

Preparing the Path

A Needs Assessment of Colorado's Infant and
Early Childhood Mental Health Workforce

APRIL 2020

A NEEDS ASSESSMENT FOR COLORADO



RIGHT START
— FOR COLORADO —


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- Shannon Bekman, PhD, IMH-E
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- Theresa Diggs, BA

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CHI Members Contributing To This Report

- Kristi Arellano
- Spencer Budd
- Brian Clark
- Chrissy Esposito
- Cliff Foster
- Joe Hanel
- Jalyn Ingalls
- Emily Johnson
- Sara Schmitt
- Lindsey Whittington

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A half century of research on the science of infant mental health inexorably asserts that early experiences matter and provide the foundation upon which all future development rests. Sound mental health is built early in life, as early experiences with nurturing and responsive caregivers shape the architecture of the developing brain.¹

Indeed, findings from neurobiology, genetics, and social science research are unequivocal that the first 1,000 days (the period from conception to the end of the second year of life) and the period to the end of age three are foundational in terms of brain development.^{2,3}

There is no time more pivotal to the wiring of the brain, the sculpting of neurocircuitry or the scripting of unconscious ‘internal working models’ of intimate attachment relationships, than the first 3-5 years of life. The science of early childhood provides us a powerful framework for understanding how development unfolds, how it can be derailed, and how to get it back on track when it is disrupted.⁴

Data also informs us that from a financial perspective, the most economically efficient time to develop skills and social abilities is in the very early years when developmental supports are most effective. Early investment in the development of very young children’s cognitive and social-emotional competence produces the greatest return on investment than

investments made at any other age.⁵ Without supportive services and appropriate clinical intervention, early childhood adversity can lead to lifelong impairments in learning, behavior, and both mental and physical health.⁶

Despite this scientific knowledge, many still think of infants and young children as incapable of understanding or remembering adverse life events and, therefore, incapable of experiencing psychological pain. The field of infant mental health knows this not to be true and indeed it is the recognition of an infant’s ability to experience psychological suffering in the here and now that underlies much of our field’s strivings. Young children can and do experience mental health disturbances, yet their unique needs, particularly those of infants and toddlers are often overlooked in mental health policy and health care delivery systems.

Colorado is at the forefront among states in advancing policies and practices that promote

innovative, collaborative efforts to support families with young children to be healthy and to thrive. This includes public and private investments in Early Childhood Mental Health (ECMH) consultation; an Early Childhood Mental Health Strategic Plan to guide public and private financing, systems coordination, and workforce development; a Postpartum Support International state chapter; and the success of Colorado's community mental health centers in securing federal grants focused on infant and early childhood mental health (IECMH) services.

This commitment is significant given Colorado's growing child population. About 400,000 children ages birth to five live in Colorado, and by 2025 that number is expected to increase to about 423,000.⁷

Despite these advances, Colorado, like many states, has a statewide shortage of mental health professionals with IECMH expertise who can serve the young families of Colorado.

Right Start for Colorado is responding to these opportunities and needs. A five-year initiative led by the Mental Health Center of Denver (MHCD) and funded by the Substance Abuse and Mental Health Services Administration and private philanthropic foundations, Right Start for Colorado has two main goals:

- 1. Address** Colorado's statewide shortage of mental health professionals with IECMH expertise and improve the quality of mental health services available to young children and families.
- 2. Support** allied professionals who routinely work with the ages birth to five population (i.e., child welfare workers, home visitors, pediatricians/primary care providers, early interventionists, public health nurses, etc.) to develop greater awareness of IECMH and feel competent in identifying and referring very young children for appropriate assessment and intervention.

The initiative is providing needed resources to build Colorado's IECMH workforce by offering free or subsidized trainings to mental health and allied professionals, with a strong focus on the dissemination of relationship-based, developmentally specific, evidence-based practices. As the foundation of a child's health is being established, interventions by IECMH professionals trained in evidence-based practices are an effective and essential way to help young children regain developmental momentum

and ensure future healthy emotional development.⁸

The Mental Health Center of Denver (MHCD) contracted with the Colorado Health Institute (CHI) to conduct a statewide needs assessment to assess the current landscape of perinatal, IECMH service provision and to prioritize where in the state MHCD should partner with communities to provide IECMH trainings.

This needs assessment answers the following six questions:

- ***What regions/areas of Colorado are most in need of IECMH programming and training and what are the barriers they face in offering this programming and receiving necessary training?***
- ***What is the current capacity of mental health clinicians with expertise in IECMH to serve the ages birth to five population across Colorado?***
- ***What IECMH programming is offered at each of the 17 Colorado community mental health centers and other mental health organizations?***
- ***What training content are specific communities of clinicians and allied professionals most interested in receiving?***
- ***Aside from IECMH clinical treatment services, what other supportive infant/early childhood programming exists across the various regions of the state?***
- ***What are the varying levels of need, capability and capacity to implement IECMH programs among the regions of Colorado, and what resources would be needed at each level to move them to full capability to implement or augment IECMH programs?***

Assessment activities conducted from July 2019 - January 2020 include reviewing existing maternal child health and other related needs assessments; analyzing population-level data to measure factors that place children ages birth to five at greater risk for needing IECMH services; fielding three statewide surveys of IECMH clinicians, mental health organizations, and allied professionals who work with young children and families; and interviewing key stakeholders across Colorado.

The needs assessment uncovered the following concerns and opportunities:

1. IECMH clinicians and organizations providing IECMH psychotherapy are more likely to be providing outpatient services than home-based services. Nearly all respondents providing IECMH psychotherapy to children ages birth to five use a dyadic caregiver-child treatment approach.

2. Regions in northwest Colorado and southern Colorado are at high risk for needing IECMH services and indicate high readiness to receive trainings and expand their services.

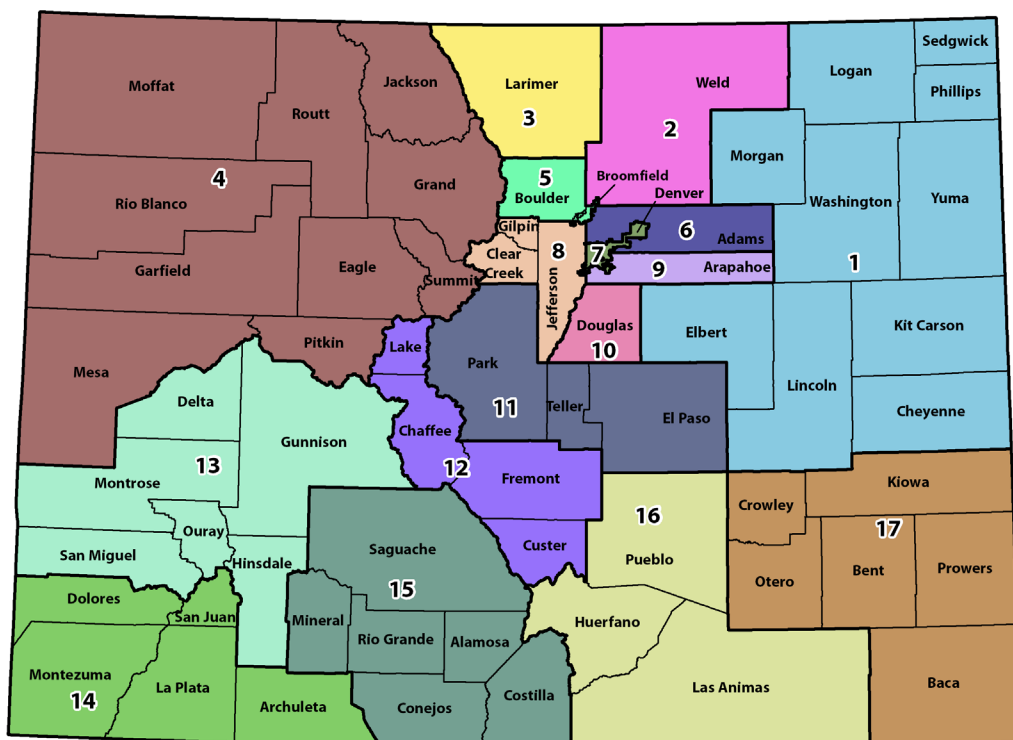
3. The Circle of Security and Child-Parent Psychotherapy trainings are in the greatest demand among community mental health centers.

4. Allied professionals report familiarity with IECMH issues, but one in four is not confident knowing when to refer a young child for clinical services.

These data and insights improve Colorado's understanding of the landscape of IECMH services, measure the interest and need for IECMH and perinatal trainings, and guide where Right Start for Colorado can focus its limited resources to achieve greatest impact.

That said, this needs assessment has limitations. Existing population-level data do not reflect all of the nuances of the risk and protective factors that influence IECMH. Survey respondents may have inadvertently provided inaccurate data or information that has changed since they completed the surveys. Some sources of information such as medical and behavioral health insurance claims were not included in this assessment due to time and resource limitations. Finally, community mental health centers, while a critical IECMH partner and provider serving many of Colorado's under-resourced families, provided most of the information on clinical services currently available.

Map 1. IECMH Needs Assessment Regions



Creating the Needs Assessment

The needs assessment includes four components: IECMH Risk Index; Readiness Index; Organization Survey; Clinician Survey; and Allied Professional Survey. The Risk Index ranks Colorado regions on eight variables that are risk factors associated with an increased likelihood for a child needing IECMH services, such as maternal depression and substantiated abuse and/or neglect. The Readiness Index assesses a region's readiness to engage with Right Start for Colorado to expand or improve quality of IECMH programming available to young children and families. The surveys were fielded to a wide range of clinicians, organizations, and allied professionals to gather input on services provided, capacity, knowledge, and interest in working with Right Start for Colorado. Results from these data inputs were sorted and analyzed by 17 regions according to Colorado's community mental health center (CMHC) service areas (see Map 1). Findings from these activities are described throughout the report, and methods are documented in Appendix 18.

We recognize these limitations and encourage continued discussion with state and local IECMH stakeholders, providers, and families to continue improving the available knowledge and insights to address this important issue.

Identifying the Need for IECMH Services

The needs assessment sought to answer the question: ***What regions/areas of Colorado are most in need of IECMH programming?***

Many of Colorado's young children and families experience challenges to their mental health and well-being, suggesting that IECMH services could be helpful. Colorado data on these challenges and concerns are summarized below.

Colorado's **teen birth rate** was 13.7 births for every 1,000 young women ages 15 to 19 in 2018, a decline from a high of 33.1 births per 1,000 in 2010.⁹ Teen mothers are more likely to drop out of school, impacting their earning potential. This can also have a generational impact on children of teen parents, who tend to experience lower educational attainment and poorer overall health.¹⁰

In Colorado, about 11 percent of pregnant women received **late or no prenatal care** from 2015-2017.¹¹ A mother's access to prenatal care in the early stages of pregnancy can impact a child's health outcomes.¹² Routine health care check-ups can provide expecting mothers important behavior information such as how cigarette smoking may impact their child's health.¹³

One in four (27 percent) postpartum women in Colorado reported symptoms of depression in 2017. **Maternal depression** can affect a mother's health and have a negative impact on a young child's well-being, including a child's emotional and behavioral health by impairing sensitivity, contingent responsiveness, and affective co-regulation.¹⁴

About 18 percent of parents with children ages 4 to 14 indicated that their **child has difficulties with one or more of the following**: emotions, concentration, behavior, or being able to get along with other people.⁵

More than one in three (34.4 percent) children

IECMH Risk Index Indicators

- Maternal Age/Teen Parenthood: Rate of Live Births to Women Age 15 to 19
- Maternal Education: Rate of Live Births to Women with Less Than High School Education
- Percentage of Women Who Did Not Receive Prenatal Care in The First Trimester of Pregnancy
- Maternal Depression: Percentage of Women Who Reported Feeling Down, Depressed or Hopeless Since New Baby Was Born
- Percentage of Children Ages 4 to 14 with Difficulties with Emotions, Concentration, Behavior, or Being Able to Get Along with Other People
- Percentage of Children Ages Birth to Five Living Under 200 percent of the Federal Poverty Level
- Adults with Four Or More Adverse Childhood Experiences
- Substantiated Abuse or Neglect Claims Per 1,000 Children Ages Birth to Five



ages birth to five are **living in families earning less than 200 percent of the federal poverty level**, which was \$51,500 for a family of four in 2019.¹⁶ Poverty places children at greater risk for behavioral health issues in their youth and later in life. Children living in low-income households have an increased risk for mental health issues but are less likely to be connected to quality mental health care services.¹⁷

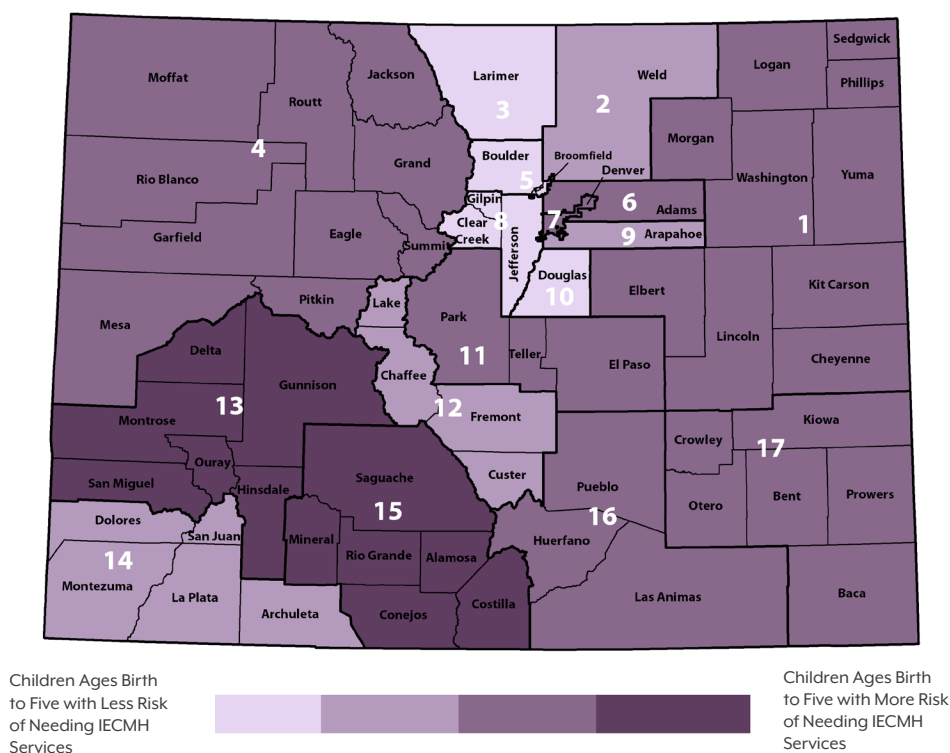
The IECMH Risk Index

CHI created the IECMH Risk Index to assess the risk for needing IECMH services among young children and their families by region.

The IECMH Risk Index is a composite of data assessing need, which is measured by eight indicators of possible mental health risks of children and their families (See box on Page 6). For a detailed methodology, see Appendix 18.

A higher Risk Index score (which ranges from 0 to 10) indicates children in the region are at greater risk for needing mental health services (see Map 2).

Map 2. Overall IECMH Risk Index Score by Region, 2019



Data suggest that children living in Region 15 (San Luis Valley Behavioral Health Group: Saguache, Mineral, Rio Grande, Alamosa, Conejos, and Costilla counties) and Region 13 (The Center for Mental Health: San Miguel, Ouray, Hinsdale, Gunnison, Montrose, and Delta counties) are at the highest risk of needing IECMH services.

Regions along the Front Range have the lowest risk for needing IECMH services, including Region 5 (Mental Health Partners: Boulder and Broomfield counties) and Region 10 (AllHealth Network: Douglas County).

Findings

Children in Regions 15 and 17 are more likely to live in low-income households. Over 60 percent of children ages birth to five in Regions 15 and 17 live in households under 200 percent of the federal poverty level (FPL).

Regions 15 and 13 have the two highest rates of substantiated abuse or neglect claims for children ages birth to five, with 30 and 25 claims per 1,000 children, respectively. Compared with other regions, expectant mothers in these regions are also less likely to receive prenatal care in their first trimester and are

more likely to report depressive symptoms following the birth of their child.

Regions along the Front Range have the lowest risk for needing IECMH services, including Region 3 (SummitStone Health: Larimer County), Region 5 (Mental Health Partners: Boulder and Broomfield counties), Region 8 (Jefferson Center for Mental Health (Jefferson, Clear Creek, and Gilpin counties) and Region 10 (AllHealth Network: Douglas County). All four areas reported low rates of teen parenthood, substantiated abuse and neglect claims, and children residing in low-income households.

Region 11 (AspenPointe, Inc.: El Paso, Teller, Park counties), Region 6 (Community Reach Center: Adams County), and Region 7 (Mental Health Center of Denver: Denver County) are the Front Range regions with the highest risk for needing IECMH services.

Understanding IECMH Workforce Capacity

The needs assessment sought to understand the capacity of Colorado's IECMH clinicians and

organizations, with a focus on Community Mental Health Centers (CMHCs), and availability of IECMH and related services by answering the following questions:

- ***What is the current capacity of mental health clinicians with expertise in IECMH to serve the ages birth to five population across Colorado?***
- ***What IECMH programming is offered at each of the 17 Colorado community mental health centers and other mental health organizations?***
- ***What other supportive infant/early childhood programming exists across the various regions of the state?***

Responses from surveys of mental health clinicians and organizations that provide mental health services in Colorado reveal that the state has a network of providers that are eager to enhance their impact.

A total of 26 organizations representing 16 of the 17 CMHC regions and six other organizations

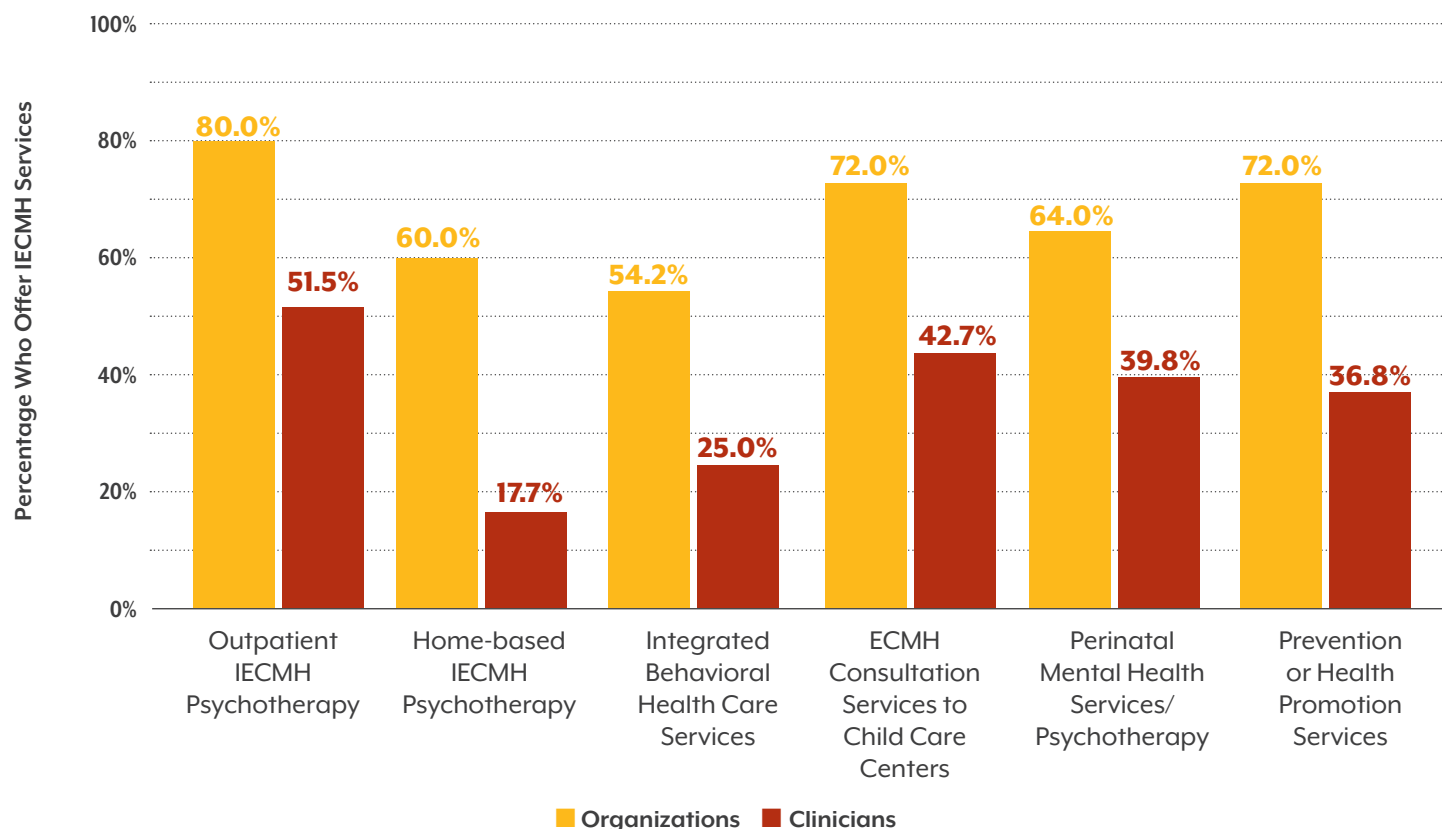
participated in the IECMH organization survey. However, not all respondents completed each question, which means some data points described below may be based on a smaller number than the total survey respondents.

Seventy-four clinicians from 13 of the 17 CMHC regions and over two dozen mental health organizations around the state participated in the IECMH clinician survey. Similar to the organization survey, not all clinician survey participants completed each question, which means some data points described below are based on fewer total respondents (see Appendix 19).

