preventing many problems and environmental stressors before they occur. The program is provided to mothers who are pregnant (70%) or are a first-time mother facing adversity. It serves approximately 300 families annually.
- **Parents As Teachers (PAT)** is grounded in Urie Bronfenbrenner’s Human Ecology Theory and Family Systems Theory. The home visits focus on three areas of emphasis—parent-child interaction, development-centered parenting, and family well-being. The program is provided to parents/caregivers with children under three months of age who have one or more risk factors. It serves approximately 470 families.
- **Healthy Families America (HFA)** aims to cultivate and strengthen nurturing parent-child relationships, promote healthy childhood growth and development, and enhance family functioning by reducing risk and building protective factors. The program is provided to expectant parents and parents/caregivers with children under three months of age with one or more risk factors. Services are offered voluntarily and intensively until the baby turns four. It serves approximately 800 families.
- HFA and PAT use the **Mothers and Babies** intervention to prevent perinatal depression.

PREVENTION: Early Intervention

- Some but not many early interventionists are trained in evidence-based parenting support and education groups such as [Incredible Years](#) and [Circle of Security](#):
 - FSRI and Looking Upwards uses **Circle of Security** as a component of their EI program
 - Looking Upwards implements **Incredible Years**
- RIAIMH in partnership with the Sherlock Center at RIC, and EOHHS are facilitating a learning collaborative for EI supervisors on infant/early childhood mental health.

PREVENTION: Child Welfare Settings

- DCYF implements **Triple P** for multi-stressed caretakers of children, birth to age 12 and who exhibit behavioral or emotional difficulties, such as aggressive or oppositional behavior. The program teaches parents of children from birth to age 17 strategies to promote social competence and self-regulation in children. Serves approximately 50 families per year.
- DCYF implements **SafeCare**, a parent-training program that supports parents/caretakers of children, birth to age five, with known risk factors for and/or a history of child neglect and abuse. Serves approximately 12 families per year.
- DCYF routinely connects families to family visiting through referrals First Connections and/or Early Intervention services. Family visiting is also offered to women with substance use disorder and other challenges to help prevent family separation. (DCYF hospital alert program re: pregnant moms with substance use disorder).

PREVENTION: ECE Settings

- SUCCESS child-focused consultation services in center-based settings include:
 - Brief consultations of individual children using observations, questionnaires, and conversations with program staff and children's caregivers.
 - Feedback, recommendations, and action planning.
 - Follow-up supports to integrate consultation recommendations
- SUCCESS consultation for FCC Educators includes group-based IECMH series.
- RIDE and DHS are piloting Coordination of Care Teams within select ECE programs to promote reflective conversations about social, emotional, and behavioral supports at the classroom and program level (facilitated by SUCCESS).
- SUCCESS provides mental health consultation to early learning programs (center-based and family child care). Implemented by the Early Childhood Collaborative at Bradley.
- SUCCESS provides foundational trainings and monthly workshops on Reflective Practice and Supervision for ECE supervising professionals.

PREVENTION: ECE Settings (Cont'd)

- EOHHS administers **KIDS CONNECT**, a program which provides needed supports to help children from infancy (6 weeks) through age 16 with behavioral, developmental, or special needs successfully participate in childcare programs. These services are provided through a select number of DCYF licensed childcare centers. KIDS CONNECT provides tailored services dependent on each child's needs, including:
 - Assessment and individualized treatment plans
 - Supportive classroom services
 - An interdisciplinary team to help the child outside of the classroom
 - Referral and collaboration to outside services if needed

To be eligible, children must:

- Have a moderate to severe chronic condition (developmental, medical, behavioral, or psychiatric)
- Need support to interact with peers and function within the daily routine of a childcare/after-school program, but do not require 1:1 assistance
- Be enrolled in Medicaid

NOTE: KIDS CONNECT could also be considered treatment.

PREVENTION: ECE Settings (Cont'd)

- The Bradley Learning Exchange trains early childhood educators on **Incredible Years** (a series of group-based programs for parents, children, and teachers, intended to prevent and treat young children's behavior problems and promote their social, emotional, and academic competence)
- Children's Friend is training Early Head Start staff in **Strong Roots**.

PREVENTION: Community Settings

- Washington County and Tri-County HEZ offer **Incredible Years and Circle of Security** programming to parents.