Overall, many clinicians and organizations are providing IECMH psychotherapy, with respondents more likely to be providing outpatient services than home-based services. Nearly all respondents providing IECMH psychotherapy to children ages birth to five use a dyadic caregiver-child treatment approach (including the caregiver(s) alongside the young child).

However, organizations report having more capacity

Figure 1. IECMH Services Offered by Survey Respondents



to meet the needs of their ages birth to five population than of pregnant and postpartum clients. Additionally, one in four organizations do not provide regular clinical supervision by a supervisor with IECMH expertise.

A summary of key findings from the clinician and organization surveys follows, with spotlights on perinatal findings.

Individuals Served

The surveys asked respondents about the people they served.

Most organizations serve both pregnant individuals and children ages birth to five, with only four organizations (out of 25 respondents) serving only children ages birth to five.

Most people served by both clinicians and organizations are enrolled in Medicaid.

Clinical Services

Outpatient IECMH psychotherapy is the service most offered by survey respondents (see Figure 1), with a majority using a dyadic approach.

Twenty-two of 24 organizations report that they typically use a dyadic caregiver-child treatment approach when providing clinical services for children ages birth to five. Among clinicians who provide outpatient IECMH psychotherapy, 90 percent reported using a dyadic approach.

About three quarters of organization respondents (20 of 25 respondents) provide outpatient IECMH psychotherapy, about 70 percent (18 of 25 respondents) provide ECMH consultation services and prevention and health promotion services, and 60 percent (15 of 25 respondents) provide home-based IECMH psychotherapy. About 65 percent of organizations (16 of 25 respondents) report providing perinatal mental health services.

As for clinician respondents, just over half (35 of 68 respondents) provide outpatient IECMH psychotherapy and 17 percent (12 of 68 respondents) provide home-based IECMH psychotherapy. About 37 percent of clinicians (25 of 68 respondents) provide prevention or health promotion services and about two in five (29 of 68 respondents) provide ECMH consultation services. About 40 percent of clinician respondents (27 of 68 respondents) provide perinatal mental health services.



Perinatal Spotlights:

Among organizations serving pregnant and postpartum clients, just a quarter (24 percent) feel they have high capacity to serve these clients.

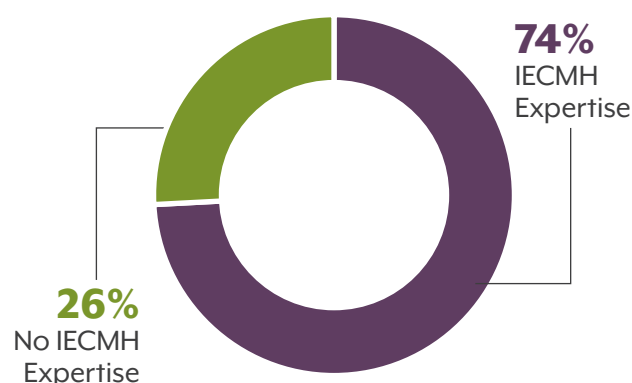
Clinicians are less likely to serve both pregnant individuals and children ages birth to five. One-third of respondents (38 percent) serve children ages birth to five only.

Fewer organization and clinician respondents provide behavioral health integrated care services with some focus on the ages to birth five population, with just 54 percent (13) of organizations and 25 percent (17) of clinicians offering this service.

Only a few organizations are planning changes to their outpatient and/or home-based IECMH psychotherapy services or perinatal mental health services in 2020. Nine of 25 organizations plan to expand outpatient IECMH psychotherapy and perinatal mental health services, while three plan to expand home-based IECMH psychotherapy services. One respondent cited workforce shortages as limiting growth.

Although few organizations are actively planning changes to their services, nearly all (96 percent) are very or somewhat interested in expanding their

Figure 2.
Organizations Offering Regular Supervision, by Supervisor Expertise



capacity to support pregnant/postpartum individuals and children ages birth to five.

Organizations say their IECMH clinicians have more capacity to meet the needs of their ages birth to five population than of pregnant and postpartum clients. Forty percent of organizations feel they have high capacity to serve children ages birth to five and their caregivers.

Clinical Supports

Most organizations provide their IECMH clinicians with regularly occurring (weekly, biweekly, or monthly) supervision. Not all supervision, however, is provided by clinicians with IECMH expertise.

Of organizations providing regular supervision, 74 percent say the supervisor has IECMH expertise while 26 percent say the supervisor does not have IECMH expertise (See Figure 2).

Sixty percent of organizations provide their IECMH clinicians access to reflective supervision by a supervisor who is eligible or holds the IMH-E® (infant mental health) endorsement at category III or IV. Two respondents indicated they have access to this service through grant funding.

Just 18 percent of clinicians responding to the survey hold an IMH-E® category III or IV endorsement, but half of respondents do have access to clinical supervision with an IMH-E®-III or IV-endorsed supervisor.

Assessing Supply of the IECMH Workforce

Understanding the available workforce is critical to expanding capacity to provide IECMH services.

The IECMH workforce is comprised of both clinical and nonclinical professionals who provide a range of supportive services to young children, their caregivers, pregnant individuals, and to early childhood care and education programs. Services include IECMH consultation, promotion of positive practices, prevention, and intervention.¹⁸ When equipped with the right training and skills, these professionals can improve the mental health and well-being of young children and their families.¹⁹

CHI assessed several indicators that provide context for Colorado's IECMH workforce and supportive programming. Region-specific workforce information

Clinician or Consultant? Clarifying the IECMH Workforce

IECMH clinicians include therapists, psychiatrists, and psychologists who intervene and treat social, emotional and behavioral challenges in young children and their caregivers. IECMH consultants provide prevention-based services to families and adults with infants or young children in a variety of settings such as the home, child care center, or preschool.²⁰ The goal of IECMH consultation is to help avoid the need for clinical treatment by building caregiver's strength and capacity to support the healthy social and emotional development of children in their care. Colorado's Department of Human Services Office of Early Childhood (OEC) funds 34 early childhood mental health (ECMH) consultants to provide these important services across the state. The OEC refers to these professionals as ECMH specialists, but this needs assessment refers to them as ECMH consultants to clarify their role in working with other providers and clinicians.

Clinicians, consultants, and other providers can receive an Infant Mental Health Endorsement through the Colorado Association for Infant Mental Health.

can be found in the regional profiles (See Appendices 1-17).

CHI assessed the state's supply of IECMH professionals using the following data:

1. Providers with a Colorado Association for Infant Mental Health (CoAIMH) Infant Mental Health Endorsement (IMH-E®) Category I or II endorsement;
2. Clinicians (excluding research/faculty) with a Colorado Association for Infant Mental Health (CoAIMH) IMH-E® Category III or IV endorsement;
3. Early childhood mental health consultants funded by the Colorado Department of Human Services Office of Early Childhood (OEC);
4. The estimated number of full-time equivalent (FTE) IECMH clinicians and consultants in each CMHC region; and,
5. Select supportive (non-clinical) programs.

Table 1. ICMH Workforce, by Region

Region	Associated Community Mental Health Center (CMHC)	Counties	Number of children ages birth to five	CMHC IECMH Clinicians, FTE (full-time equivalents)	CMHC ECMH Consultants, FTE (may include state-funded ECMH consultants)	IECMH Clinicians from Other Organizations, FTE	ECMH Consultants from Other Organizations, FTE (may include state-funded ECMH consultants)	Number of providers who hold infant mental health endorsement (IMH-E®) as Infant Family Associate (IMH-E®-I) or Infant Family Specialist (IMH-E®-II)	Number of providers who hold infant mental health endorsement (IMH-E®) as an Infant Mental Health Specialist (IMH-E®-III) or Infant Mental Health Mentor (IMH-E®-IV)	Number of state-funded ECMH consultants
1	Centennial Mental Health Center	Morgan, Logan, Sedgwick, Phillips, Washington, Yuma, Elbert, Lincoln, Kit Carson, and Cheyenne counties	7,992	2.0	4.0	N/A	N/A	1.0	1.0	2.0
2	North Range Behavioral Health	Weld County	26,184	4.0	4.5	N/A	N/A	5.0	3.0	2.5
3	SummitStone Health Partners	Larimer County	22,503	0.3	3.0	0.0	0.0	3.0	3.0	2.0
4	Mind Springs Health	Mesa, Garfield, Rio Blanco, Moffat, Routt, Eagle, Pitkin, Summit, Grand, and Jackson counties	25,226	8.0	2.0	N/A	N/A	1.0	3.0	2.0
5	Mental Health Partners	Boulder and Broomfield counties	22,228	12.5	3.5	N/A	N/A	0.0	7.0	2.0
6	Community Reach Center	Adams County	42,836	9.1	3.0	N/A	N/A	8.0	1.0	2.0
7	Mental Health Center of Denver	Denver County	52,438	6.5	8.0	5.8	0.0	11.0	11.0	3.0
8	Jefferson Center for Mental Health	Jefferson, Clear Creek, and Gilpin counties	37,033	6.5	5.0	5.0	5.0	6.0	5.0	2.0
9	Aurora Mental Health Center	Arapahoe County	49,082	9.0	6.0	4.0	0.5	6.0	7.0	1.8
10	All Health Network	Douglas County	21,791	9.0	2.0	N/A	N/A	3.0	2.0	1.8
11	AspenPointe, Inc.	El Paso, Teller, and Park counties	57,963	11.0	2.0	N/A	N/A	4.0	2.0	2.0
12	Solvista Health	Lake, Chaffee, Fremont, and Custer counties	4,024	3.5	2.0	N/A	N/A	0.0	3.0	2.0
13	The Center for Mental Health	San Miguel, Ouray, Hinsdale, Gunnison, Montrose and Delta counties	6,142	N/A	N/A	N/A	N/A	0.0	0.0	2.0
14	Axis Health Systems, Inc	Archuleta, La Plata, Montezuma, Dolores, and San Juan counties	5,907	3.0	0.0	0.0	1.5	1.0	2.0	2.0
15	San Luis Valley Behavioral Health Group	Saguache, Mineral, Rio Grande, Alamosa, Conejos, and Costilla counties	3,504	1.5	0.5	N/A	N/A	5.0	0.0	2.0
16	Health Solutions	Pueblo, Huerfano, and Las Animas counties	12,357	7.0	5.0	N/A	N/A	4.0	1.0	2.0
17	Southeast Health Group	Crowley, Otero, Bent, Kiowa, Prowers, and Baca counties	3,205	5.0	1.0	N/A	N/A	0.0	0.0	1.0

N/A = Data Not Available



Due to data limitations, these measures may not fully capture the IECMH workforce in Colorado. For example, the data collected through the IECMH Needs Assessment surveys have not been independently validated. Additionally, there are limited data available on individuals who are doing work related to IECMH but who do not fall into one of the categories described above. Lastly, these measures do not consider factors related to accessibility, such as whether certain services are available in specific communities within the region.

Workforce findings are described below. Table 1 includes detailed, region-specific workforce information.

Findings

Colorado's IECMH workforce varies across the 17 regions, with urban areas such as Denver (Region 7) and Adams counties (Region 6) reporting higher numbers of practicing IECMH clinicians and consultants. However, urban regions are also more likely to have a greater demand for services due to a larger ages birth to five population.

Young children and their families who live in rural regions of the state may face different challenges compared to their urban counterparts. Issues such as accessibility may arise due to the large distances both providers and families may need to travel for

services. For example, Region 4 (Mesa, Garfield, Rio Blanco, Moffat, Routt, Eagle, Pitkin, Summit, Grand, and Jackson counties) and Region 1 (Morgan, Logan, Sedgwick, Phillips, Washington, Yuma, Elbert, Lincoln, Kit Carson, and Cheyenne counties) each provide services to children and their families in 10 counties.

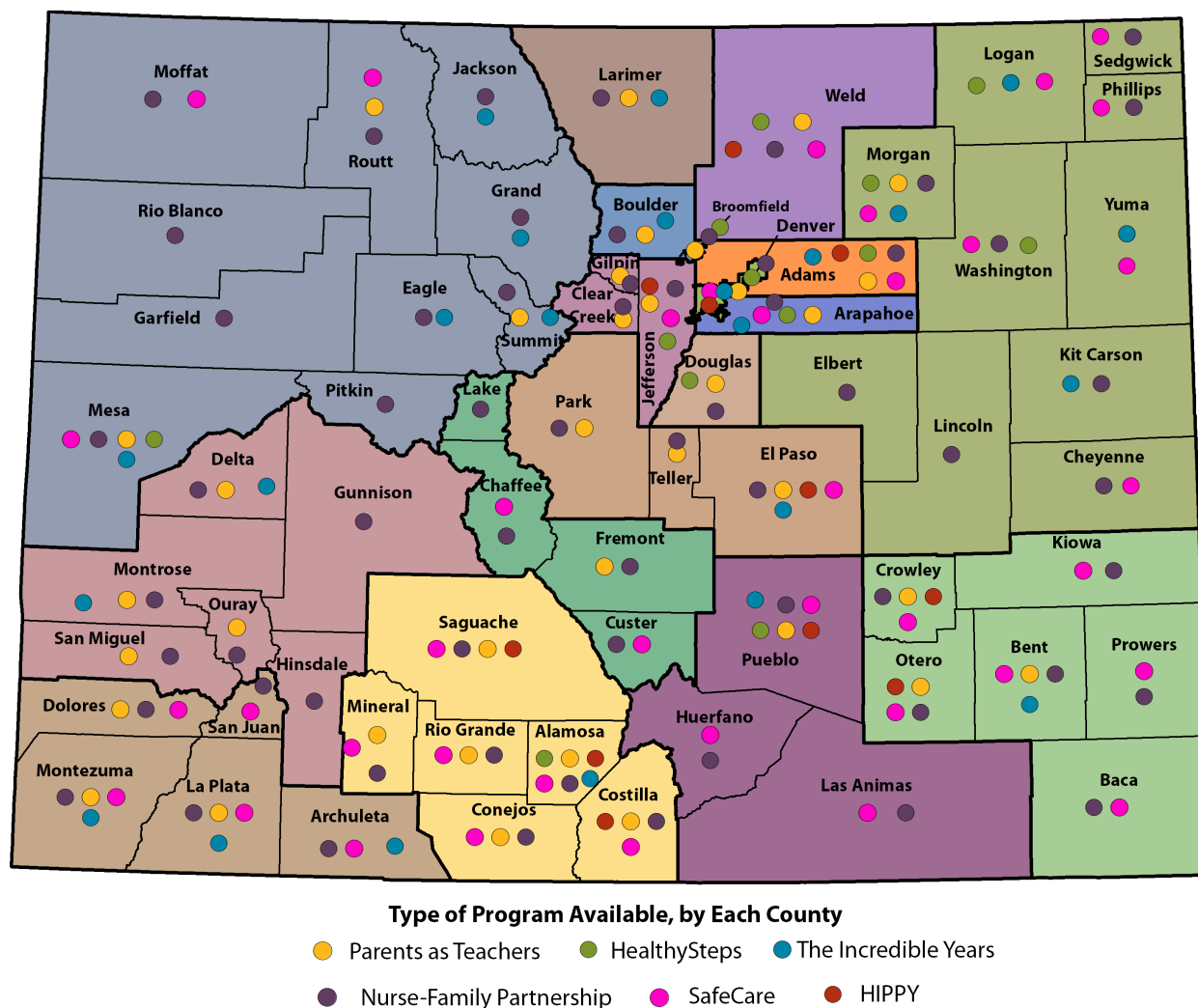
Colorado Association for Infant Mental Health (CoAIMH) Infant Mental Health Endorsement (IMH-E®): Clinicians with Endorsement

A CoAIMH IMH-E® demonstrates that a professional has obtained a certain level of education, has participated in relevant trainings, and worked with mentors or supervisors to advance their knowledge in the infant mental health field.

An IECMH professional must complete specific requirements to attain endorsement in one of four categories.

- **Category I:** Infant Family Associate (Promotion)
- **Category II:** Infant Family Specialist (Prevention)
- **Category III:** Infant Mental Health Specialist (Treatment/Intervention)
- **Category IV:** Infant Mental Health Mentor (Leadership)

Section continues on page 14

Map 3. Supportive Programs by CMHC Region and Type of Program by County

Supportive Programs Considered in the Needs Assessment

HealthySteps for Young Children:

Pediatric clinical program that fosters positive parenting and promotes children's early development from birth to age three.

Home Instruction for Parents of Preschool Youngsters (HIPPY):

Parent-driven school readiness program for children ages three, four, and five.

Nurse-Family Partnership:

Home visitation program for first-time, low-income mothers from pregnancy until age two.

Parents as Teachers (PAT):

Empowers parents in their roles as their children's first teachers from pregnancy until children enter kindergarten.

SafeCare® Colorado:

Home visitation program for families with children age five or younger to help parents manage challenging behaviors and identify household hazards.

The Incredible Years:

A series of evidence-based programs for parents, children, and teachers to help prevent and treat young children's behavior problems and promote their social, emotional, and academic competence.

Some endorsed clinicians provide services statewide, while others focus on providing services in specific regions. More information about the number of IMH-E® providers in each region can be found in the regional profiles and Table 1.

ECMH Consultants*

This needs assessment refers to Colorado's 34 state-funded ECMH specialists as ECMH consultants due to the consultation-based services they provide. Funded by the OEC, the state's 34 ECMH consultants are experts in early childhood development and mental health. They provide early childhood mental health consultation services to early childhood education providers and caregivers with the goal of strengthening relationships between children and adults, improving school readiness, reducing suspensions and expulsions, and effectively

supporting children with behavioral and learning difficulties.²¹

IECMH Clinicians and Consultants†

The presence of IECMH clinicians and consultants in areas where young children have a greater need for services is critical in the early years of life, since prevention and intervention can have lifelong positive impacts.²²

In Colorado, some regions have upwards of 12 full-time IECMH clinicians, such as in Region 5 (Boulder and Broomfield counties). However, some community mental health centers, especially in rural areas, serve children in multiple counties, so a relatively high FTE count may not necessarily equate to ready access for all children. For example, the eight IECMH clinicians with Mind Springs Health in

Table 2. Right Start for Colorado IECMH Needs Assessment Risk and Readiness Factors

Risk	Readiness		
Relative risk for needing IECMH services based on population data	Capacity and infrastructure to provide IECMH services*	Interest in offering or expanding evidence-based IECMH services*	Commitment to participating in needed activities*
<ul style="list-style-type: none"> • Maternal Age/ Teen Parenthood • Low Maternal Education • Adult Adverse Childhood Experiences • Low Income • Children with Difficulties with Emotions, Concentration, Behavior, or Being Able to Get Along with Other People • Lack of Prenatal Care • Maternal Depression • Substantiated Child Abuse or Neglect Claims 	<ul style="list-style-type: none"> • Question 15: Offering IECMH psychotherapy services • Question 22: Self-reported capacity to serve children ages birth to five and caregivers • Question 24: Clinicians who have received select IECMH training • Question 26: Clinicians who have received select relationship-based infant mental health assessment procedures 	<ul style="list-style-type: none"> • Question 20: Expanding IECMH services in 2020 • Question 23: Interest in expanding capacity • Question 36: Interest in developing an IECMH treatment team 	<ul style="list-style-type: none"> • Question 30: Specific learning format for training • Question 31: Ability to participate in learning and training activities as often as needed or as indicated

These questions are from the IECMH Organization Survey.

* For the purposes of this needs assessment, CHI is referring to the state-funded "ECMH Specialists" as ECMH Consultants to limit confusion with IMH-E®-III providers who are known as specialists.

† Self-reported FTE and services from organizations that participated in the IECMH Organization Survey.

‡ Please see the regional profiles for the number of self-reported FTE for both CMHC and non CMHC-affiliated clinicians and consultants.



northwest Colorado serve children ages birth to five in 10 rural, mountainous counties.[‡]

Supportive Programs

Supportive programs, primarily home visitation services, offer resources to parents and young families. Home visitors can promote good mental health and well-being for children and their caregivers.²³

These programs can improve a child's well-being and readiness for school in addition to helping strengthen their caregiver's parenting skills.²⁴

Map 3 indicates the supportive prevention programs available in each county. Data on the total number of children served by these programs, however, was not available for the needs assessment.

Understanding Regional Differences: Risk and Readiness

The needs assessment created “tiers” based on CHI's analysis of risk for needing IECMH services and

readiness to engage with Right Start for Colorado to answer the following questions:

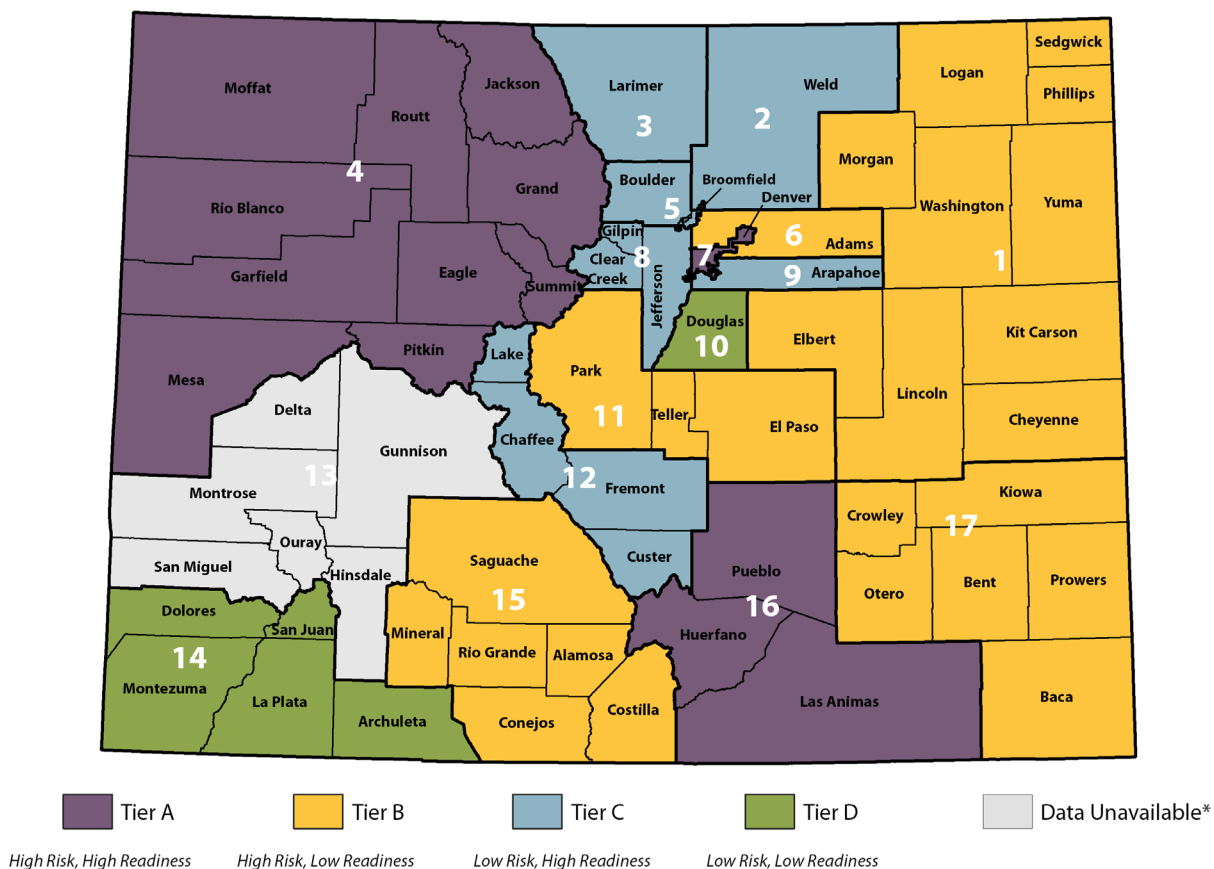
- ***What regions/areas of Colorado are most in need of IECMH programming and training?***
- ***What is the current capacity of mental health clinicians with expertise in IECMH to serve the ages birth to five population across Colorado?***
- ***What IECMH programming is offered at each of the 17 Colorado community mental health centers and other mental health organizations?***
- ***What are the varying levels of need, capability and capacity to implement IECMH programs among the regions of Colorado?***

Regions were created based on the service areas of Colorado's 17 community mental health centers and categorized into tiers.

A region's designation as “high” or “low” **risk** is based on the eight indicators included in the Risk Index.

A region's **readiness** to engage with Right Start for Colorado to expand or improve quality of IECMH programming available to young children

Map 4. Right Start for Colorado IECMH Needs Assessment Tiers A through D, by Region, 2019



*Data are unavailable from Region 13 (San Miguel, Hinsdale, Gunnison, and Delta Counties) served by The Center for Mental Health, due to lack of survey response. Scores from the Risk Index indicate that children and expecting mothers in this region are at risk for needing IECMH services.

and families is determined by the answers to nine questions from the organization survey. An organization's response to each of these questions indicates its level of capacity, interest, and commitment — which are used to calculate a composite readiness score (see Table 2 and Appendix 19 for detailed methodology).

The four tiers were created using CMHC survey response data only to ensure consistency across the regions. Each region is served by at least one CMHC, but not all regions might have the same number or type of other community organizations providing IECMH services. Responses from other organizations are included in other areas of the assessment, including "Understanding IECMH Workforce Capacity" and the regional profiles.

The IECMH Needs Assessment tiers show how regions vary across risk and readiness (see Map 4 and Table 3). They also provide insights for where Right Start for Colorado can target its training and supports to accelerate progress, or build capacity, to increase

the number of children and pregnant/postpartum individuals receiving high quality perinatal and IECMH services.

The following section details each region's risk and readiness based on the IECMH Needs Assessment and tiers. Each tier is comprised of two to six regions described below. (Region 13 is not included in the tiers, due to lack of survey response, but was contacted multiple times to request data and information.)

Region-specific data is available in the regional profiles that begin in Appendix 1.

Right Start for Colorado IECMH Needs Assessment Tiers

Tier A: High Risk, High Readiness

Tier B: High Risk, Low Readiness

Tier C: Low Risk, High Readiness

Tier D: Low Risk, Low Readiness

Right Start for Colorado IECMH Needs Assessment Tiers

Tier A Regions

Tier A regions have a high risk of needing IECMH services as well as high readiness for participating in Right Start for Colorado activities.

- **Region 4:** Mind Springs Health: Mesa, Garfield, Rio Blanco, Moffat, Routt, Eagle, Pitkin, Summit, Grand, and Jackson counties
- **Region 7:** Mental Health Center of Denver: Denver County

- **Region 16:** Health Solutions: Pueblo, Huerfano, and Las Animas counties

Region 7 scored slightly better (indicating slightly less risk) on the Risk Index than other Tier A regions, although all scored above the average of the rest of the regions (indicating highest overall risk).

In Regions 4 and 16, **about half of the ages birth to five** population live in low-income households, 48 percent and 57 percent respectively.

Additionally, **about one in six children living in these regions is born to mothers with less than a high school education**. A mother's socioeconomic and educational background is associated with poorer child mental health and well-being outcomes.²⁵

Table 3. Right Start for Colorado IECMH Needs Assessment Tiers by Region/Counties Served by Community Mental Health Center (CMHC)

	Region and CMHC	Counties
Tier A High Risk, High Readiness	Region 4 (Mind Springs Health)	Mesa, Garfield, Rio Blanco, Moffat, Routt, Eagle, Pitkin, Summit, Grand, and Jackson counties
	Region 7 (Mental Health Center of Denver)	Denver County
	Region 16 (Health Solutions)	Pueblo, Huerfano, and Las Animas counties
Tier B High Risk, Low Readiness	Region 1 (Centennial Mental Health Center)	Morgan, Logan, Sedgwick, Phillips, Washington, Yuma, Elbert, Lincoln, Kit Carson, and Cheyenne counties.
	Region 6 (Community Reach Center)	Adams County
	Region 11 (AspenPointe, Inc.)	El Paso, Teller, and Park counties
	Region 15 (San Luis Valley Behavioral Health Group)	Saguache, Mineral, Rio Grande, Alamosa, Conejos, and Costilla counties
Tier C Low Risk, High Readiness	Region 17 (Southeast Health Group)	Crowley, Otero, Bent, Kiowa, Prowers, and Baca counties
	Region 2 (North Range Behavioral Health)	Weld County
	Region 3 (SummitStone Health Partners)	Larimer County
	Region 5 (Mental Health Partners)	Boulder and Broomfield counties
	Region 8 (Jefferson Center for Mental Health)	Jefferson, Clear Creek, and Gilpin counties
	Region 9 (Aurora Mental Health Center)	Arapahoe County
Tier D Low Risk, Low Readiness	Region 12 (Solvista Health)	Lake, Chaffee, Fremont, and Custer counties
	Region 10 (AllHealth Network)	Douglas County
	Region 14 (Axis Health Systems, Inc.)	Archuleta, La Plata, Montezuma, Dolores, and San Juan counties



Readiness

Organizational survey responses from CMHCs in these regions indicate they have a high level of readiness to participate in Right Start for Colorado-sponsored trainings to support development of their IECMH workforce.

All three regions have a high level of commitment to participating in training-related activities but have various levels of capacity. For example, while all Tier A regions offer two essential services for young children and their caregivers — outpatient IECMH psychotherapy and home-based IECMH psychotherapy — only Region 7 self-reports having high capacity to support children ages birth to five.

Specific training recommendations are detailed later in the report.

Tier B Regions

Tier B regions have a high level of risk of needing

IECMH services but have lower readiness to participate in Right Start for Colorado activities.

- **Region 1:** Centennial Mental Health Center: Morgan, Logan, Sedgwick, Phillips, Washington, Yuma, Elbert, Lincoln, Kit Carson, and Cheyenne counties.
- **Region 6:** Community Reach Center: Adams County
- **Region 11:** AspenPointe, Inc.: El Paso, Teller, and Park counties
- **Region 15:** San Luis Valley Behavioral Health Group: Saguache, Mineral, Rio Grande, Alamosa, Conejos, and Costilla counties
- **Region 17:** Southeast Health Group: Crowley, Otero, Bent, Kiowa, Prowers, and Baca counties

Tier B regions have above-average Risk Index scores.

All five regions have a higher **rate of teenagers**

giving birth compared with the state average of 13.7 per 1,000 births for women ages 15 to 19. With the exception of Region 11, about one in six mothers in Tier B regions have less than a high school education.

Children in Region 15 have the highest risk of needing IECMH services relative to all other regions, as described earlier in the assessment. About two-thirds (61 percent) of children in the region are living in **low-income households**, and about one in four adults report having four or more **Adverse Childhood Experiences (ACEs)**. The region also has highest rate of **substantiated abuse and neglect claims**, with 29.7 per 1,000 children ages birth to five.

Readiness

Regions in Tier B have low readiness levels relative to the statewide average of other regions to participate in Right Start for Colorado-sponsored activities and expand IECMH services.

Overall, the regions scored low in each of the three components of readiness; interest, capacity, and commitment. There is some variation, however, with Region 6 indicating a low level of interest in expanding services and committing to trainings but high capacity to support its ages birth to five population.

Tier C Regions

Tier C regions have lower scores on the Risk Index and higher levels of readiness to participate in Right Start for Colorado activities.

- **Region 2:** North Range Behavioral Health: Weld County
- **Region 3:** SummitStone Health Partners: Larimer County
- **Region 5:** Mental Health Partners: Boulder and Broomfield counties
- **Region 8:** Jefferson Center for Mental Health: Jefferson, Clear Creek, and Gilpin counties
- **Region 9:** Aurora Mental Health Center: Arapahoe County
- **Region 12:** Solvista Health: Lake, Chaffee, Fremont, and Custer counties

Located primarily along the Front Range, Tier C regions have a lower risk of needing IECMH services.

Children in these regions (except for Region 9) are less likely to be living in **low-income households** or have **parents with four or more ACEs**. Additionally, each region has fewer than 15 claims of **substantiated abuse and neglect** per 1,000 children, some of the lowest rates in state.

Mothers in Regions 2, 3, 5, and 8 are more likely to have received **early prenatal care** and have earned at least a **high school degree**. However, Region 12 has relatively higher rates of teen births, 21 per 1,000 women ages 15 to 19. Mothers in Regions 2 and 12 report higher rates (30 percent) of **post-partum depression** compared with other regions in Tier C.

Readiness

Regions in Tier C have a high level of readiness to engage in trainings and expand services to support children ages birth to five. Five of the six regions in Tier C indicate they have a high level of interest in expanding services, and a majority have high capacity and commitment for implementing and participating in clinical trainings.

Tier D Regions

Tier D regions have a low risk of needing IECMH services compared with other tiers and also have lower readiness to participate in Right Start for Colorado activities.

- **Region 10:** AllHealth Network: Douglas County
- **Region 14:** Axis Health Systems, Inc.: Archuleta, La Plata, Montezuma, Dolores, and San Juan counties

Region 10 has the lowest rates of both **teen births** (2.5 per 1,000 women ages 15 to 19) and percentage of mothers with less than a **high school education** (2 percent) compared with the rest of the state. Additionally, less than 7 percent of children are living in **low-income households**, and about 93 percent of mothers sought **early prenatal care**.

Region 14 is more at risk for needing IECMH services than Region 10, but also scored well overall on the Risk Index. Region 14 reported low rates (16 percent) of parents who report their children have difficulties with emotions, concentration, or behavior.

Readiness

All Tier D regions indicate a low level of readiness

— meaning they have less interest, commitment, and capacity for participating in Right Start for Colorado activities.

Further outreach and communication with these regions could help determine whether there is adequate infrastructure to expand services and/or add to the workforce.

Assessing Interest: Training Recommendations

The needs assessment sought to answer the following questions:

- *What training content are specific communities of clinicians and allied professionals most interested in receiving?*
- *What are the barriers they face in offering this programming and receiving necessary training?*
- *What resources would be needed to implement or augment IECMH programs?*

Needs assessment findings will inform the development of a statewide training plan that will effectively target those regions of the state most likely to benefit.

Detailed results from the organization and clinician surveys highlight the IECMH related trainings that clinicians are most interested in receiving and their preferred training formats. It also notes what trainings clinicians have already received.

This section also includes training preferences by tiers on Pages 22 and 23.

Current Trainings for Clinicians and Organizations Serving Children Ages Birth to Five

Organizations are most likely to have IECMH clinicians that have received training in DC: 0-5: Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (68 percent). Due to its importance for IECMH diagnostics, Right Start for Colorado began offering the DC: 0-5 training to clinicians in the Denver metro area prior to this assessment, which may be a contributing factor in the high number of trained IECMH staff. Organizations also report having received trainings in Trauma-Focused



Cognitive Behavioral Therapy (64 percent), and Child-Parent Psychotherapy (56 percent).

A similar rate of clinician survey respondents (62 percent) have been trained in DC: 0-5. Child-Parent Psychotherapy was the second most common training that clinicians reported receiving (41 percent), followed by Trauma-Focused Cognitive Behavioral Therapy (38 percent).

Of the 68 percent of organizations with clinicians trained in DC: 0-5, more than half report currently using the DC: 0-5 to diagnose. Four organizations note that the diagnostic codes for DC: 0-5 aren't supported by their organizations' electronic health records.

More than half (56 percent) of organization survey respondents indicate their organizations' IECMH clinicians have not received any training in the use of relationship-based infant mental health assessment procedures, including the Crowell Parent-Child Observational Procedure, Working Model of the Child Interview, and the Marshak Interaction Method. A majority of clinician survey respondents (71 percent) do not provide relationship-based infant mental health assessment procedures. Those who do are most likely to use the Working Model of the Child Interview.

Current Perinatal Trainings

Just less than half (48 percent) of organization respondents indicate their organizations' IECMH

clinicians have not received any trainings or consultations to address perinatal mental health. A slightly higher rate of clinicians — 57 percent — have **not** received perinatal mental health trainings.

One-third of clinician and organization respondents have training in Postpartum Support International (PSI) 2-day Perinatal Mood and Anxiety Disorders training. Among organization respondents, 24 percent have trainings for their IECMH clinicians in Interpersonal Therapy and another 12 percent have training or consultation on the topic of prescribing psychiatric medications for individuals who are pregnant or breastfeeding, and mother-infant therapy groups.

Training Recommendations

Circle of Security is the top choice for training among organizations (both CMHCs and other mental health agency respondents) and IECMH clinicians (See Table 4).

Organizations responding to the survey report different second and third choices for trainings compared with IECMH clinicians. In addition to Circle of Security, organizations prefer trainings in Child-Parent Psychotherapy and Parent Child Interaction Therapy (PCIT).

IECMH clinicians, however, favor training in Attachment and Biobehavioral Catch-up (ABC) and relationship-based infant and mental health assessment procedures. Only about 3 percent of clinicians currently have been trained in ABC.

Trauma-focused Cognitive Behavioral Therapy training was ranked as least desirable; about 38 percent of all clinicians and 64 percent of organizations indicated they have already been trained in this modality.

Table 4 lists trainings in order of preference for organizations and IECMH clinicians by using a weighted average to calculate a total training score. For example, each time a respondent selected a training as their most preferred, that training is given the largest weight. This scoring method allows for trainings to be analyzed based on all responses and not just trainings that were selected most frequently as either the first or last choice. A higher score indicates stronger overall preference.

Overall, organization and clinician survey respondents prefer to receive trainings as often as needed. Additionally, organizations and clinicians are most interested in a single day in-person training format. Their second preference is either multiple-day in-person or a combination of in-person and virtual trainings.

Table 4. Preferred Trainings, Organization and Clinician Survey Respondents, by Rank Order, 2019

Trainings in Rank Order	Organization Rank from first training preference (1) to last training preference (8)	Clinician Rank from first training preference (1) to last training preference (7)*
Circle of Security	1	1
Child-Parent Psychotherapy	2	4
Parent Child Interaction Therapy (PCIT)	3	5
DC: 0-5 (Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood)	4	7
Infant/Young Child-Caregiver Relationship Assessments	5	3
Attachment and Biobehavioral Catch-up (ABC)	6	2
Diversity-Informed Infant Mental Health Tenets	7	N/A
Trauma-Focused Cognitive Behavioral Therapy	8	6

* The Clinician Survey did not include the “Diversity-Informed Infant Mental Health Tenets” Training.

Tier A Training Preferences – Trainings, Format, and Frequency

Tier A regions (high risk, high readiness) include:

- **Region 4:** Mind Springs Health: Mesa, Garfield, Rio Blanco, Moffat, Routt, Eagle, Pitkin, Summit, Grand, and Jackson counties
- **Region 7:** Mental Health Center of Denver: Denver County
- **Region 16:** Health Solutions: Pueblo, Huerfano, and Las Animas counties

Child-Parent Psychotherapy received the highest score among Tier A regions. Circle of Security and Attachment and Biobehavioral Catch-up (ABC) are their second and third choices.

Tier A organizations are most interested in a learning collaborative format, but also expressed interest in single day in-person trainings.

Tier B Training Preferences – Trainings, Format, and Frequency

Tier B regions (high risk, low readiness) include:

- **Region 1:** Centennial Mental Health Center: Morgan, Logan, Sedgwick, Phillips, Washington, Yuma, Elbert, Lincoln, Kit Carson, and Cheyenne counties
- **Region 6:** Community Reach Center: Adams County
- **Region 11:** AspenPointe, Inc.: El Paso, Teller, and Park counties
- **Region 15:** San Luis Valley Behavioral Health Group: Saguache, Mineral, Rio Grande, Alamosa, Conejos, and Costilla counties
- **Region 17:** Southeast Health Group: Crowley, Otero, Bent, Kiowa, Prowers, and Baca counties

Circle of Security received the highest score among Tier B organizations, and Child-Parent Psychotherapy received the second-highest score.

Tier B organizations report being interested in a combination of in-person and virtual trainings, or single day in-person trainings. The most reported frequency preferred is every six months.

Table 5. Training Scores, Tier A Organization Survey CMHC Respondents*

Tables 5 and 6 are ranked from first training preference (1) to last training preference (8)

Tier A Preferred Trainings	Rank
Child-Parent Psychotherapy	1
Circle of Security	2
Attachment and Biobehavioral Catch-up (ABC)	3
Parent Child Interaction Therapy (PCIT)	4
Diversity-Informed Infant Mental Health Tenets	5
Infant/Young Child-Caregiver Relationship Assessments	6
DC: 0-5 (Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood)	7
Trauma-Focused Cognitive Behavioral Therapy	8

Table 6. Training Scores, Tier B Organization Survey CMHC Respondents*

Tier B Preferred Trainings	Rank
Circle of Security	1
Child-Parent Psychotherapy	2
Parent Child Interaction Therapy (PCIT)	3
DC: 0-5 (Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood)	4
Infant/Young Child-Caregiver Relationship Assessments	5
Diversity-Informed Infant Mental Health Tenets	6
Attachment and Biobehavioral Catch-up (ABC)	7
Trauma-Focused Cognitive Behavioral Therapy	8

(Clinicians' training preferences can be found in the regional profiles.)

* Only responses from Community Mental Health Centers (CMHCs) are included in each tier.

Tier C Training Preferences – Trainings, Format, and Frequency

Tier C regions (low risk, high readiness) include:

- **Region 2:** North Range Behavioral Health: Weld County
- **Region 3:** SummitStone Health Partners: Larimer County
- **Region 5:** Mental Health Partners: Boulder and Broomfield counties
- **Region 8:** Jefferson Center for Mental Health: Jefferson, Clear Creek, and Gilpin counties
- **Region 9:** Aurora Mental Health Center: Arapahoe County
- **Region 12:** Solvista Health: Lake, Chaffee, Fremont, and Custer counties

Circle of Security received the highest score among Tier C organizations, and Child-Parent Psychotherapy received the second highest score.

Tier C organizations are most interested in a learning collaborative format. The most common reported training frequency is as often as needed.

Tier D Training Preferences – Trainings, Format, and Frequency

Tier D regions (low risk, low readiness) include:

- **Region 10:** AllHealth Network: Douglas County
- **Region 14:** Axis Health Systems, Inc.: Archuleta, La Plata, Montezuma, Dolores, and San Juan counties

Attachment and Biobehavioral Catch-up (ABC) received the highest score among Tier D organizations, followed by Child-Parent Psychotherapy and Circle of Security.

Tier D organizations are most interested in a combination of in-person and virtual trainings, and indicated that they would like trainings about once a quarter or every six months.

Table 7. Training Scores, Tier C Organization Survey CMHC Respondents*†

Tables 7 and 8 are ranked from first training preference (1) to last training preference (8)

Tier C Preferred Trainings	Rank
Circle of Security	1
Child-Parent Psychotherapy	2
Parent Child Interaction Therapy (PCIT)	3
Attachment and Biobehavioral Catch-up (ABC)	4
Infant/Young Child-Caregiver Relationship Assessments	5
Diversity-Informed Infant Mental Health Tenets	6
DC: 0-5 (Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood)	7
Trauma-Focused Cognitive Behavioral Therapy	8

Table 8. Training Scores, Tier D Organization Survey CMHC Respondents†

Tier D Preferred Trainings	Rank
Attachment and Biobehavioral Catch-up (ABC)	1
Child-Parent Psychotherapy	2
Circle of Security	3
Parent Child Interaction Therapy (PCIT)	4
DC: 0-5 (Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood)	5
Trauma-Focused Cognitive Behavioral Therapy	6
Diversity-Informed Infant Mental Health Tenets	7
Infant/Young Child-Caregiver Relationship Assessments	8

(Clinicians' training preferences can be found in the regional profiles.)

* Jefferson Center for Mental Health has three organization responses. † Responses in this tier are from CMHCs only.