PREVENTION: Medicaid/MCO Policy/Incentives

- The following services can be reimbursed through Medicaid:
 - KIDS CONNECT
 - Nurse Family Partnership
 - Healthy Families America
 - Parents as Teachers
 - Parent/Child (dyadic) Therapy
 - Caregiver Depression Screening
 - Developmental Screening
 - Doula Services
- Additional Medicaid efforts:
 - MCO Quality Incentives for Developmental Screening in first 3 years of life
 - 12 month Postpartum Coverage
 - Cover All Kids
 - Retroactive Coverage for infants and pregnant people
 - CMS Authority for Pedi/Moms PRN

Assessment

| | |
|-----------------------------------|---|
| Early Intervention | <p>Early Intervention programs use the Bayley Scales of Infant and Toddler Development or the Battelle Developmental Inventory to assess all areas of development including social emotional. Some agencies have other tools to further assess social emotional development.* But these are not commonly used.</p> <p>Early Intervention staff need additional training and capacity to conduct in-depth assessment of social emotional development and provide services as appropriate.</p> |
| Early Childhood Special Education | <p>LEAs use different assessment tools and assess all areas of development including social emotional development. For example, the BASC-3 The Behavior Assessment System for Children and Devereux Early Childhood Assessment” (DECA)</p> <p>Special education is focused on the child so the relational health with the family is not a factor for eligibility.</p> <p>IEPs are developed for eligible children identifying the goals and services for that child. Primary focus are specific interventions and supports needed to support learning so the child can meet the standards set for all children.</p> |
| Child Welfare | <ul style="list-style-type: none">• Children and families determined to be candidates eligible for Title IV-E prevention services by DCYF are assessed by the FCCP Family Service Care Coordinator (FSCC) to identify mental health, substance abuse, and/or parenting skills needs. For these children and families that access services and support from the FCCPs, the FSCC completes an assessment utilizing the Child and Adolescent Needs and Strengths Plus (CANS+) and / or the Functional Assessment and Action Plan (FAAP) and / or the Strengths, Needs and Cultural Discovery (SNCD) assessment tools to determine the child and family’s needs and to inform which prevention services will best help the child remain safe at home with their family. |

Diagnosis

- RI permits the use of the DC:0-5 diagnostic classification system.
- There is not a requirement in RI to crosswalk the DC:0-5 diagnosis with the DSM-V and ICD-10 codes.
- Most clinicians use the DSM (it is built into their billing systems)
- Most clinicians agree that the DC:0-5 is more developmentally appropriate for use with young children.

Note: 6 states require it; 7 states recommend it; 10 states permit it and the rest do not permit it. Of the 23 states that permit, recommend or require it 15 require a crosswalk.

Treatment

- Perinatal providers and family visitors can call the RI MomsPRN teleconsultation line for clinical guidance in providing treatment for their perinatal patients, connection to community resources and/or referral to mental/behavioral health services. (funding is ending Sept 2023)
- Pediatricians can call PediPRN for teleconsultation and resource and referral (PediPRN is currently expanding it's capacity to support providers in addressing needs in early childhood).
- There are a limited number of clinical psychologists trained to provide family-child interventions or dyadic therapies. There are three providers trained in Child-Parent Psychotherapy (CPP), 4 trained in Parent-Child Interaction Therapy (PCIT) and zero trained in Attachment and Biobehavioral Catch-Up (ABC)
- Note: FSRI is current pursuing funding to implement Parent-Child Interaction Therapy
- Rates of reimbursement for behavioral health services are so low in Rhode Island, it is hard to retain clinicians (they leave to go work in CT or MA)
- Licensed clinicians can bill Medicaid for dyadic therapy under family therapy.
- Licensed Early Intervention social workers could bill dyadic interventions as a visit (if they were trained to provide them)

TREATMENT: Medicaid Policy

| | RI Current State | Other States |
|--|---|---|
| Parent - Child Dyadic Treatment | <ul style="list-style-type: none"> ● RI pays for parent-child dyadic treatment. ● RI has a family therapy code to bill for this treatment. ● RI does not require or recommend PCIT, CPP, or ABC. ● No diagnosis is required to receive this treatment. | <ul style="list-style-type: none"> ● 36 states pay for it and 7 do not ● 33 states use a family therapy code ● 39 states recommend or require specific evidence-based treatment ● 12 states do not require a diagnosis and 24 states do |
| Group Parenting Programs | <ul style="list-style-type: none"> ● Medicaid pays for IECMH-focused group parenting. ● RI recommends use of an evidence-based or research-informed group parenting program (such as PPP, IY, CoS). ● No diagnosis is required to receive this treatment. ● Family or child risk factors alone is enough to qualify for this service. | <ul style="list-style-type: none"> ● 17 states pay for this and 26 states do not ● Of the 17 states, 10 states require or recommend use of an evidence-based program. ● Some states require medical necessity, and IFSP, or something else |

WORKFORCE DEVELOPMENT: IECMH Endorsement

- The Rhode Island Association for Infant Mental Health (RIAIMH) offers Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health® (RI-IMH-Endorsement®), a cross-sector and multidisciplinary endorsement that is recognized internationally. (Professionals from child and/or human development, education, nursing, pediatrics, psychiatry, psychology, and social work can obtain endorsement)
- RIAIMH sponsors many professional development opportunities (e.g. Community Conversations Series, etc.) every year to educate professionals about the latest infant mental health research and policy developments, and help professionals apply evidence-based principles in their practice.
- RIAIMH in partnership with the Sherlock Center at RIC, and EOHHS are facilitating a learning collaborative for EI supervisors on infant/early childhood mental health.