Allied Professionals

Very young children interface with many different systems and sectors.

The IECMH workforce includes more than mental health clinicians. It includes all professionals who frequently work with the birth to five population including child welfare case workers, home visitors, early care and education providers, pediatricians, early intervention providers, public health nurses, and guardians ad litem, amongst others.

These allied professionals play a critical role identifying concerns and ensuring very young children are promptly routed to clinical services when challenges first arise and are most amenable to treatment.

In addition to offering trainings to mental health clinicians, Right Start for Colorado aims to partner with allied professionals to increase their confidence and competence in knowing when to make a referral to IECMH services.

CHI fielded an online survey to assess current referral practices of allied professionals and their interest in receiving trainings from Right Start for Colorado. The survey included questions about familiarity and confidence in referring children and their families for IECMH services; where referrals are made; screening practices; and questions about interest in training topics and format (see Appendix 22).

A total of 285 allied professionals from across Colorado completed the survey. Table 9 describes the distribution of survey responses across profession.

The following sections include an analysis of the survey results.

A Majority of Allied Professionals are Familiar with IECMH Issues

The Allied Professional Survey asked respondents about their general familiarity and confidence with making IECMH referrals. This was meant to gauge their overall knowledge of IECMH issues.

Familiarity with IECMH Issues

Most allied professionals have some familiarity with IECMH issues and to varying degrees address them in their work (see Figure 3).

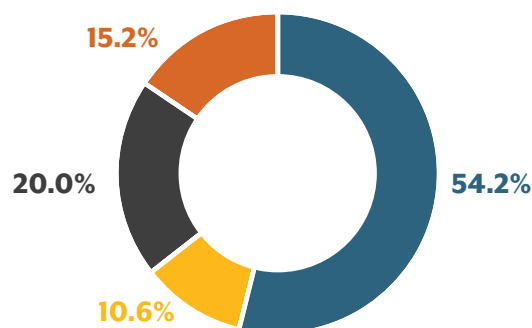
Table 9. Allied Professional Survey Responses by Profession Type

Allied Professional	Survey Responses
Child Welfare Professional	32
Early Care and Education (ECE) Professional	14
Early Intervention Provider	102
First Responder	1
Home Visitor	68
Judicial Representative	4
Other Physician (OB-GYN, etc.)	1
Pediatrician or Family Practice Physician	2
Primary Care Provider (non-physician)	1
Public Health Professional	36
Other*	24
Total	285**

*There were 38 Other responses. 14 were re-coded to fit one of the other categories of professionals. The remaining 24 responses include social workers, management and/or advocacy workers, family resource center staff, and others.

**CHI received 296 total responses but removed 11 that were duplicates or incomplete.

Figure 3. Allied Professionals' Familiarity with IECMH Issues



■ I am very familiar with IECMH issues and address them in my work.

■ I am somewhat familiar with IECMH issues and occasionally address them in my work.

■ I am somewhat familiar with IECMH issues but do not address them in my work.

■ I have very little familiarity with IECMH issues.

About 20 percent of Allied Professional Survey respondents report being very familiar with IECMH issues and addressing them in their work. About half (54 percent) report being somewhat familiar with IECMH issues, but only occasionally addressing them in their work. Fifteen percent report having very little familiarity with IECMH issues, and 11 percent report being familiar with IECMH issues but not addressing them in their work. Early care and education professionals report the highest familiarity with IECMH issues among allied professionals.

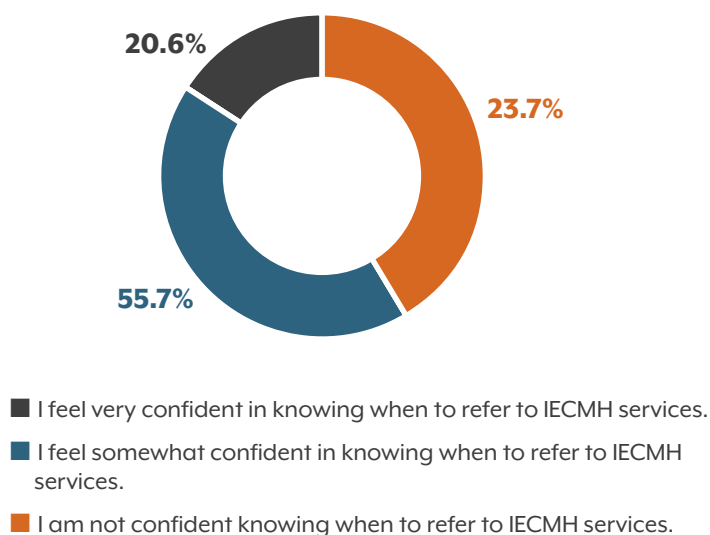
Confidence with Providing IECMH Referrals

Over half (56 percent) of all Allied Professional Survey respondents report feeling somewhat confident in knowing when to refer children to IECMH services, and an additional 21 percent report feeling very confident. About 24 percent of survey respondents say they do not feel confident knowing when to refer children for services (see Figure 4).

Levels of confidence in knowing when to refer children to IECMH services vary by profession.

Among child welfare professionals, 82 percent report being very confident or somewhat confident knowing when to refer children to IECMH services, whereas about three in four public health professionals and early intervention providers (72 and 73 percent, respectively) report they were very confident or

Figure 4. Allied Professionals' Confidence in Referring to IECMH Services



Perinatal Spotlight: Allied professionals report less confidence in knowing when to refer perinatal populations for IECMH services: 41 percent report feeling somewhat confident in knowing when to refer perinatal clients to IECMH services, and 38 percent said they are not confident knowing when to refer perinatal patients.

somewhat confident knowing when to refer children to IECMH services.

Frequency of Providing IECMH Referrals

The survey also asked how frequently allied professionals have referred children and families for services in the past year, with choices of frequently, occasionally, rarely, never, or I cannot remember or am not sure. When asked about how frequently allied professionals refer children to IECMH services, most respondents report occasionally referring children for IECMH services.

Over 60 percent of child welfare professionals report frequently or occasionally referring children for IECMH services, and about 50 percent of child welfare workers report the same for perinatal clients to IECMH services. Half of home visitors say they rarely or never refer children or perinatal clients to IECMH services.

Community Mental Health Centers are a Common Referral Destination

Just about half (47 percent) of the allied professionals report referring individuals to CMHCs for services. An additional 25 percent report referring to private practices, and 20 percent to other safety net providers, such as community health centers. One in five respondents did not refer individuals to IECMH services.

The Allied Professional Survey provides insights about where referrals are made, while the organization and clinician surveys included questions about the frequency of receiving referrals from allied professionals for children ages birth to five and perinatal/postpartum clients. Table 10 shows the top three allied professional referral

Table 10. Clinician and Organization Survey Respondents Referral Sources

Ages Birth to Five Client Referral Sources (Organizations)	Ages Birth to Five Client Referral Sources (Clinicians)	Perinatal/Postpartum Client Referral Sources (Clinicians and Organizations)
1. Child Welfare Professionals 2. Pediatricians and/or Primary Care Providers 3. Early Care and Educational Professionals	1. Pediatricians and/or Primary Care Providers 2. Early Care and Educational Professionals 3. Child Welfare Professionals	1. Pediatricians and/or Primary Care Providers 2. Child Welfare Professionals 3. (Organizations) Public Health Nurses 3. (Clinicians) Early Care and Education Professionals

sources according to clinicians and organizations responding to the Right Start for Colorado IECMH Needs Assessment surveys.

Allied Professionals Report Facing Barriers when Referring for IECMH Services

The most frequently reported barrier to referring young children and families for IECMH services is a reported lack of client follow-through with referrals, with about 40 percent of allied professionals citing this as a barrier.

About 23 percent of allied professionals report that IECMH clinician capacity is a barrier to referring. Additionally, five percent said there are no IECMH clinicians in the communities they serve.

About a quarter of allied professionals report not knowing where to refer children and families for IECMH services or that there are not enough IECMH clinicians who accept their clients' insurance.

Only 6 percent of allied professionals report that they face no barriers when referring children and families for IECMH services.

Screening Tools used by Allied Professionals

In addition to measuring referral practices, the Allied Professional Survey asked about screening practices. Just over 30 percent of allied professionals say they do not use screening tools to assess social-emotional and trauma concerns with children.

The Ages and Stages: Social-Emotional screening tool is used by 45 percent of allied professionals. About 15 percent report using the Patient Health Questionnaire to screen children, and less than 6 percent said they use the Devereux Early Childhood Assessment or the Brief Infant Toddler Social-Emotional Assessment.

Twenty-three percent of allied professionals say they feel confident when screening young children for social-emotional issues or trauma. Early care and education professionals (50 percent) are most



Perinatal Spotlight: About half of survey respondents report not using perinatal screening tools. One in five (23 percent) Allied Professionals use the Patient Health Questionnaire to

screen perinatal populations – this is the most frequently reported screening tool used by allied professionals for perinatal clients.

Just 22 percent of Allied Professional Survey respondents report feeling very confident when screening perinatal clients for social-emotional issues or trauma. Home visitors and public health professionals are most likely to report feeling very confident when screening perinatal clients (49.1 percent and 40.7 percent, respectively). However, less than 15 percent of other professionals, such as child welfare professionals and early intervention providers, report feeling very confident when screening perinatal clients.

likely to report feeling very confident when screening children ages birth to five. Child welfare professionals (27.0 percent), early intervention providers (11.1 percent), and public health professionals (14.3 percent) report feeling very confident when screening children ages birth to five.

Allied Professionals Preferred Training Format is a Single Day In-Person Training

Survey respondents report single day in-person training as their most preferred format. A one-hour virtual lunch-and-learn is the second most preferred format, whereas a one-hour in-person lunch-and-learn received the fewest first-choice votes.

Only three allied professionals report not being interested in receiving trainings.

Receiving lunch while at the training and receiving continuing education credit are the two highest-ranked incentives to increase participation in trainings.

Training Format Preference by Profession

Nearly all allied professionals report a single day in-person training as their first choice. However, early care and education professionals (n=14) report a slight preference for an Extension for Community Health Outcomes (ECHO) virtual training series. Though early intervention providers report a single day in-person training as their preferred format, there is some interest in all training formats.

Training Format Preference by Region

Similarly, allied professionals in most regions report a single day in-person training as their most preferred format. Professionals in Region 3 (SummitStone Health Partners) say a virtual lunch-and-learn is their most preferred format, and professionals in Region 13 (The Center for Mental Health) were most interested in virtual options (single day or lunch-and-learn).

Notably, 13 percent of respondents report interest in an ECHO series training. Among the regions, Regions 4, 5, 7, and 9 (across the Front Range and northwest Colorado) report some interest in an ECHO training series.

Table 11. Most Preferred Training Topic by Profession Type

Allied Profession Type	First Choice	Second Choice
Child Welfare Professional (n=32)	Attachment, separation, trauma and loss issues	Evidence-based mental health treatments
Early Care and Education Professional (n=14)	Behavioral and developmental issues	Evidence-based mental health treatments
Early Intervention Provider (n=102)	Attachment, separation, trauma and loss issues	Behavioral and developmental issues
Home Visitor (n=68)	Behavioral and developmental issues	Attachment, separation, trauma and loss issues
Public Health Professional (n=36)	Attachment, separation, trauma and loss issues	Behavioral and developmental issues
Other Professionals (n=24)	Behavioral and developmental issues	Evidence-based mental health treatments

Notes:

Only one first responder completed the survey – they report being interested in evidence-based mental health treatment and screening and assessment social-emotional development.

Only four judicial representatives completed the survey – they report being interested in all trainings.

Only one primary care provider (non-physician) completed the survey and report being interested in all training topics.

Only two pediatrician or family practice physicians completed the survey. They report being interested in attachment, separation, trauma and loss issues, and evidence-based mental health treatments.

Training Topic by Profession

Allied professionals were asked to identify training topics of greatest interest (see Table 11). The survey included 11 options, and respondents were asked to select all training topics they were interested in receiving.

Overall, allied professionals say they are most interested in trainings on attachment, separation, trauma and loss issues, and behavioral and developmental issues. Though these topics were selected most frequently, other trainings of interest include: evidence-based mental health treatments, overview of clinical disorders in infancy/early childhood, screening and assessment of social-emotional development, and incorporating IECMH principles into daily work.

Though many allied professionals report not using screening tools for children and perinatal populations (33 and 52 percent respectively), there is also limited

interest in receiving trainings on screening and assessment tools.

Every training topic that was offered as an option in the survey received interest among allied professionals. Though certain training topics received more interest, regardless of what training is provided, there are allied professionals interested in receiving that training. For example, reflective practice and relationship-based care were selected the least frequently, but nearly 90 (30 percent) allied professionals report being interested in these trainings.

Training Topic by CMHC Region

Attachment, separation, trauma and loss issues, behavioral and developmental issues, and evidence-based mental health treatments are the most requested topics across all regions. There is not great variation by region or any clear geographic differences in training topics.



Conclusion

Right Start for Colorado is ready to engage with clinicians, organizations, and allied professionals across Colorado to bolster the supports and services available to infants and children ages birth to five and their caregivers. The IECMH needs assessment

identifies regions that have the greatest need for these supports and are also ready to engage in trainings and supervision to expand their capacity.

This assessment will inform Right Start for Colorado's resource investments and activities, while also serving as a baseline for measuring future progress.

Endnotes

- ¹ National Scientific Council of the Developing Child. (2008/2012). “Establishing a level foundation for life: Mental health begins in early childhood: Working paper 6. Updated edition.” Retrieved from: <https://developingchild.harvard.edu/resources/establishing-a-level-foundation-for-life-mental-health-begins-in-early-childhood/>
- ² Fox, S.E., Levitt, P., & Nelson III, C. A. (2010). “How the timing and quality of early experiences influence the development of brain architecture.” *Child Development*, 81(1), 28-40.
- ³ Tomlinson, M. (2015). “Infant mental health in the next decade: A call for action.” *Infant Mental Health Journal*, 36(6), 538.
- ⁴ Shonkoff, J.P., Radner, J.M., & Foote, N. (2017). “Expanding the evidence base to drive more productive early childhood investment.” *The Lancet*, 389(10064), 14-16.
- ⁵ Heckman, J.J., & Masterov, D.V. (2007). “The productivity argument for investing in young children.” *Applied Economic Perspectives and Policy*, 29(3), 446-493.
- ⁶ Shonkoff, J.P., Boyce, W.T., & McEwen, B.S. (2009). “Neuroscience, molecular biology, and the childhood roots of health disparities: Building a new framework for health promotion and disease prevention.” *JAMA* 301(21), 2252-2259.
- ⁷ Colorado Demography Office. (2018). “Population by Single Year of Age by County, 2017 population estimates.” <https://demography.dola.colorado.gov/population/data/sya-county/>. Retrieved September 2019
- ⁸ Clinton, J., Feller, A. F., & Williams, R. C. (2016). “The importance of infant mental health.” *Pediatrics & Child Health*, 21(5), 239–241. doi:10.1093/pch/21.5.239
- ⁹ Colorado Department of Public Health and Environment. (2010-2018). “Colorado Health Information Dataset (CoHID), Live Births Statistics, Rates.” Retrieved from: https://cohealthviz.dphe.state.co.us/t/HealthInformaticsPublic/views/COHIDLIVEBirthsDashboard/LiveBirthStatistics?iframeSizedToWindow=true&embed=y&showAppBanner=false&display_count=no&showVizHome=no
- ¹⁰ Centers for Disease Control and Prevention. “Reproductive Health: Teen Pregnancy.” Retrieved from: <https://www.cdc.gov/teenpregnancy/about/index.htm>
- ¹¹ Colorado Department of Public Health and Environment, Health Statistics and Evaluation Branch. 2015-2017. Percent of women who entered prenatal care in the first trimester of pregnancy
- ¹² Noonan, K., Corman, H., Schwartz-Soicher, O., & Reichman, N. E. (2013). “Effects of prenatal care on child health at age 5.” *Maternal and Child Health Journal*, 17(2), 189–199. doi:10.1007/s10995-012-0966-2
- ¹³ Noonan, K., Corman, H., Schwartz-Soicher, O., & Reichman, N. E. (2013). “Effects of prenatal care on child health at age 5.” *Maternal and Child Health Journal*, 17(2), 189–199. doi:10.1007/s10995-012-0966-2
- ¹⁴ Colorado Department of Public Health and Environment. (2017). “Maternal and Child Data Health Brief.” Retrieved from: https://www.colorado.gov/pacific/sites/default/files/LPH_MCH_Pregnancy_Related_%20Depression.pdf.
- ¹⁵ Colorado Department of Public Health and Environment. (2017). “Colorado Child Health Survey.” Retrieved from: https://drive.google.com/file/d/1GWQbvAIFk9E0hQcdFCzj_uy51YmCJmr3/view.
- ¹⁶ Paying for Senior Care. 2019. “2019 Health & Human Services Poverty Guidelines / Federal Poverty Levels” Retrieved from: <https://www.payingforseniorcare.com/federal-poverty-level#48-Contiguous-States-and-D.C.>
- ¹⁷ Hodgkinson, S., Godoy, L., Beers, L. S., & Lewin, A. (2017). “Improving mental health access for low-income children and families in the primary care setting.” *Pediatrics*, 139(1), e20151175. doi:10.1542/peds.2015-1175
- ¹⁸ Colorado Association for Infant Mental Health. (2019). “Why earn the Infant Mental Health Endorsement.” Retrieved December 2019 from: <http://coaimh.org/endorsement-information/>.

- ¹⁹ Child Health and Development Institute of Connecticut. (2015). "Promoting the healthy social and emotional development of children through an informed workforce." Retrieved December 2019 from: <https://www.chdi.org/publications/issue-briefs/promoting-healthy-social-and-emotional-development-children-through-informed-workforce/>
- ²⁰ Substance Abuse and Mental Health Services Administration. (2019). "About infant and early childhood mental health consultation." Retrieved from: <https://www.samhsa.gov/iecmhc/about>
- ²¹ Colorado Office of Early Childhood. "Supporting Social-Emotional Development." Retrieved from: http://coloradoofficeofearlychildhood.force.com/oec/OEC_Partners?p=Partners&s=Supporting-Social-Emotional-Development&lang=en
- ²² Center for the Study of Child Care Employment. (2018). "Supporting the infant-toddler workforce: A multi-pronged approach is urgently needed." Retrieved from: <https://csce.berkeley.edu/supporting-the-infant-toddler-workforce/>
- ²³ Health Resources and Services Administration. (2019). "Home Visitors." Retrieved December 2019 from: <https://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting-overview>.
- ²⁴ Colorado Department of Human Services. (2017). "Colorado home visiting program supporting at-risk families receives nearly \$8 million in final year of funding." Retrieved November 2019 from: <https://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting-overview>
- ²⁵ Arroyo-Borrell, E., Renart, G., Saurina, C., & Saez, M. (2017). "Influence maternal background has on children's mental health." *International Journal for Equity in Health*, 16(1), 63. doi:10.1186/s12939-017-0559-1
- ²⁶ Colorado Health Institute. (2018). Risk, reach, and resources: An analysis of Colorado's early childhood mental health investments. Retrieved from: <https://www.coloradohealthinstitute.org/research/risk-reach-and-resources>.

Appendices 1-22

Appendix 1: REGION 1

Morgan, Logan, Sedgwick, Phillips, Washington, Yuma, Elbert, Lincoln, Kit Carson, and Cheyenne counties

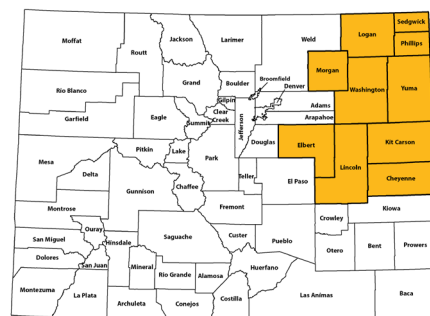
Served by: Centennial Mental Health Center

Tier Group B: High Risk, Low Readiness

Risk of children ages birth to five needing mental health services: **HIGH**

Readiness to support new services and trainings: **LOW**

- Capacity and infrastructure to provide IECMH services: **LOW**
- Interest in offering or expanding evidence-based IECMH services: **HIGH**
- Commitment to participating in needed activities: **LOW**



Assessing Risk: **HIGH**

	Maternal Age (rate of births among 15-19, per 1,000)	Low Maternal Education (percentage of live births to women with less than a high school education)	Adults with Four or More ACES	Low-Income Children (below 200 percent FPL)	Children with Difficulties with Emotions, Concentration, Behavior or Being Able to Get Along with Other People	Lack of Prenatal Care	Maternal Depression	Substantiated Abuse or Neglect Claims Among Children (for every 1,000 children birth to five)
Region 1	19.4	15 percent	11 percent	31 percent	13 percent	11 percent	29 percent	23.2
Statewide Average	13.7	13 percent	15 percent	36 percent	18 percent	13 percent	27 percent	15.2

Assessing Readiness: **LOW**

CMHC Capacity and infrastructure to provide IECMH services: **LOW**

- Availability of IECMH Services:** ECMH Consultation Services to Child Care Centers, Perinatal Mental Health Services, Prevention or Health Promotion Services, Behavioral Health Integrated Care Services (with some focus on the birth to five population)
- Self-reported capacity to serve children ages birth to five and caregivers:** Low Capacity
- CMHC Clinicians who have received select IECMH trainings and relationship-based infant mental health assessment procedures:** Have received trainings in Trauma-Focused Cognitive Behavioral Therapy and DC: 0-5

CMHC Interest in offering or expanding evidence-based IECMH services: **HIGH**

- Expanding IECMH services in 2020:** Expanding zero IECMH services
- Interest in expanding capacity:** Very Interested
- Interest in developing an IECMH treatment team:** Very Interested

CMHC Commitment to participating in Right Start for Colorado activities: **LOW**

- Frequency of participating:** Once every six months
- Format of participating:** Single day, in-person training

Centennial Mental Health Center served an undetermined number of children ages birth to five and pregnant and postpartum individuals in 2018, according to the organization survey. Two clinicians from the region participated in the clinician survey. This section highlights other needs assessment findings for Region 1.