WORKFORCE DEVELOPMENT

| | Current State |
|---------------------------|---|
| Perinatal Settings | <p>Pediatric providers can seek Infant Mental Health® (RI-IMH-Endorsement®) through Rhode Island Association for Infant Mental Health (RIAIMH)</p> <p>Journ3i LLC. is utilizing MCHP and PDG funding to increase training for doulas on perinatal mental health and wellness.</p> <p>Journ3i LLC facilitates quarterly training with partners including health plans, RIDOH, EOHHS/PDG, etc. with scholarships for training This has significantly increased the doulas of color working in RI.</p> <p>Doulas can obtain reimbursement from Medicaid.</p> <p>RIDOH has received a planning grant from DLT focused on increasing workforce development for newborn care specialists, IBCLCs, and Maternal Child Health CHWs.</p> |
| Pediatric Settings | <p>Pediatric providers can seek Infant Mental Health® (RI-IMH-Endorsement®) through Rhode Island Association for Infant Mental Health (RIAIMH)</p> |

WORKFORCE DEVELOPMENT

| | Current State |
|---------------------------|--|
| Family Visiting | <p>RIAIMH provides professional development to educate professionals about the latest infant mental health research and policy developments, and help professionals apply evidence-based principles in their practice.</p> <p>Family visits can earn Infant Mental Health Endorsement® (RI-IMH-Endorsement®) at no cost through The Rhode Island Association for Infant Mental Health (RIAIMH) offers.</p> <p>Early Childhood Collaborative at Bradley provides:</p> <ul style="list-style-type: none">• Foundational training to the RI Family Visiting programs on Reflective Practice and Supervision (RP/S) and facilitates year-long RP/S skill-building groups for supervising staff from Family Visiting programs.• Mental health consultation to RIDOH supported Family Visiting programs utilizing a Coordination of Care Team model (informed by RP/S principles; reflective conversations about social, emotional, and behavioral needs of children/caregivers). <p>Mental health consultation in RI is paid for with grant funding.</p> |
| Early Intervention | <p>RIAIMH in partnership with the Sherlock Center at RIC, and EOHHS are facilitating a learning collaborative for EI supervisors on infant/early childhood mental health.</p> |

WORKFORCE DEVELOPMENT

| | Current State |
|---------------------------------|---|
| Early Care and Education | <p>Mental health consultation to available to early learning programs (center-based and family child care)</p> <p>Through a new partnership established in March 2021 with Conscious Discipline and the Sargent Rehabilitation Center's Regional Resource Center, Conscious Discipline will be implemented statewide in Rhode Island schools. RIDE Pre-K Staff and administrators have the opportunity to participate in the Conscious Discipline professional development series.</p> <p>RIDE provides professional development and technical assistance through the RI-Itinerant Early Childhood Special Education (RI-IECSE) initiative, including how to support young children with social-emotional needs</p> <p>RIDE provides professional development on the RI Early Learning and Development standards - these courses are aligned with the state's quality rating continuum.</p> <p>RIDE has developed a menu of PD offerings for teacher assistants, family child care providers, lead teachers, education coordinators, administrators, early intervention practitioners, and special educators.</p> <p>The Center for Evidence-Based Practice (CEBP) at the Bradley Learning Exchange provides Teacher Classroom Behavior Management Program for professionals working with children ages preschool through grade 3 in childcare and educational settings and Incredible Beginnings™ Program for professionals working with children 1 to 5 years old in childcare and educational settings to provide an environment that supports children's optimal early development.</p> |

Key Informant Feedback: IECMH Provider Workforce Development, continued

- Brown's offers a five-year Triple Board Program, one of the original six in the country that includes: 2 years of pediatrics; 18 months of general psychiatry; and 18 months of child and adolescent psychiatry. It does not have a dedicated IMH track. Graduates of the Triple Board Program are board-eligible in all three disciplines. Most of them do not remain in RI.
- Brown Medical School has a Psychology Training Consortium which provides pre-doctoral and post-doctoral training for psychologists who want to specialize in early childhood.