TRAININGS

Organization Training Preferences (rank order):

1. Circle of Security
2. DC: 0-5
3. Child-Parent Psychotherapy

Prefers trainings in single day in-person and virtual format, once every six months.

Clinician Training Preferences (rank order):

1. Circle of Security
2. Child-Parent Psychotherapy
3. Attachment and Biobehavioral Catch-up (ABC)

Prefer trainings to be single day in-person, once every six months.



WORKFORCE

CMHC IECMH Clinicians, FTE (full-time equivalents)	2.0
CMHC ECMH Consultants, FTE	4.0
IECMH Clinicians from Other Organizations, FTE	N/A
ECMH Consultants from Other Organizations, FTE	N/A
Number of providers who hold infant mental health endorsement (IMH-E®) as Infant Family Associate (IMH-E®-I) or Infant Family Specialist (IMH-E®-II)	1.0
Number of providers who hold an infant mental health endorsement (IMH-E®) as an Infant Mental Health Specialist (IMH-E®-III) or Infant Mental Health Mentor (IMH-E®-IV)	1.0
Number of state-funded ECMH consultants	2.0



ALLIED PROFESSIONALS

Preferred Trainings by Allied Professionals:

1. Behavioral and developmental issues
2. Attachment, separation and trauma
3. Evidence-based mental health treatments

Top three providers who send ages birth to five referrals to Centennial Mental Health Center:

They do not know which groups refer patients.

Supportive Programs Offered in the Region:

- Parents as Teachers
- Nurse-Family Partnership
- HealthySteps
- SafeCare
- The Incredible Years



PERINATAL INFORMATION

Perinatal trainings staff have already received:

Postpartum Support International (PSI), Interpersonal Therapy (IPT), and Special Connections

Uses a Dyadic Approach when providing services to children ages birth to five: Unsure

Uses a Dyadic Approach when providing perinatal services to a caregiver: Unsure

Capacity of staff to meet the needs of pregnant and postpartum individuals: Some Capacity

Interest in Perinatal Trainings: Very Interested

Preferred Perinatal Trainings: 1. Postpartum Support International (PSI), 2. Interpersonal Psychotherapy (IPT)

Number of Practices with PSI Trained Clinicians in Region: 2

Appendix 2: REGION 2

Weld County

Served by: North Range Behavioral Health

Tier Group C: Low Risk, High Readiness

Risk of children ages birth to five needing mental health services: **LOW**

Readiness to support new services and trainings: **HIGH**

- Capacity and infrastructure to provide IECMH services: **HIGH**
- Interest in offering or expanding evidence-based IECMH services: **HIGH**
- Commitment to participating in needed activities: **HIGH**



Assessing Risk: **LOW**

	Maternal Age (rate of births among 15-19, per 1,000)	Low Maternal Education (percentage of live births to women with less than a high school education)	Adults with Four or More ACES	Low-Income Children (below 200 percent FPL)	Children with Difficulties with Emotions, Concentration, Behavior or Being Able to Get Along with Other People	Lack of Prenatal Care	Maternal Depression	Substantiated Abuse or Neglect Claims Among Children (for every 1,000 children birth to five)
Region 2	15.6	17 percent	15 percent	27 percent	15 percent	9 percent	30 percent	14.2
Statewide Average	13.7	13 percent	15 percent	36 percent	18 percent	13 percent	27 percent	15.2

Assessing Readiness: **HIGH**

CMHC Capacity and infrastructure to provide IECMH services: **HIGH**

- Availability of IECMH Services:** Outpatient and Home-based IECMH Psychotherapy, ECMH Consultation Services to Child Care Centers, Perinatal Mental Health Services, Prevention or Health Promotion Services, and Behavioral Health Integrated Care Services (with some focus on the birth to five population)
- Self-reported capacity to serve children ages birth to five and caregivers:** High Capacity
- CMHC Clinicians who have received select IECMH trainings and relationship-based infant mental health assessment procedures:** Have received trainings in Child-Parent Psychotherapy, Trauma Focused Cognitive Behavioral Therapy, Parent Child Interaction Therapy (PCIT), DC: 0-5, Crowell Parent-Child Observational Procedure and Working Model of the Child Interview

CMHC Interest in offering or expanding evidence-based IECMH services: **HIGH**

- Expanding IECMH services in 2020:** Expanding Outpatient and Home-based IECMH Psychotherapy Services, ECMH Consultation Services to Child Care Centers, Perinatal Mental Health Services, Prevention/Health Promotion Services, and Behavioral Health Integrated Care Services
- Interest in expanding capacity:** Very Interested
- Interest in developing an IECMH treatment team:** Neutral

CMHC Commitment to participating in Right Start for Colorado activities: **HIGH**

- Frequency of participating:** Learning collaborative format or as often as needed
- Format of participating:** A combination of in-person and virtual trainings

North Range Behavioral Health served an estimated 1,575 children ages birth to five and 190 pregnant and postpartum individuals in 2018, according to the organization survey. Two clinicians from the region participated in the clinician survey. This section highlights other needs assessment findings for Region 2.



TRAININGS

Organization Training Preferences (rank order):

1. Child-Parent Psychotherapy
2. Circle of Security
3. Parent Child Interaction Therapy (PCIT)

Prefers trainings in a combination of in-person and virtual in a learning collaborative format or as often as needed.

Clinician Training Preferences (rank order):

1. Circle of Security
2. Attachment and Biobehavioral Catch-up (ABC)
3. Relationship-Based Infant Mental Health Assessment Procedures

Prefer trainings to be multiple day in-person and as often as needed.



WORKFORCE

CMHC IECMH Clinicians, FTE (full-time equivalents)	4.0
CMHC ECMH Consultants, FTE	4.5
IECMH Clinicians from Other Organizations, FTE	N/A
ECMH Consultants from Other Organizations, FTE	N/A
Number of providers who hold an infant mental health endorsement (IMH-E®) as Infant Family Associate (IMH-E®-I) or Infant Family Specialist (IMH-E®-II)	5.0
Number of providers who hold an infant mental health endorsement (IMH-E®) as an Infant Mental Health Specialist (IMH-E®-III) or Infant Mental Health Mentor (IMH-E®-IV)	3.0
Number of state-funded ECMH consultants	2.5



ALLIED PROFESSIONALS

Preferred Trainings by Allied Professionals:

1. Behavioral and developmental issues
2. Attachment, separation and trauma
3. IECMH referral processes

Top three providers who send ages birth to five referrals to North Range Behavioral Health:

1. Child Welfare Professionals
2. Early Intervention Providers
3. Early Care and Education Professionals

Supportive Programs Offered in the Region:

- Parents as Teachers
- HealthySteps
- Nurse-Family Partnership
- SafeCare
- HIPPY



PERINATAL INFORMATION

Perinatal trainings staff have already received:

Postpartum Support International (PSI)

Uses a dyadic approach when providing services to children birth to five: Yes

Uses a dyadic approach when providing perinatal services to a caregiver: Yes

Capacity of staff to meet the needs of pregnant and postpartum individuals: Some Capacity

Interest in Perinatal Trainings: Very Interested

Preferred Perinatal Trainings: Mother-Infant Therapy Group

Number of Practices with PSI Trained Clinicians in Region: 2

Appendix 3: REGION 3

Larimer County

Served by: SummitStone Health Partners

Tier Group C: Low Risk, High Readiness

Risk of children ages birth to five needing mental health services: **LOW**

Readiness to support new services and trainings: **HIGH**

- Capacity and infrastructure to provide IECMH services: **LOW**
- Interest in offering or expanding evidence-based IECMH services: **HIGH**
- Commitment to participating in needed activities: **HIGH**



Assessing Risk: **LOW**

	Maternal Age (rate of births among 15-19, per 1,000)	Low Maternal Education (percentage of live births to women with less than a high school education)	Adults with Four or More ACES	Low-Income Children (below 200 percent FPL)	Children with Difficulties with Emotions, Concentration, Behavior or Being Able to Get Along with Other People	Lack of Prenatal Care	Maternal Depression	Substantiated Abuse or Neglect Claims Among Children (for every 1,000 children birth to five)
Region 3	7.5	8 percent	12 percent	29 percent	17 percent	5 percent	26 percent	7.2
Statewide Average	13.7	13 percent	15 percent	36 percent	18 percent	13 percent	27 percent	15.2

Assessing Readiness: **HIGH**

CMHC Capacity and infrastructure to provide IECMH services: **LOW**

- Availability of IECMH Services:** Outpatient IECMH Psychotherapy, ECMH Consultation Services to Child Care Centers, and Prevention or Health Promotion Services
- Self-reported capacity to serve children ages birth to five and caregivers:** Some Capacity
- CMHC Clinicians who have received select IECMH trainings and relationship-based infant mental health assessment procedures:** Have received trainings in DC: 0-5 and Marshak Interaction Method

CMHC Interest in offering or expanding evidence-based IECMH services: **HIGH**

- Expanding IECMH services in 2020:** Expanding Outpatient IECMH Psychotherapy Services, ECMH Consultation Services to Child Care Centers, Perinatal Mental Health Services, Prevention/Health Promotion Services
- Interest in expanding capacity:** Very Interested
- Interest in developing an IECMH treatment team:** Very Interested

CMHC Commitment to participating in Right Start for Colorado activities: **HIGH**

- Frequency of participating:** Learning collaborative format or as often as needed
- Format of participating:** Learning collaborative format

SummitStone Health Partners served an estimated 115 children ages birth to five and 90 pregnant and postpartum individuals in 2018, according to the organization survey. Seven clinicians from the region participated in the clinician survey. This section highlights other needs assessment findings for Region 3.



TRAININGS

Organization Training Preferences (rank order):

1. Child-Parent Psychotherapy
2. Trauma-Focused Cognitive Behavioral Therapy
3. Diversity-Informed Infant Mental Health Tenets

Prefers trainings in a learning collaborative format or as often as needed.

Clinician Training Preferences (rank order):

1. Relationship-Based Infant Mental Health Assessment Procedures
2. Child-Parent Psychotherapy
3. Circle of Security

Prefer trainings to be single day in person and as often as possible.



WORKFORCE

CMHC IECMH Clinicians, FTE (full-time equivalents)	0.25
CMHC ECMH Consultants, FTE	3.0
IECMH Clinicians from Other Organizations, FTE	0.0
ECMH Consultants from Other Organizations, FTE	0.0
Number of providers who hold infant mental health endorsement (IMH-E®) as Infant Family Associate (IMH-E®-I) or Infant Family Specialist (IMH-E®-II)	3.0
Number of providers who hold an infant mental health endorsement (IMH-E®) as an Infant Mental Health Specialist (IMH-E®-III) or Infant Mental Health Mentor (IMH-E®-IV))	3.0
Number of state-funded ECMH consultants	2.0



ALLIED PROFESSIONALS

Preferred Trainings by Allied Professionals:

1. Behavioral and developmental issues
2. Attachment, separation and trauma
3. Evidence-based mental health treatments

Top three providers who send ages birth to five referrals to SummitStone Health Partners:

1. Pediatricians or Primary Care Providers
2. Child Welfare Professionals
3. Early Care and Education Professionals

Supportive Programs Offered in the Region:

- Parents as Teachers
- Nurse-Family Partnership
- The Incredible Years.



PERINATAL INFORMATION

Perinatal trainings staff have already received:

They have not received select trainings.

Uses a Dyadic Approach when providing services to children ages birth to five: Yes

Uses a Dyadic Approach when providing perinatal services to a caregiver: No

Capacity of staff to meet the needs of pregnant and postpartum individuals: Low Capacity

Interest in Perinatal Trainings: Very Interested

Preferred Perinatal Trainings:

1. Postpartum Support International (PSI)
2. Mother-Infant Therapy Group

Number of Practices with PSI Trained Clinicians in Region: 5

Appendix 4: REGION 4

Mesa, Garfield, Rio Blanco, Moffat, Routt, Eagle, Pitkin, Summit, Grand, and Jackson counties

Served by: Mind Springs Health

Tier Group A: High Risk, High Readiness

Risk of children ages birth to five needing mental health services: **HIGH**

Readiness to support new services and trainings: **HIGH**

- Capacity and infrastructure to provide IECMH services: **LOW**
- Interest in offering or expanding evidence-based IECMH services: **HIGH**
- Commitment to participating in needed activities: **HIGH**



Assessing Risk: **HIGH**

	Maternal Age (rate of births among 15-19, per 1,000)	Low Maternal Education (percentage of live births to women with less than a high school education)	Adults with Four or More ACES	Low-Income Children (below 200 percent FPL)	Children with Difficulties with Emotions, Concentration, Behavior or Being Able to Get Along with Other People	Lack of Prenatal Care	Maternal Depression	Substantiated Abuse or Neglect Claims Among Children (for every 1,000 children birth to five)
Region 4	16	15 percent	16 percent	48 percent	13 percent	14 percent	30 percent	20.9
Statewide Average	13.7	13 percent	15 percent	36 percent	18 percent	13 percent	27 percent	15.2

Assessing Readiness: **HIGH**

CMHC Capacity and infrastructure to provide IECMH services: **LOW**

- Availability of IECMH Services:** Outpatient and Home-based IECMH Psychotherapy, ECMH Consultation Services to Child Care Centers, Perinatal Mental Health Services, and Prevention or Health Promotion Services
- Self-reported capacity to serve children ages birth to five and caregivers:** Low Capacity
- CMHC Clinicians who have received select IECMH trainings and relationship-based infant mental health assessment procedures:** Have received trainings in Trauma-Focused Cognitive Behavioral Therapy

CMHC Interest in offering or expanding evidence-based IECMH services: **HIGH**

- Expanding IECMH services in 2020:** Not expanding IECMH services
- Interest in expanding capacity:** Very Interested
- Interest in developing an IECMH treatment team:** Very Interested

CMHC Commitment to participating in Right Start for Colorado activities: **HIGH**

- Frequency of participating:** Learning collaborative format
- Format of participating:** Learning collaborative format

Mind Springs Health served an estimated 180 children ages birth to five and 164 pregnant and postpartum individuals in 2018, according to the organization survey. Five clinicians from the region participated in the clinician survey. This section highlights other needs assessment findings for Region 4.



TRAININGS

Organization Training Preferences (rank order):

1. Child-Parent Psychotherapy
2. Circle of Security
3. Parent Child Interaction Therapy (PCIT)

Prefers trainings in a learning collaborative format.

Clinician Training Preferences (rank order):

1. Child-Parent Psychotherapy
2. Parent Child Interaction Therapy (PCIT)
3. Circle of Security

Prefer trainings to be a video conference/virtual trainings format and every six months.



WORKFORCE

CMHC IECMH Clinicians, FTE (full-time equivalents)	8.0
CMHC ECMH Consultants, FTE	2.0
IECMH Clinicians from Other Organizations, FTE	N/A
ECMH Consultants from Other Organizations, FTE	N/A
Number of providers who hold infant mental health endorsement (IMH-E®) as Infant Family Associate (IMH-E®-I) or Infant Family Specialist (IMH-E®-II)	1.0
Number of providers who hold an infant mental health endorsement (IMH-E®) as an Infant Mental Health Specialist (IMH-E®-III) or Infant Mental Health Mentor (IMH-E®-IV))	3.0
Number of state-funded ECMH consultants	2.0



ALLIED PROFESSIONALS

Preferred Trainings by Allied Professionals:

1. Attachment, separation and trauma
2. Evidence-based mental health treatments
3. Behavioral and developmental issues

Top three providers who send ages birth to five referrals to Mind Springs Health:

1. Pediatricians or Primary Care Providers
2. Child Welfare Professionals
3. Family Court Judges

Supportive Programs Offered in the Region:

- Parents as Teachers
- Nurse-Family Partnership
- The Incredible Years
- SafeCare
- HealthySteps



PERINATAL INFORMATION

Perinatal trainings staff have already received:

Prescribing psychiatric medications for individuals who are pregnant or breastfeeding

Uses a Dyadic Approach when providing services to children ages birth to five: Yes

Uses a Dyadic Approach when providing perinatal services to a caregiver: Yes

Capacity of staff to meet the needs of pregnant and postpartum individuals: Low Capacity

Interest in Perinatal Trainings: Very Interested

Preferred Perinatal Trainings:

1. Mother-Infant Therapy Group
2. Interpersonal Psychotherapy (IPT)

Number of Practices with PSI Trained Clinicians in Region: 0

Appendix 5: REGION 5

Boulder and Broomfield counties

Served by: Mental Health Partners

Tier Group C: Low Risk, High Readiness

Risk of children ages birth to five needing mental health services: **LOW**

Readiness to support new services and trainings: **HIGH**

- Capacity and infrastructure to provide IECMH services: **HIGH**
- Interest in offering or expanding evidence-based IECMH services: **HIGH**
- Commitment to participating in needed activities: **HIGH**



Assessing Risk: **LOW**

	Maternal Age (rate of births among 15-19, per 1,000)	Low Maternal Education (percentage of live births to women with less than a high school education)	Adults with Four or More ACES	Low-Income Children (below 200 percent FPL)	Children with Difficulties with Emotions, Concentration, Behavior or Being Able to Get Along with Other People	Lack of Prenatal Care	Maternal Depression	Substantiated Abuse or Neglect Claims Among Children (for every 1,000 children birth to five)
Region 5	6.1	8 percent	12 percent	20 percent	19 percent	8 percent	14 percent	5.4
Statewide Average	13.7	13 percent	15 percent	36 percent	18 percent	13 percent	27 percent	15.2

Assessing Readiness: **HIGH**

CMHC Capacity and infrastructure to provide IECMH services: **LOW**

- Availability of IECMH Services:** Outpatient and Home-based IECMH Psychotherapy, ECMH Consultation Services to Child Care Centers, Perinatal Mental Health Services, Prevention or Health Promotion Services, and Behavioral Health Integrated Care Services (with some focus on the birth to five population)
- Self-reported capacity to serve children ages birth to five and caregivers:** High Capacity
- CMHC Clinicians who have received select IECMH trainings and relationship-based infant mental health assessment procedures:** Have received trainings in Child-Parent Psychotherapy, Circle of Security, Parent Child Interaction Therapy (PCIT), DC: 0-5, and Working Model of the Child Interview

CMHC Interest in offering or expanding evidence-based IECMH services: **HIGH**

- Expanding IECMH services in 2020:** Expanding Behavioral Health Integrated Care Services (with some focus on the birth to five population)
- Interest in expanding capacity:** Very Interested
- Interest in developing an IECMH treatment team:** Very Interested

CMHC Commitment to participating in Right Start for Colorado activities: **HIGH**

- Frequency of participating:** As often as needed
- Format of participating:** A combination of in-person and virtual training

Mental Health Partners served an estimated 581 children ages birth to five and 65 pregnant and postpartum individuals in 2018, according to the organization survey. Eight clinicians from the region participated in the clinician survey. This section highlights other needs assessment findings for Region 5.



TRAININGS

Organization Training Preferences (rank order):

1. Circle of Security
2. Child-Parent Psychotherapy
3. Parent Child Interaction Therapy (PCIT)

Prefers trainings in a combination of in-person and virtual trainings as often as needed.

Clinician Training Preferences (rank order):

1. Relationship-Based Infant Mental Health Assessment Procedures
2. Circle of Security
3. Child-Parent Psychotherapy

Prefer trainings to be single or multiple day in-person and as often as possible.



WORKFORCE

CMHC IECMH Clinicians, FTE (full-time equivalents)	12.5
CMHC ECMH Consultants, FTE	3.5
IECMH Clinicians from Other Organizations, FTE	N/A
ECMH Consultants from Other Organizations, FTE	N/A
Number of providers who hold infant mental health endorsement (IMH-E®) as Infant Family Associate (IMH-E®-I) or Infant Family Specialist (IMH-E®-II)	0.0
Number of providers who hold an infant mental health endorsement (IMH-E®) as an Infant Mental Health Specialist (IMH-E®-III) or Infant Mental Health Mentor (IMH-E®-IV)	7.0
Number of state-funded ECMH consultants	2.0



ALLIED PROFESSIONALS

Preferred Trainings by Allied Professionals:

1. Behavioral and developmental issues
- 2(t). Evidence-based mental health treatments
- 2(t). Attachment, separation and trauma
- 2(t). Screening and assessment of social-emotional development

Top three providers who send ages birth to five referrals to Mental Health Partners:

1. Pediatricians or Primary Care Providers
2. Child Welfare Professionals
3. Public Health Nurse

Supportive Programs Offered in the Region:

- Parents as Teachers
- Nurse-Family Partnership
- The Incredible Years
- HealthySteps

(t) = Tie



PERINATAL INFORMATION

Perinatal trainings staff have already received:

Interpersonal Therapy (IPT), and Mother-Infant Therapy Group

Uses a Dyadic Approach when providing services to children ages birth to five: Yes

Uses a Dyadic Approach when providing perinatal services to a caregiver: Yes

Capacity of staff to meet the needs of pregnant and postpartum individuals: High Capacity

Interest in Perinatal Trainings: Very Interested

Preferred Perinatal Trainings: 1. Prescribing psychiatric medications for individuals who are pregnant or breastfeeding, 2. Postpartum Support International (PSI)

Number of Practices with PSI Trained Clinicians in Region: 12

Appendix 6: REGION 6

Adams County

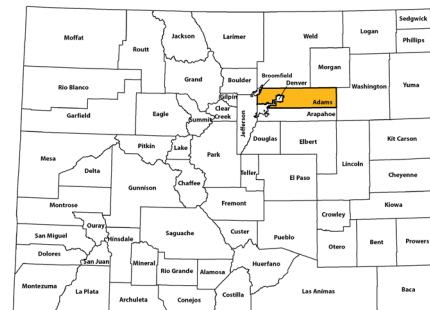
Served by: Community Reach Center

Tier Group B: High Risk, Low Readiness

Risk of children ages birth to five needing mental health services: **HIGH**

Readiness to support new services and trainings: **LOW**

- Capacity and infrastructure to provide IECMH services: **HIGH**
- Interest in offering or expanding evidence-based IECMH services: **LOW**
- Commitment to participating in needed activities: **LOW**



Assessing Risk: **HIGH**

	Maternal Age (rate of births among 15-19, per 1,000)	Low Maternal Education (percentage of live births to women with less than a high school education)	Adults with Four or More ACES	Low-Income Children (below 200 percent FPL)	Children with Difficulties with Emotions, Concentration, Behavior or Being Able to Get Along with Other People	Lack of Prenatal Care	Maternal Depression	Substantiated Abuse or Neglect Claims Among Children (for every 1,000 children birth to five)
Region 6	20.9	19 percent	12 percent	44 percent	19 percent	12 percent	24 percent	18.1
Statewide Average	13.7	13 percent	15 percent	36 percent	18 percent	13 percent	27 percent	15.2

Assessing Readiness: **LOW**

CMHC Capacity and infrastructure to provide IECMH services: **HIGH**

- Availability of IECMH Services:** Outpatient and Home-based IECMH Psychotherapy, ECMH Consultation Services to Child Care Centers, Perinatal Mental Health Services, Prevention or Health Promotion Services, and Behavioral Health Integrated Care Services (with some focus on the birth to five population)
- Self-reported capacity to serve children ages birth to five and caregivers:** High Capacity
- CMHC Clinicians who have received select IECMH trainings and relationship-based infant mental health assessment procedures:** Have received trainings in Child-Parent Psychotherapy, Trauma-Focused Cognitive Behavioral Therapy, DC: 0-5, and Crowell Parent-Child Observational Procedure

CMHC Interest in offering or expanding evidence-based IECMH services: **LOW**

- Expanding IECMH services in 2020:** Expanding zero IECMH services
- Interest in expanding capacity:** Somewhat Interested
- Interest in developing an IECMH treatment team:** Somewhat Interested

CMHC Commitment to participating in Right Start for Colorado activities: **LOW**

- Frequency of participating:** Once every six months
- Format of participating:** A combination of in-person and virtual trainings

Community Reach Center served an estimated 570 children ages birth to five and an undetermined number of pregnant and postpartum individuals in 2018, according to the organization survey. Twenty-two clinicians from the region participated in the clinician survey. This section highlights other needs assessment findings for Region 6.



TRAININGS

Organization Training Preferences (rank order):

1. Parent Child Interaction Therapy (PCIT)
2. Circle of Security
3. Diversity-Informed Infant Mental Health Tenets

Prefers trainings in a combination of in-person and virtual trainings once every six months.

Clinician Training Preferences (rank order):

1. Circle of Security
2. Attachment and Biobehavioral Catch-up (ABC)
3. Relationship-Based Infant Mental Health Assessment Procedures

Prefer trainings to be single day in-person and as often as needed.



WORKFORCE

CMHC IECMH Clinicians, FTE (full-time equivalents)	9.1
CMHC ECMH Consultants, FTE	3.0
IECMH Clinicians from Other Organizations, FTE	N/A
ECMH Consultants from Other Organizations, FTE	N/A
Number of providers who hold infant mental health endorsement (IMH-E®) as Infant Family Associate (IMH-E®-I) or Infant Family Specialist (IMH-E®-II)	8.0
Number of providers who hold an infant mental health endorsement (IMH-E®) as an Infant Mental Health Specialist (IMH-E®-III) or Infant Mental Health Mentor (IMH-E®-IV)	1.0
Number of state-funded ECMH consultants	2.0



ALLIED PROFESSIONALS

Preferred Trainings by Allied Professionals:

1. Behavioral and developmental issues
- 2(t). Attachment, separation and trauma
- 2(t). Screening and assessment of social-emotional development

Top three providers who send ages birth to five referrals to Community Reach Center:

1. Pediatricians or Primary Care Providers
2. Home Visitors
3. Early Intervention Providers

Supportive Programs Offered in the Region:

- Parents as Teachers • Nurse-Family Partnership
- The Incredible Years • HealthySteps
- HIPPY • SafeCare

(t) = Tie



PERINATAL INFORMATION

Perinatal trainings staff have already received:

Interpersonal Therapy (IPT), Mother-Infant Therapy Group, and prescribing psychiatric medications for individuals who are pregnant or breastfeeding

Uses a Dyadic Approach when providing services to children ages birth to five: Yes

Uses a Dyadic Approach when providing perinatal services to a caregiver: Yes

Capacity of staff to meet the needs of pregnant and postpartum individuals: Some Capacity

Interest in Perinatal Trainings: Very Interested

Preferred Perinatal Trainings: 1. Postpartum Support International (PSI), 2. Mother-Infant Therapy Group

Number of Practices with PSI Trained Clinicians in Region: 4

Appendix 7: REGION 7

Denver County

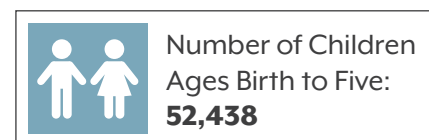
Served by: Mental Health Center of Denver

Tier Group A: High Risk, High Readiness

Risk of children ages birth to five needing mental health services: **HIGH**

Readiness to support new services and trainings: **HIGH**

- Capacity and infrastructure to provide IECMH services: **HIGH**
- Interest in offering or expanding evidence-based IECMH services: **LOW**
- Commitment to participating in needed activities: **HIGH**



Assessing Risk: **HIGH**

	Maternal Age (rate of births among 15-19, per 1,000)	Low Maternal Education (percentage of live births to women with less than a high school education)	Adults with Four or More ACES	Low-Income Children (below 200 percent FPL)	Children with Difficulties with Emotions, Concentration, Behavior or Being Able to Get Along with Other People	Lack of Prenatal Care	Maternal Depression	Substantiated Abuse or Neglect Claims Among Children (for every 1,000 children birth to five)
Region 7	20.4	15 percent	15 percent	37 percent	18 percent	11 percent	27 percent	15.9
Statewide Average	13.7	13 percent	15 percent	36 percent	18 percent	13 percent	27 percent	15.2

Assessing Readiness: **HIGH**

CMHC Capacity and infrastructure to provide IECMH services: **HIGH**

- Availability of IECMH Services:** Outpatient and Home-based IECMH Psychotherapy, ECMH Consultation Services to Child Care Centers, Perinatal Mental Health Services, Prevention or Health Promotion Services, and Behavioral Health Integrated Care Services (with some focus on the birth to five population)
- Self-reported capacity to serve children ages birth to five and caregivers:** High Capacity
- CMHC Clinicians who have received select IECMH trainings and relationship-based infant mental health assessment procedures:** Have received trainings in Child-Parent Psychotherapy, Circle of Security, Trauma-Focused Cognitive Behavioral Therapy, Parent Child Interaction Therapy (PCIT), DC: 0-5, Crowell Parent-Child Observational Procedure, Working Model of the Child Interview, and Marshak Interaction Method

CMHC Interest in offering or expanding evidence-based IECMH services: **LOW**

- Expanding IECMH services in 2020:** Expanding zero IECMH services
- Interest in expanding capacity:** Neutral
- Interest in developing an IECMH treatment team:** Not Interested

CMHC Commitment to participating in Right Start for Colorado activities: **HIGH**

- Frequency of participating:** Learning collaborative format or as often as needed
- Format of participating:** Learning collaborative format

Mental Health Center of Denver served an estimated 225 children ages birth to five and 35 pregnant and postpartum individuals in 2018, according to the organization survey. Twenty-eight clinicians from the region participated in the clinician survey. This section highlights other needs assessment findings for Region 7.



TRAININGS

Organization Training Preferences (rank order):

1. Child-Parent Psychotherapy
2. Diversity-Informed Infant Mental Health Tenets
3. Circle of Security

Prefers trainings in a learning collaborative format and as often as needed.

Clinician Training Preferences (rank order):

1. Circle of Security
2. Attachment and Biobehavioral Catch-up (ABC)
3. Child-Parent Psychotherapy

Prefer trainings to be single day in-person and as often as needed.



WORKFORCE

CMHC IECMH Clinicians, FTE (full-time equivalents)	6.5
CMHC ECMH Consultants, FTE	8.0
IECMH Clinicians from Other Organizations, FTE	5.8
ECMH Consultants from Other Organizations, FTE	0.0
Number of providers who hold infant mental health endorsement (IMH-E®) as Infant Family Associate (IMH-E®-I) or Infant Family Specialist (IMH-E®-II)	11.0
Number of providers who hold an infant mental health endorsement (IMH-E®) as an Infant Mental Health Specialist (IMH-E®-III) or Infant Mental Health Mentor (IMH-E®-IV)	11.0
Number of state-funded ECMH consultants	3.0



ALLIED PROFESSIONALS

Preferred Trainings by Allied Professionals:

1. Behavioral and developmental issues
2. Attachment, separation and trauma
3. Evidence-based mental health treatments

Top three providers who send ages birth to five referrals to Mental Health Center of Denver:

1. Pediatricians or Primary Care Providers
2. Child Welfare Professionals
3. Early Intervention Providers

Supportive Programs Offered in the Region:

- Parents as Teachers • Nurse-Family Partnership
- The Incredible Years • HealthySteps
- HIPPY • SafeCare



PERINATAL INFORMATION

Perinatal trainings staff have already received:

Postpartum Support International (PSI), and Mother-Infant Therapy Group.

Uses a Dyadic Approach when providing services to children ages birth to five: Yes

Uses a Dyadic Approach when providing perinatal services to a caregiver: Yes

Capacity of staff to meet the needs of pregnant and postpartum individuals: High Capacity

Interest in Perinatal Trainings: Very Interested

Preferred Perinatal Trainings: 1. Mother-Infant Therapy Group, 2. Interpersonal Psychotherapy (IPT)

Number of Practices with PSI Trained Clinicians in Region: 30

Appendix 8: REGION 8

Jefferson, Clear Creek, and Gilpin counties

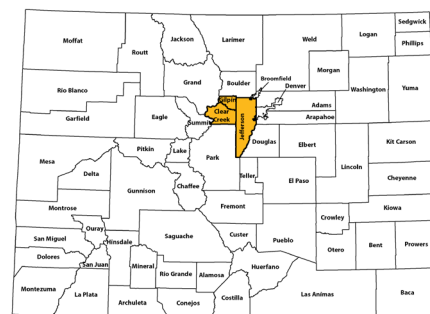
Served by: Jefferson Center for Mental Health

Tier Group C: Low Risk, High Readiness

Risk of children ages birth to five needing mental health services: **LOW**

Readiness to support new services and trainings: **HIGH**

- Capacity and infrastructure to provide IECMH services: **LOW**
- Interest in offering or expanding evidence-based IECMH services: **HIGH**
- Commitment to participating in needed activities: **LOW**



Assessing Risk: **LOW**

	Maternal Age (rate of births among 15-19, per 1,000)	Low Maternal Education (percentage of live births to women with less than a high school education)	Adults with Four or More ACES	Low-Income Children (below 200 percent FPL)	Children with Difficulties with Emotions, Concentration, Behavior or Being Able to Get Along with Other People	Lack of Prenatal Care	Maternal Depression	Substantiated Abuse or Neglect Claims Among Children (for every 1,000 children birth to five)
Region 8	7.6	7 percent	15 percent	23 percent	18 percent	6 percent	25 percent	9.4
Statewide Average	13.7	13 percent	15 percent	36 percent	18 percent	13 percent	27 percent	15.2

Assessing Readiness: **HIGH**

CMHC Capacity and infrastructure to provide IECMH services: **LOW**

- Availability of IECMH Services:** Outpatient and Home-based IECMH Psychotherapy, ECMH Consultation Services to Child Care Centers, Perinatal Mental Health Services, and Prevention or Health Promotion Services
- Self-reported capacity to serve children ages birth to five and caregivers:** Low Capacity
- CMHC Clinicians who have received select IECMH trainings and relationship-based infant mental health assessment procedures:** Have received trainings in Child-Parent Psychotherapy, Circle of Security, Trauma-Focused Cognitive Behavioral Therapy, and DC: 0-5

CMHC Interest in offering or expanding evidence-based IECMH services: **HIGH**

- Expanding IECMH services in 2020:** Outpatient and Home-based IECMH Psychotherapy, ECMH Consultation Services to Child Care Centers, Perinatal Mental Health Services, and Prevention or Health Promotion Services, Behavioral Health Integrated Care Services (with a focus in the birth to five population)
- Interest in expanding capacity:** Very Interested
- Interest in developing an IECMH treatment team:** Very Interested

CMHC Commitment to participating in Right Start for Colorado activities: **LOW**

- Frequency of participating:** As often as needed
- Format of participating:** Single day in-person training

Jefferson Center for Mental Health served an estimated 750 children ages birth to five and 190 pregnant and postpartum individuals in 2018, according to the organization survey. Nineteen clinicians from the region participated in the clinician survey. This section highlights other needs assessment findings for Region 8.



TRAININGS

Organization Training Preferences (rank order):

1. DC: 0-5
2. Parent Child Interaction Therapy (PCIT)
3. Infant/Young Child-Caregiver Relationship Assessments

Prefers trainings in a single day in-person format as often as needed.

Clinician Training Preferences (rank order):

1. Circle of Security
2. Relationship-Based Infant Mental Health Assessment Procedures
3. Attachment and Biobehavioral Catch-up (ABC)

Prefer trainings to be single day in-person and as often as needed.



WORKFORCE

CMHC IECMH Clinicians, FTE (full-time equivalents)	6.5
CMHC ECMH Consultants, FTE	5.0
IECMH Clinicians from Other Organizations, FTE	5.0
ECMH Consultants from Other Organizations, FTE	5.0
Number of providers who hold infant mental health endorsement (IMH-E®) as Infant Family Associate (IMH-E®-I) or Infant Family Specialist (IMH-E®-II)	6.0
Number of providers who hold an infant mental health endorsement (IMH-E®) as an Infant Mental Health Specialist (IMH-E®-III) or Infant Mental Health Mentor (IMH-E®-IV)	5.0
Number of state-funded ECMH consultants	2.0



ALLIED PROFESSIONALS

Preferred Trainings by Allied Professionals:

1. Attachment, separation and trauma
2. Behavioral and developmental issues
3. Evidence-based mental health treatments

Top three providers who send ages birth to five referrals to Jefferson Center for Mental Health:

1. Pediatricians or Primary Care Providers
2. Federal Qualified Health Centers
3. Child Welfare Professionals

Supportive Programs Offered in the Region:

- Parents as Teachers
- Nurse-Family Partnership
- HealthySteps
- HIPPY
- SafeCare



PERINATAL INFORMATION

Perinatal trainings staff have already received:

Postpartum Support International (PSI)

Uses a Dyadic Approach when providing services to children ages birth to five: Yes

Uses a Dyadic Approach when providing perinatal services to a caregiver: Yes

Capacity of staff to meet the needs of pregnant and postpartum individuals: Some Capacity

Interest in Perinatal Trainings: Very Interested

Preferred Perinatal Trainings: 1. Interpersonal Psychotherapy (IPT), 2. Postpartum Support International (PSI)

Number of Practices with PSI Trained Clinicians in Region: 15

Appendix 9: REGION 9

Arapahoe County

Served by: Aurora Mental Health Center

Tier Group C: Low Risk, High Readiness

Risk of children ages birth to five needing mental health services: **LOW**

Readiness to support new services and trainings: **HIGH**

- Capacity and infrastructure to provide IECMH services: **HIGH**
- Interest in offering or expanding evidence-based IECMH services: **LOW**
- Commitment to participating in needed activities: **LOW**

Assessing Risk: **LOW**



	Maternal Age (rate of births among 15-19, per 1,000)	Low Maternal Education (percentage of live births to women with less than a high school education)	Adults with Four or More ACES	Low-Income Children (below 200 percent FPL)	Children with Difficulties with Emotions, Concentration, Behavior or Being Able to Get Along with Other People	Lack of Prenatal Care	Maternal Depression	Substantiated Abuse or Neglect Claims Among Children (for every 1,000 children birth to five)
Region 9	11.5	12 percent	20 percent	34 percent	18 percent	16 percent	27 percent	8.7
Statewide Average	13.7	13 percent	15 percent	36 percent	18 percent	13 percent	27 percent	15.2

Assessing Readiness: **HIGH**

CMHC Capacity and infrastructure to provide IECMH services: **HIGH**

- Availability of IECMH Services:** Outpatient and Home-based IECMH Psychotherapy, ECMH Consultation Services to Child Care Centers, Perinatal Mental Health Services, Prevention or Health Promotion Services, and Behavioral Health Integrated Care Services (with some focus on the birth to five population)
- Self-reported capacity to serve children ages birth to five and caregivers:** Some Capacity
- CMHC Clinicians who have received select IECMH trainings and relationship-based infant mental health assessment procedures:** Have received trainings in Child-Parent Psychotherapy, Circle of Security, Trauma-Focused Cognitive Behavioral Therapy, Parent Child Interaction Therapy (PCIT), DC: 0-5, Attachment and Biobehavioral Catch-up (ABC), Crowell Parent-Child Observational Procedure, Working Model of the Child Interview, and Marshak Interaction Method

CMHC Interest in offering or expanding evidence-based IECMH services: **LOW**

- Expanding IECMH services in 2020:** Expanding zero IECMH services
- Interest in expanding capacity:** Somewhat Interested
- Interest in developing an IECMH treatment team:** Very Interested

CMHC Commitment to participating in Right Start for Colorado activities: **LOW**

- Frequency of participating:** Learning collaborative format or once every six months
- Format of participating:** Single day in-person training

Aurora Mental Health Center served an estimated 330 children ages birth to five and 95 pregnant and postpartum individuals in 2018, according to the organization survey. Twenty-four clinicians from the region participated in the clinician survey. This section highlights other needs assessment findings for Region 9.



TRAININGS

Organization Training Preferences (rank order):

1. Circle of Security
2. Child-Parent Psychotherapy
3. Infant/Young Child-Caregiver Relationship Assessments

Prefers trainings in a single day in-person and learning collaborative format or once every six months.

Clinician Training Preferences (rank order):

1. Circle of Security
2. Attachment and Biobehavioral Catch-up (ABC)
3. Child-Parent Psychotherapy

Prefer trainings to be single day in-person and as often as needed.



WORKFORCE

CMHC IECMH Clinicians, FTE (full-time equivalents)	9.0
CMHC ECMH Consultants, FTE	6.0
IECMH Clinicians from Other Organizations, FTE	4.0
ECMH Consultants from Other Organizations, FTE	0.5
Number of providers who hold infant mental health endorsement (IMH-E®) as Infant Family Associate (IMH-E®-I) or Infant Family Specialist (IMH-E®-II)	6.0
Number of providers who hold an infant mental health endorsement (IMH-E®) as an Infant Mental Health Specialist (IMH-E®-III) or Infant Mental Health Mentor (IMH-E®-IV)	7.0
Number of state-funded ECMH consultants	1.75



ALLIED PROFESSIONALS

Preferred Trainings by Allied Professionals:

1. Behavioral and developmental issues
2. Attachment, separation and trauma
- 3(t). Evidence-based mental health treatments
- 3(t). Overview of clinical disorders

Top three providers who send ages birth to five referrals to Aurora Mental Health Center:

1. Pediatricians or Primary Care Providers
2. Federal Qualified Health Centers
3. Child Welfare Professionals

Supportive Programs Offered in the Region:

- Parents as Teachers • Nurse-Family Partnership
- HealthySteps • The Incredible Years • SafeCare

(t) = Tie



PERINATAL INFORMATION

Perinatal trainings staff have already received: Postpartum Support International (PSI)

Uses a Dyadic Approach when providing services to children ages birth to five: Yes

Uses a Dyadic Approach when providing perinatal services to a caregiver: Yes

Capacity of staff to meet the needs of pregnant and postpartum individuals: Some Capacity

Interest in Perinatal Trainings: Very Interested

Preferred Perinatal Trainings: 1. Postpartum Support International (PSI), 2. Interpersonal Psychotherapy (IPT)

Number of Practices with PSI Trained Clinicians in Region: 8

Appendix 10: REGION 10

Douglas County

Served by: AllHealth Network

Tier Group D: Low Risk, Low Readiness

Risk of children ages birth to five needing mental health services: **LOW**

Readiness to support new services and trainings: **LOW**

- Capacity and infrastructure to provide IECMH services: **LOW**
- Interest in offering or expanding evidence-based IECMH services: **LOW**
- Commitment to participating in needed activities: **LOW**



Assessing Risk: **LOW**

	Maternal Age (rate of births among 15-19, per 1,000)	Low Maternal Education (percentage of live births to women with less than a high school education)	Adults with Four or More ACEs	Low-Income Children (below 200 percent FPL)	Children with Difficulties with Emotions, Concentration, Behavior or Being Able to Get Along with Other People	Lack of Prenatal Care	Maternal Depression	Substantiated Abuse or Neglect Claims Among Children (for every 1,000 children birth to five)
Region 10	2.5	2 percent	8 percent	7 percent	20 percent	7 percent	21 percent	8.2
Statewide Average	13.7	13 percent	15 percent	36 percent	18 percent	13 percent	27 percent	15.2

Assessing Readiness: **LOW**

CMHC Capacity and infrastructure to provide IECMH services: **LOW**

- Availability of IECMH Services:** Outpatient IECMH Psychotherapy Services and ECMH Consultation Services to Child Care Centers
- Self-reported capacity to serve children ages birth to five and caregivers:** Low Capacity
- CMHC Clinicians who have received select IECMH trainings and relationship-based infant mental health assessment procedures:** Have received trainings in Trauma-Focused Cognitive Behavioral Therapy, Parent Child Interaction Therapy (PCIT), and DC: 0-5

CMHC Interest in offering or expanding evidence-based IECMH services: **LOW**

- Expanding IECMH services in 2020:** Expanding ECMH Consultation Services to Child Care Centers
- Interest in expanding capacity:** Somewhat Interested
- Interest in developing an IECMH treatment team:** Neutral

CMHC Commitment to participating in Right Start for Colorado activities: **LOW**

- Frequency of participating:** Once a quarter
- Format of participating:** A combination of in-person and virtual trainings.

AllHealth Network served an undetermined number of children ages birth to five and an undetermined number of pregnant and postpartum individuals in 2018, according to the organization survey. Eight clinicians from the region participated in the clinician survey. This section highlights other needs assessment findings for Region 10.



TRAININGS

Organization Training Preferences (rank order):

1. Child-Parent Psychotherapy
2. Attachment and Biobehavioral Catch-up (ABC)
3. Circle of Security

Prefers trainings in a combination of in-person and virtual format, once a quarter.

Clinician Training Preferences (rank order):

1. Relationship-Based Infant Mental Health Assessment Procedures
2. Circle of Security
3. Attachment and Biobehavioral Catch-up (ABC)

Prefer trainings to be single or multiple day in-person and as often as needed.



WORKFORCE

CMHC IECMH Clinicians, FTE (full-time equivalents)	9.0
CMHC ECMH Consultants, FTE	2.0
IECMH Clinicians from Other Organizations, FTE	N/A
ECMH Consultants from Other Organizations, FTE	N/A
Number of providers who hold infant mental health endorsement (IMH-E®) as Infant Family Associate (IMH-E®-I) or Infant Family Specialist (IMH-E®-II)	3.0
Number of providers who hold an infant mental health endorsement (IMH-E®) as an Infant Mental Health Specialist (IMH-E®-III) or Infant Mental Health Mentor (IMH-E®-IV)	2.0
Number of state-funded ECMH consultants	1.75



ALLIED PROFESSIONALS

Preferred Trainings by Allied Professionals:

- 1(t). Overview of clinical disorders
- 1(t). Behavioral and developmental issues
- 1(t). Evidence-based mental health treatments

Top three providers who send ages birth to five referrals to AllHealth Network:

They do not know which groups refer patients.

Supportive Programs Offered in the Region:

- Parents as Teachers
- Nurse-Family Partnership
- HealthySteps

(t) = Tie



PERINATAL INFORMATION

Perinatal trainings staff have already received:

They have not received select trainings.

Uses a Dyadic Approach when providing services to children ages birth to five: Yes

Uses a Dyadic Approach when providing perinatal services to a caregiver: No

Capacity of staff to meet the needs of pregnant and postpartum individuals: Unsure

Interest in Perinatal Trainings: Neutral

Preferred Perinatal Trainings: 1. Postpartum Support International (PSI)

Number of Practices with PSI Trained Clinicians in Region: 4

Appendix 11: REGION 11

Park, Teller, and El Paso counties

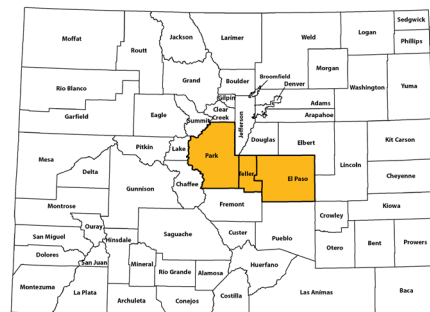
Served by: AspenPointe, Inc.

Tier Group B: High Risk, Low Readiness

Risk of children ages birth to five needing mental health services: **HIGH**

Readiness to support new services and trainings: **LOW**

- Capacity and infrastructure to provide IECMH services: **LOW**
- Interest in offering or expanding evidence-based IECMH services: **LOW**
- Commitment to participating in needed activities: **LOW**



Assessing Risk: **HIGH**

	Maternal Age (rate of births among 15-19, per 1,000)	Low Maternal Education (percentage of live births to women with less than a high school education)	Adults with Four or More ACES	Low-Income Children (below 200 percent FPL)	Children with Difficulties with Emotions, Concentration, Behavior or Being Able to Get Along with Other People	Lack of Prenatal Care	Maternal Depression	Substantiated Abuse or Neglect Claims Among Children (for every 1,000 children birth to five)
Region 11	15.8	9 percent	16 percent	38 percent	19 percent	11 percent	30 percent	24.7
Statewide Average	13.7	13 percent	15 percent	36 percent	18 percent	13 percent	27 percent	15.2

Assessing Readiness: **LOW**

CMHC Capacity and infrastructure to provide IECMH services: **LOW**

- Availability of IECMH Services:** Outpatient IECMH Psychotherapy Services and ECMH Consultation Services to Child Care Centers
- Self-reported capacity to serve children ages birth to five and caregivers:** Some Capacity
- CMHC Clinicians who have received select IECMH trainings and relationship-based infant mental health assessment procedures:** Have received trainings in Child-Parent Psychotherapy, Trauma-Focused Cognitive Behavioral Therapy, Parent Child Interaction Therapies (PCIT), DC: 0-5

CMHC Interest in offering or expanding evidence-based IECMH services: **LOW**

- Expanding IECMH services in 2020:** Expanding Outpatient IECMH Psychotherapy Services
- Interest in expanding capacity:** Somewhat interested
- Interest in developing an IECMH treatment team:** Very interested

CMHC Commitment to participating in Right Start for Colorado activities: **LOW**

- Frequency of participating:** Once a quarter
- Format of participating:** Video conference/virtual trainings

AspenPointe, Inc. served an undetermined number of children ages birth to five or pregnant and postpartum individuals in 2018. Six clinicians from the region participated in the clinician survey. This section highlights other needs assessment findings for Region 11.



TRAININGS

Organization Training Preferences (rank order):

1. Infant/Young Child-Caregiver Relationship Assessments
2. Attachment and Biobehavioral Catch-Up (ABC)
3. Circle of Security

Prefers trainings as a video conference/virtual format once a quarter.

Clinician Training Preferences (rank order):

1. Circle of Security
2. Child-Parent Psychotherapy
3. Parent Child Interaction Therapy (PCIT)
- 3.(t) Relationship-Based Infant Mental Health Assessment Procedures

Prefer trainings to single day in-person, as often as needed.

(t) = Tie



WORKFORCE

CMHC IECMH Clinicians, FTE (full-time equivalents)	11.0
CMHC ECMH Consultants, FTE	2.0
IECMH Clinicians from Other Organizations, FTE	N/A
ECMH Consultants from Other Organizations, FTE	N/A
Number of providers who hold infant mental health endorsement (IMH-E®) as Infant Family Associate (IMH-E®-I) or Infant Family Specialist (IMH-E®-II)	4.0
Number of providers who hold infant mental health endorsement (IMH-E®) as an Infant Mental Health Specialist (IMH-E®-III) or Infant Mental Health Mentor (IMH-E®-IV)	2.0
Number of state-funded ECMH consultants	2.0



ALLIED PROFESSIONALS

Preferred Trainings by Allied Professionals:

1. Evidence-based mental health treatments
2. Attachment, separation, and trauma
3. Behavioral and developmental issues

Top three providers who send ages birth to five referrals to AspenPointe, Inc.:

1. Pediatricians or Primary Care Providers
2. Child Welfare Professionals
3. Family Court Judges

Supportive Programs Offered in the Region:

- Parents as Teachers
- Nurse-Family Partnership
- SafeCare
- HIPPY
- The Incredible Years



PERINATAL INFORMATION

Perinatal trainings staff have already received:

They have not received select trainings.

Uses the Dyadic Approach when providing services to children ages birth to five: Yes

Uses the Dyadic Approach when providing perinatal services to a caregiver: No

Capacity of staff to meet the needs of pregnant and postpartum individuals: Some Capacity

Interest in Perinatal Trainings: Somewhat Interested

Preferred Perinatal Trainings:

1. Mother-Infant Therapy Group
2. Interpersonal Psychotherapy (IPT)

Number of Practices with PSI Trained Clinicians in region: 5

Appendix 12: REGION 12

Lake, Chaffee, Fremont, and Custer counties

Served by: Solvista Health

Tier Group C: Low Risk, High Readiness

Risk of children ages birth to five needing mental health services: **LOW**

Readiness to support new services and trainings: **HIGH**

- Capacity and infrastructure to provide IECMH services: **HIGH**
- Interest in offering or expanding evidence-based IECMH services: **HIGH**
- Commitment to participating in needed activities: **HIGH**



Assessing Risk: **LOW**

	Maternal Age (rate of births among 15-19, per 1,000)	Low Maternal Education (percentage of live births to women with less than a high school education)	Adults with Four or More ACES	Low-Income Children (below 200 percent FPL)	Children with Difficulties with Emotions, Concentration, Behavior or Being Able to Get Along with Other People	Lack of Prenatal Care	Maternal Depression	Substantiated Abuse or Neglect Claims Among Children (for every 1,000 children birth to five)
Region 12	20.9	13 percent	13 percent	22 percent	20 percent	19 percent	30 percent	11.0
Statewide Average	13.7	13 percent	15 percent	36 percent	18 percent	13 percent	27 percent	15.2

Assessing Readiness: **HIGH**

CMHC Capacity and infrastructure to provide IECMH services: **HIGH**

- Availability of IECMH Services:** Offers Outpatient and Home-Based Psychotherapy, ECMH Consultation Services to Child Care Centers, Perinatal Mental Health Services, and Prevention or Health Promotion Services
- Self-reported capacity to serve children ages birth to five and caregivers:** High Capacity
- CMHC Clinicians who have received select IECMH trainings and relationship-based infant mental health assessment procedures:** Have received trainings in Child-Parent Psychotherapy, Circle of Security, Trauma-Focused Cognitive Behavioral Therapy, DC: 0-5, Marshak Interaction Method

CMHC Interest in offering or expanding evidence-based IECMH services: **HIGH**

- Expanding IECMH services in 2020:** Expanding Outpatient IECMH Psychotherapy Services, Perinatal Mental Health services, and Prevention/Health Promotion services
- Interest in expanding capacity:** Very Interested
- Interest in developing an IECMH treatment team:** Very interested

CMHC Commitment to participating in Right Start for Colorado activities: **HIGH**

- Frequency of participating:** Once a quarter or learning collaborative Format
- Format of participating:** Learning collaborative format

Solvista Health served an estimated 140 children ages birth to five and 85 pregnant and postpartum individuals in 2018, according to the organization survey. Three clinicians from the region participated in the clinician survey. This section highlights other needs assessment findings for Region 12.



TRAININGS

Organization Training Preferences (rank order):

1. Parent Child Interaction Therapy (PCIT)
2. Child-Parent Psychotherapy
3. Attachment and Biobehavioral Catch-up (ABC)

Prefers trainings as learning collaborative format once a quarter or using a learning collaborative format.

Clinician Training Preferences (rank order):

1. Relationship-Based Infant Mental Health Assessment Procedures
2. Trauma-Focused Cognitive Behavioral Therapy
3. Parent Child Interaction Therapy (PCIT)

Prefer trainings in a single day, in-person once every six months.



WORKFORCE

CMHC IECMH Clinicians, FTE (full-time equivalents)	3.5
CMHC ECMH Consultants, FTE	2.0
IECMH Clinicians from Other Organizations, FTE	N/A
ECMH Consultants from Other Organizations, FTE	N/A
Number of providers who hold infant mental health endorsement (IMH-E®) as Infant Family Associate (IMH-E®-I) or Infant Family Specialist (IMH-E®-II)	0.0
Number of providers who hold infant mental health endorsement (IMH-E®) as an Infant Mental Health Specialist (IMH-E®-III) or Infant Mental Health Mentor (IMH-E®-IV)	3.0
Number of state-funded ECMH consultants	2.0



ALLIED PROFESSIONALS

Preferred Trainings by Allied Professionals:

1. Behavioral and developmental issues
2. Attachment, separation, and trauma
- 3(t). Evidence-based mental health treatments
- 3(t). Overview of clinical disorders
- 3(t). Incorporate IECMH principles

Top three providers who send ages birth to five referrals to Solvista Health:

1. Pediatricians or Primary Care Providers
2. Child Welfare Professionals
3. Early Care and Education Professionals

Supportive Programs Offered in the Region:

- Parents as Teachers
- Nurse-Family Partnership
- SafeCare

(t) = Tie



PERINATAL INFORMATION

Perinatal trainings staff have already received:

They have not received select trainings.

Uses the Dyadic Approach when providing services to children ages birth to five: Yes

Uses the Dyadic Approach when providing perinatal services to a caregiver: Yes

Capacity of staff to meet the needs of pregnant and postpartum individuals: Low Capacity

Interest in Perinatal Trainings: Very Interested

Preferred Perinatal Trainings:

1. Interpersonal Psychotherapy (IPT)
2. Postpartum Support International (PSI)

Number of Practices with PSI Trained Clinicians in region: 0

Appendix 13: REGION 13

San Miguel, Ouray, Hinsdale, Gunnison, Montrose, and Delta counties

Served by: The Center for Mental Health

Tier Group N/A

Risk of children ages birth to five needing mental health services: **HIGH**

Readiness to support new services and trainings: **N/A**

- Capacity and infrastructure to provide IECMH services: **N/A**
- Interest in offering or expanding evidence-based IECMH services: **N/A**
- Commitment to participating in needed activities: **N/A**



Assessing Risk: **N/A**

	Maternal Age (rate of births among 15-19, per 1,000)	Low Maternal Education (percentage of live births to women with less than a high school education)	Adults with Four or More ACES	Low-Income Children (below 200 percent FPL)	Children with Difficulties with Emotions, Concentration, Behavior or Being Able to Get Along with Other People	Lack of Prenatal Care	Maternal Depression	Substantiated Abuse or Neglect Claims Among Children (for every 1,000 children birth to five)
Region 13	16.4	16 percent	16 percent	44 percent	20 percent	20 percent	40 percent	24.8
Statewide Average	13.7	13 percent	15 percent	36 percent	18 percent	13 percent	27 percent	15.2

Assessing Readiness: **N/A**

CMHC Capacity and infrastructure to provide IECMH services: **N/A**

I. **Availability of IECMH Services:** N/A

II. **Self-reported capacity to serve children ages birth to five and caregivers:** N/A

III. **CMHC Clinicians who have received select IECMH trainings and relationship-based infant mental health assessment procedures:** N/A

CMHC Interest in offering or expanding evidence-based IECMH services: **N/A**

I. **Expanding IECMH services in 2020:** N/A

II. **Interest in expanding capacity:** N/A

III. **Interest in developing an IECMH treatment team:** N/A

CMHC Commitment to participating in Right Start for Colorado activities: **N/A**

I. **Frequency of participating:** N/A

II. **Format of participating:** N/A

The Center for Mental Health did not report serving any children ages birth to five or pregnant and postpartum individuals in 2018. No clinicians from the region participated in the clinician survey. This section highlights other needs assessment findings for Region 13.



TRAININGS

Organization Training Preferences (rank order):

1. N/A
2. N/A
3. N/A

Preferred trainings and frequency are unavailable for Region 13.

Clinician Training Preferences (rank order):

1. N/A
2. N/A
3. N/A

Preferred trainings and frequency are unavailable for Region 13.



WORKFORCE

CMHC IECMH Clinicians, FTE (full-time equivalents)	N/A
CMHC ECMH Consultants, FTE	N/A
IECMH Clinicians from Other Organizations, FTE	N/A
ECMH Consultants from Other Organizations, FTE	N/A
Number of providers who hold infant mental health endorsement (IMH-E®) as Infant Family Associate (IMH-E®-I) or Infant Family Specialist (IMH-E®-II)	0.0
Number of providers who hold infant mental health endorsement (IMH-E®) as an Infant Mental Health Specialist (IMH-E®-III) or Infant Mental Health Mentor (IMH-E®-IV)	0.0
Number of state-funded ECMH consultants	2.0



ALLIED PROFESSIONALS

Preferred Trainings by Allied Professionals:

1. Behavioral and developmental issues
- 2 (t). Overview of clinical disorders
- 2 (t). Evidence-based mental health treatments
- 2 (t). Incorporate IECMH principles
- 2 (t). Screening and assessment of social-emotional development

Top three providers who send ages birth to five referrals to The Center for Mental Health: N/A

Supportive Programs Offered in the Region:

- Parents as Teachers
- Nurse-Family Partnership
- The Incredible Years

(t) = Tie



PERINATAL INFORMATION

Perinatal trainings staff have already received: N/A

Uses the Dyadic Approach when providing services to children ages birth to five: N/A

Uses the Dyadic Approach when providing perinatal services to a caregiver: N/A

Capacity of staff to meet the needs of pregnant and postpartum individuals: N/A

Interest in Perinatal Trainings: N/A

Preferred Perinatal Trainings: N/A

Number of Practices with PSI Trained Clinicians in region: 0

Appendix 14: REGION 14

Archuleta, La Plata, Montezuma,
Dolores, and San Juan counties

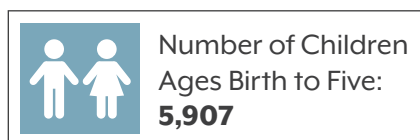
Served by: Axis Health Systems, Inc.

Tier Group D: Low Risk, Low Readiness

Risk of children ages birth to five needing mental health services: **LOW**

Readiness to support new services and trainings: **LOW**

- Capacity and infrastructure to provide IECMH services: **LOW**
- Interest in offering or expanding evidence-based IECMH services: **HIGH**
- Commitment to participating in needed activities: **LOW**



Assessing Risk: **LOW**

	Maternal Age (rate of births among 15-19, per 1,000)	Low Maternal Education (percentage of live births to women with less than a high school education)	Adults with Four or More ACES	Low-Income Children (below 200 percent FPL)	Children with Difficulties with Emotions, Concentration, Behavior or Being Able to Get Along with Other People	Lack of Prenatal Care	Maternal Depression	Substantiated Abuse or Neglect Claims Among Children (for every 1,000 children birth to five)
Region 14	13.7	12 percent	8 percent	33 percent	16 percent	16 percent	25 percent	13.1
Statewide Average	13.7	13 percent	15 percent	36 percent	18 percent	13 percent	27 percent	15.2

Assessing Readiness: **LOW**

CMHC Capacity and infrastructure to provide IECMH services: **LOW**

- Availability of IECMH Services:** Outpatient IECMH Psychotherapy Services and Behavioral Health Integrated Care Services (with some focus on the birth to five population)
- Self-reported capacity to serve children ages birth to five and caregivers:** Low Capacity
- CMHC Clinicians who have received select IECMH trainings and relationship-based infant mental health assessment procedures:** Have received trainings in Trauma-Focused Cognitive Behavioral Therapy

CMHC Interest in offering or expanding evidence-based IECMH services: **HIGH**

- Expanding IECMH services in 2020:** Expanding Outpatient IECMH Psychotherapy Services
- Interest in expanding capacity:** Very Interested
- Interest in developing an IECMH treatment team:** Very interested

CMHC Commitment to participating in Right Start for Colorado activities: **LOW**

- Frequency of participating:** Once every six months
- Format of participating:** A combination of in-person and virtual trainings

Axis Health Systems, Inc. served an estimated 40 children ages birth to five and 15 pregnant and postpartum individuals in 2018, according to the organization survey. Two clinicians from the region participated in the clinician survey. This section highlights other needs assessment findings for Region 14.



TRAININGS

Organization Training Preferences (rank order):

1. DC: 0-5
2. Parent Child Interaction Therapy (PCIT)
3. Trauma-Focused Cognitive Behavioral Therapy

Prefers trainings as a combination of in-person and virtual trainings once every six months.

Clinician Training Preferences (rank order):

1. (t) Child-Parent Psychotherapy
1. (t) Circle of Security
2. (t) DC: 0-5
2. (t) Relationship-Based Infant Mental Health Procedures

Prefer trainings once every six months with no preference on format.

(t) = Tie



WORKFORCE

CMHC IECMH Clinicians, FTE (full-time equivalents)	3.0
CMHC ECMH Consultants, FTE	0.0
IECMH Clinicians from Other Organizations, FTE	N/A
ECMH Consultants from Other Organizations, FTE	1.5
Number of providers who hold infant mental health endorsement (IMH-E®) as Infant Family Associate (IMH-E®-I) or Infant Family Specialist (IMH-E®-II)	1.0
Number of providers who hold infant mental health endorsement (IMH-E®) as an Infant Mental Health Specialist (IMH-E®-III) or Infant Mental Health Mentor (IMH-E®-IV)	2.0
Number of state-funded ECMH consultants	2.0



ALLIED PROFESSIONALS

Preferred Trainings by Allied Professionals:

1. Behavioral and developmental issues
2. Evidence-based mental health treatments
3. Attachment, separation, and trauma

Top three providers who send ages birth to five referrals to Axis Health Systems, Inc.:

1. Pediatricians or Primary Care Providers
2. Child Welfare Professionals

Supportive Programs Offered in the Region:

- Parents as Teachers
- Nurse-Family Partnership
- SafeCare
- The Incredible Years



PERINATAL INFORMATION

Perinatal trainings staff have already received:

They have not received select trainings.

Uses the Dyadic Approach when providing services to children ages birth to five: Yes

Uses the Dyadic Approach when providing perinatal services to a caregiver: Yes

Capacity of staff to meet the needs of pregnant and postpartum individuals: Low Capacity

Interest in Perinatal Trainings: Very Interested

Preferred Perinatal Trainings: 1. Postpartum Support International (PSI), 2. Interpersonal Psychotherapy (IPT)

Number of Practices with PSI Trained Clinicians in region: 0

Appendix 15: REGION 15

Saguache, Mineral, Rio Grande, Alamosa, Conejos, and Costilla counties

Served by: San Luis Valley Behavioral Health Group

Tier Group B: High Risk, Low Readiness

Risk of children ages birth to five needing mental health services: **HIGH**

Readiness to support new services and trainings: **LOW**

- Capacity and infrastructure to provide IECMH services: **LOW**
- Interest in offering or expanding evidence-based IECMH services: **HIGH**
- Commitment to participating in needed activities: **HIGH**



Assessing Risk: **HIGH**

	Maternal Age (rate of births among 15-19, per 1,000)	Low Maternal Education (percentage of live births to women with less than a high school education)	Adults with Four or More ACES	Low-Income Children (below 200 percent FPL)	Children with Difficulties with Emotions, Concentration, Behavior or Being Able to Get Along with Other People	Lack of Prenatal Care	Maternal Depression	Substantiated Abuse or Neglect Claims Among Children (for every 1,000 children birth to five)
Region 15	21.5	16 percent	26 percent	61 percent	10 percent	25 percent	32 percent	29.7
Statewide Average	13.7	13 percent	15 percent	36 percent	18 percent	13 percent	27 percent	15.2

Assessing Readiness: **LOW**

CMHC Capacity and infrastructure to provide IECMH services: **LOW**

- Availability of IECMH Services:** Outpatient IECMH Psychotherapy Services, ECMH Consultation Services to Child Care Centers, and Prevention or Health Promotion Services
- Self-reported capacity to serve children ages birth to five and caregivers:** Low Capacity
- CMHC Clinicians who have received select IECMH trainings and relationship-based infant mental health assessment procedures:** They have not received select trainings.

CMHC Interest in offering or expanding evidence-based IECMH services: **HIGH**

- Expanding IECMH services in 2020:** Expanding Outpatient IECMH Psychotherapy Services and Perinatal Mental Health Services
- Interest in expanding capacity:** Very Interested
- Interest in developing an IECMH treatment team:** Very interested

CMHC Commitment to participating in Right Start for Colorado activities: **HIGH**

- Frequency of participating:** As often as needed
- Format of participating:** A combination of in-person and virtual trainings

San Luis Valley Behavioral Health Group served an estimated 27 children ages birth to five and 7 pregnant and postpartum individuals in 2018, according to the organization survey. Four clinicians from the region participated in the clinician survey. This section highlights other needs assessment findings for Region 15.



TRAININGS

Organization Training Preferences (rank order):

1. Child-Parent Psychotherapy
2. Parent Child Interaction Therapy (PCIT)
3. DC: 0-5

Prefers trainings as a combination of in-person and virtual trainings as often as needed.

Clinician Training Preferences (rank order):

1. (t) Child-Parent Psychotherapy
1. (t) Attachment and Biobehavioral Catch-up (ABC)
2. (t) Circle of Security
2. (t) Parent Child Interaction Therapy (PCIT)

Prefer trainings as a video conference/virtual format as often as needed.

(t) = Tie



WORKFORCE

CMHC IECMH Clinicians, FTE (full-time equivalents)	1.5
CMHC ECMH Consultants, FTE	0.5
IECMH Clinicians from Other Organizations, FTE	N/A
ECMH Consultants from Other Organizations, FTE	N/A
Number of providers who hold infant mental health endorsement (IMH-E®) as Infant Family Associate (IMH-E®-I) or Infant Family Specialist (IMH-E®-II)	5.0
Number of providers who hold infant mental health endorsement (IMH-E®) as an Infant Mental Health Specialist (IMH-E®-III) or Infant Mental Health Mentor (IMH-E®-IV)	0.0
Number of state-funded ECMH consultants	2.0



ALLIED PROFESSIONALS

Preferred Trainings by Allied Professionals:

1. Behavioral and developmental issues
2. Attachment, separation, and trauma

Top three providers who send ages birth to five referrals to San Luis Valley Behavioral Health Group:

1. Child Welfare Professionals
2. Early Care and Education Professionals
3. Other partners

Supportive Programs Offered in the Region:

- Parents as Teachers
- Nurse-Family Partnership
- SafeCare
- The Incredible Years
- Healthy Steps
- HIPPPY



PERINATAL INFORMATION

Perinatal trainings staff have already received:

They have not received select trainings.

Uses the Dyadic Approach when providing services to children ages birth to five: Yes

Uses the Dyadic Approach when providing perinatal services to a caregiver: Yes

Capacity of staff to meet the needs of pregnant and postpartum individuals: Low Capacity

Interest in Perinatal Trainings: Very Interested

Preferred Perinatal Trainings: 1. Interpersonal Psychotherapy (PIT), 2. Postpartum Support International (PSI)

Number of Practices with PSI Trained Clinicians in region: 0

Appendix 16: REGION 16

Pueblo, Huerfano, and Las Animas counties

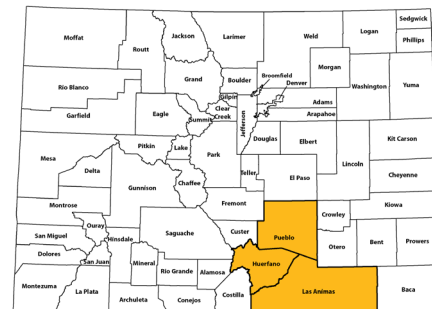
Served by: Health Solutions

Tier Group A: High Risk, High Readiness

Risk of children ages birth to five needing mental health services: **HIGH**

Readiness to support new services and trainings: **HIGH**

- Capacity and infrastructure to provide IECMH services: **LOW**
- Interest in offering or expanding evidence-based IECMH services: **HIGH**
- Commitment to participating in needed activities: **HIGH**



Assessing Risk: **HIGH**

	Maternal Age (rate of births among 15-19, per 1,000)	Low Maternal Education (percentage of live births to women with less than a high school education)	Adults with Four or More ACES	Low-Income Children (below 200 percent FPL)	Children with Difficulties with Emotions, Concentration, Behavior or Being Able to Get Along with Other People	Lack of Prenatal Care	Maternal Depression	Substantiated Abuse or Neglect Claims Among Children (for every 1,000 children birth to five)
Region 16	25.2	17 percent	21 percent	57 percent	22 percent	15 percent	30 percent	12.1
Statewide Average	13.7	13 percent	15 percent	36 percent	18 percent	13 percent	27 percent	15.2

Assessing Readiness: **HIGH**

CMHC Capacity and infrastructure to provide IECMH services: **LOW**

- Availability of IECMH Services:** Offers Outpatient IECMH Psychotherapy, Home-based IECMH Psychotherapy Services, ECMH Consultation Services to Child Care Centers, Perinatal Mental Health Services, and Prevention or Health Promotion Services
- Self-reported capacity to serve children ages birth to five and caregivers:** Some Capacity
- CMHC Clinicians who have received select IECMH trainings and relationship-based infant mental health assessment procedures:** Have received trainings in Child-Parent Psychotherapy, Circle of Security, DC: 0-5

CMHC Interest in offering or expanding evidence-based IECMH services: **HIGH**

- Expanding IECMH services in 2020:** Expanding Perinatal Mental Health Services
- Interest in expanding capacity:** Very Interested
- Interest in developing an IECMH treatment team:** Very Interested

CMHC Commitment to participating in Right Start for Colorado activities: **HIGH**

- Frequency of participating:** Learning collaborative format, once a quarter
- Format of participating:** Learning collaborative format

Health Solutions served an estimated 602 children ages birth to five and 153 pregnant and postpartum individuals in 2018, according to the organization survey. One clinician from the region participated in the clinician survey. This section highlights other needs assessment findings for Region 16.



TRAININGS

Organization Training Preferences (rank order):

1. Parent Child Interaction Therapy (PCIT)
2. Attachment and Biobehavioral Catch-up (ABC)
3. DC: 05

Prefers trainings as a learning collaborative format once a quarter.

Clinician Training Preferences (rank order):

1. Circle of Security
2. Relationship-Based Infant Mental Health Assessment Procedures
3. Attachment and Biobehavioral Catch-up (ABC)

Prefers trainings as a learning collaborative format.



WORKFORCE

CMHC IECMH Clinicians, FTE (full-time equivalents)	7.0
CMHC ECMH Consultants, FTE	5.0
IECMH Clinicians from Other Organizations, FTE	N/A
ECMH Consultants from Other Organizations, FTE	N/A
Number of providers who hold infant mental health endorsement (IMH-E®) as Infant Family Associate (IMH-E®-I) or Infant Family Specialist (IMH-E®-II)	4.0
Number of providers who hold an infant mental health endorsement (IMH-E®) as an Infant Mental Health Specialist (IMH-E®-III) or Infant Mental Health Mentor (IMH-E®-IV)	1.0
Number of state-funded ECMH consultants	2.0



ALLIED PROFESSIONALS

Preferred Trainings by Allied Professionals:

1. (t) Attachment, separation, and trauma
1. (t) Evidence-based mental health treatments

Top three providers who send ages birth to five referrals to Health Solutions:

1. Child Welfare Professionals
2. Home Visitors
3. Early Care and Education Professionals

Supportive Programs Offered in the Region:

- Parents as Teachers
- Nurse-Family Partnership
- SafeCare
- The Incredible Years
- Healthy Steps
- HIPPIY

(t) = Tie



PERINATAL INFORMATION

Perinatal trainings staff have already received:

They have not received select trainings.

Uses the Dyadic Approach when providing services to children ages birth to five: Yes

Uses the Dyadic Approach when providing perinatal services to a caregiver: Yes

Capacity of staff to meet the needs of pregnant and postpartum individuals: Low Capacity

Interest in Perinatal Trainings: Very Interested

Preferred Perinatal Trainings: 1. Interpersonal Psychotherapy (IPT), 2. Postpartum Support International (PSI)

Number of Practices with PSI Trained Clinicians in region: 0

Appendix 17: REGION 17

Crowley, Otero, Bent, Kiowa, Prowers, and Baca counties

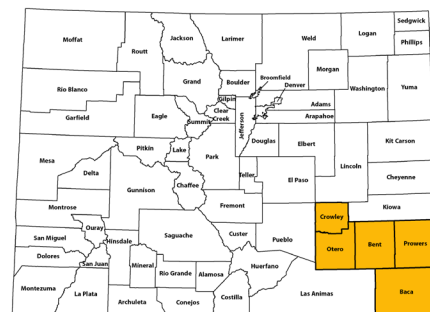
Served by: Southeast Health Group

Tier Group B: High Risk, Low Readiness

Risk of children ages birth to five needing mental health services: **HIGH**

Readiness to support new services and trainings: **LOW**

- Capacity and infrastructure to provide IECMH services: **HIGH**
- Interest in offering or expanding evidence-based IECMH services: **LOW**
- Commitment to participating in needed activities: **HIGH**



Assessing Risk: **HIGH**

	Maternal Age (rate of births among 15-19, per 1,000)	Low Maternal Education (percentage of live births to women with less than a high school education)	Adults with Four or More ACES	Low-Income Children (below 200 percent FPL)	Children with Difficulties with Emotions, Concentration, Behavior or Being Able to Get Along with Other People	Lack of Prenatal Care	Maternal Depression	Substantiated Abuse or Neglect Claims Among Children (for every 1,000 children birth to five)
Region 17	21.7	18 percent	18 percent	62 percent	34 percent	12 percent	26 percent	12.7
Statewide Average	13.7	13 percent	15 percent	36 percent	18 percent	13 percent	27 percent	15.2

Assessing Readiness: **LOW**

CMHC Capacity and infrastructure to provide IECMH services: **HIGH**

- Availability of IECMH Services:** Offers Outpatient IECMH Psychotherapy, Home-based IECMH Psychotherapy, ECMH Consultation Services to Child Care Centers, Perinatal Mental Health Services, Prevention or Health Promotion Services, Behavioral Health Integrated Care Services (with some focus on the birth to five population)
- Self-reported capacity to serve children ages birth to five and caregivers:** High Capacity
- CMHC Clinicians who have received select IECMH trainings and relationship-based infant mental health assessment procedures:** Have received trainings in Trauma-Focused Cognitive Behavioral Therapy, DC: 0-5

CMHC Interest in offering or expanding evidence-based IECMH services: **LOW**

- Expanding IECMH services in 2020:** Expanding zero IECMH Services
- Interest in expanding capacity:** Somewhat Interested
- Interest in developing an IECMH treatment team:** Unsure

CMHC Commitment to participating in Right Start for Colorado activities: **HIGH**

- Frequency of participating:** Once every six months
- Format of participating:** Multiple day, in-person training

Southeast Health Group served an estimated 70 children ages birth to five and 36 pregnant and postpartum individuals in 2018, according to the organization survey. No clinicians from the region participated in the clinician survey. This section highlights other needs assessment findings for Region 17.



TRAININGS

Organization Training Preferences (rank order):

1. Child-Parent Psychotherapy
2. Circle of Security
3. Attachment and Biobehavioral Catch-up (ABC)

Prefer trainings as a multiple day, in-person format once every six months.

Clinician Training Preferences (rank order):

1. N/A
2. N/A
3. N/A

Preferred trainings and frequency are unavailable for Region 17.



WORKFORCE

CMHC IECMH Clinicians, FTE (full-time equivalents)	5.0
CMHC ECMH Consultants, FTE	1.0
IECMH Clinicians from Other Organizations, FTE	N/A
ECMH Consultants from Other Organizations, FTE	N/A
Number of providers who hold infant mental health endorsement (IMH-E®) as Infant Family Associate (IMH-E®-I) or Infant Family Specialist (IMH-E®-II)	0.0
Number of providers who hold an infant mental health endorsement (IMH-E®) as an infant health specialist (IMH-E®-III) or Infant Mental Health Mentor (IMH-E®-IV)	0.0
Number of state-funded ECMH consultants	1.0



ALLIED PROFESSIONALS

Preferred Trainings by Allied Professionals:

1. Attachment, separation, and trauma
2. Screening and assessment of social-emotional development
- 3.(t) Behavioral and developmental issues
- 3.(t) Overview of clinical disorders
- 3.(t) Evidence-Based Infant Mental Health Treatments

Top three providers who send ages birth to five referrals to Southeast Health Group: They do not know which groups refer patients.

Supportive Programs Offered in the Region:

- Parents as Teachers • Nurse-Family Partnership
- SafeCare • The Incredible Years • HIPPY

(t) = Tie



PERINATAL INFORMATION

Perinatal trainings staff have already received: They have not received select trainings.

Uses the Dyadic Approach when providing services to children ages birth to five: N/A

Uses the Dyadic Approach when providing perinatal services to a caregiver: N/A

Capacity of staff to meet the needs of pregnant and postpartum individuals: High Capacity

Interest in Perinatal Trainings: Very Interested

Preferred Perinatal Trainings: 1. Interpersonal Psychotherapy (IPT), 2. Postpartum Support International (PSI)

Number of Practices with PSI Trained Clinicians in region: 0

Appendix 18: Assessment Methods

This IECMH Needs Assessment included four data inputs:

1. IECMH Risk Index,
2. Organization Survey,
3. Clinician Survey, and
4. Allied Professional Survey.

Risk Index

The IECMH Risk Index ranks Colorado regions on eight risk factors for needing IECMH services. These indicators were selected based on variables used in Risk, Reach, and Resources: An Analysis of Colorado's Early Childhood Mental Health Investments, which were chosen by a team of experts as having impact on ECMH outcomes.

The Risk Index used in this assessment was adapted with input from the Right Start for Colorado team and then analyzed to calculate an overall score.

Data on the indicators were analyzed for the 17 CMHC regions and serve as an approximation of risk for needing IECMH services. Because most of the data uses Health Statistic Regions for the geographic-level analysis, CHI used weighted averages to aggregate each indicator to the CMHC region level.

To create the overall risk score, CHI calculated a score for each indicator (the lowest possible score was 0, and the highest was 10). A high score indicates a high risk for needing IECMH services. These scores were aggregated to create overall risk scores for each CMHC region.

Weighting:

Of the eight indicators, five received a weight of one, meaning the indicator score was only counted once in the overall risk score.

Three indicators were given a double weight, meaning the indicator score was counted twice in the overall risk score. These three indicators are: maternal depression; difficulties with emotions, concentration, behavior or being able to get along with other people; and substantiated claims of abuse or neglect.

These three indicators were double weighted because they indicate evidence of behavioral or mental health issues. For example, claims of substantiated abuse or neglect are events that have already occurred and can have a lasting impact on children.

Data indicators, source, and year are listed below.

Need:

- Rate of Live Births to Women per 1,000 Females Ages 15 to 19
Source: Colorado Department of Public Health and Environment, Vital Statistics, 2018
- Percentage of Live Births to Mothers with Less than a High School Diploma or GED
Source: Colorado Department of Public Health and Environment, Vital Statistics, 2018
- Adults with Four or More Adverse Childhood Experiences (ACEs)
Source: Colorado Behavioral Health Risk Factor Surveillance System, 2014
- Children ages birth to five Living in Families with Household Incomes Under 200% of the Federal Poverty Level (\$49,200 for a family of four in 2017)
Source: American Community Survey, 2017
- Percentage of Children Ages 4 to 14 with Difficulties with Emotions, Concentration, Behavior or Being Able to Get Along with Other People
Source: Colorado Department of Public Health and Environment, Colorado Child Health Survey, 2013-2017
- Percentage of Women Who Did Not Enter Prenatal Care in the First Trimester of Pregnancy
Source: Pregnancy Risk Assessment Monitoring System, 2015-2017
- Percentage of Women Who Report Feeling Down, Depressed or Hopeless: Always/ Often/ Almost Always/ Sometimes, Since a New Baby was Born
Source: Pregnancy Risk Assessment Monitoring System, 2015-2017
- Substantiated Abuse or Neglect Claims per 1,000 Children Ages Birth to Five
Source: Colorado Department of Human Services, 2018

Organization and Clinician Surveys

CHI developed two surveys, in partnership with the Right Start for Colorado team, to gather input from organizations and clinicians who provide mental health treatment services to children and their caregivers and to pregnant and postpartum individuals across the state.

These online surveys contained questions about IECMH programming availability across various levels of care, current staff capacity to provide IECMH services, interest in receiving IECMH trainings, what types of trainings clinicians would be interested in receiving, and in what format and time frame.

The organization survey was completed by managers/supervisors/organizational leaders who could answer the survey based on all IECMH services provided within an organization.

The clinician survey was completed by clinicians who responded to questions about their caseload size, clinical and reflective supervision access, specific interests in trainings, type of trainings, and the format and frequency of trainings.

Seventy-four clinicians and 26 organizations across the state completed surveys. The IECMH Needs Assessment tiers are based on responses from the 16 organization survey responses received from community mental health centers (CMHCs). One CMHC did not complete the survey and was not included in the tier analysis.

Surveys were distributed to clinicians and organizations through professional group email distribution lists and professional newsletters. Many of these organizations represent multiple regions of the state or are statewide organizations. Additionally, each community mental health center was contacted to ensure each region of the state was represented in the analysis.

The survey period ran from September 10 to October 1, 2019. Personal follow-up resulted in additional surveys being completed after the survey was officially closed. One CMHC completed the survey by phone with CHI staff.

Allied Professional Survey

CHI created a survey for allied professionals to assess their current understanding of IECMH services and needs, their current referral and screening processes, and their interest in receiving trainings.

Allied professionals include a variety of professionals who work with the ages birth to five population, but do not specialize in or provide infant and early childhood mental health treatment.

These professionals include pediatricians and primary care providers; early care and education professionals; child welfare professionals; home visitors; early intervention providers; public health nurses; first responders; guardians ad litem; family court judges; policymakers; and clinicians who do not specialize in infant mental health, such as psychotherapists who want to understand when a parent's mental or behavioral disorder affects his or her relationship with a young child.

The survey was open from December 4 to December 31, 2019, and was distributed to a broad group of professionals, including pediatricians, public health nurses, court appointed special advocates (CASA) workers, child welfare workers, early intervention providers, early care and education professionals, public health nurses, and home visitors.

CHI received 296 responses. Eleven of those responses were duplicates or contained incomplete data and were not included in the analysis.

Appendix 19:

Methods for Calculating IECMH Needs Assessment Tiers

The four tiers were created by combining the IECMH Risk Index and Readiness Index (CMHC responses to the organization survey) to compare regions based on the risk of needing services for residents and readiness to receive Right Start for Colorado-sponsored trainings.

- **Step 1: Identify measures of readiness.**

Data Source: CMHC responses to the organization survey.

CHI identified nine questions from the organization survey that measure the readiness of a region to support new services and trainings. These nine questions were organized into three categories: capacity, interest, and commitment — all of which are key factors for indicating a region's level of readiness. See Appendix 20 for complete organization survey tool with specific question wording.

- **Step 2: Create capacity, interest and commitment index.**

Data Source: CMHC responses to the organization survey.

Three indices were created to calculate the final readiness score. The capacity index was calculated using four indicators, the interest index was calculated using three indicators; and the commitment index was calculated using two indicators. The lowest possible index score was 0, and

the highest was 10. (See Table 12 for a list of indicators used in capacity, interest, and commitment indices). CHI then calculated readiness for each region by averaging the capacity, interest, and commitment index scores.

- **Step 3: Categorize regions' readiness and risk scores.**

Data Source: CMHC responses to the organization survey and the IECMH Risk Index

Each region received either a high or low score for risk and readiness. First, CHI calculated an average index score for the state using the IECMH Risk Index. We then categorized each region into high or low risk categories based on their risk score. If a region's risk score was higher than the average, it was categorized as high. If a region's risk score was lower than the average, it was categorized as low. We repeated the same procedure for readiness.

- **Step 4: Assign regions into one of four tiers.**

We assigned the 17 regions into one of four tiers based on their risk and readiness categories in step 3.

- **Tier A:** High Risk / High Readiness
- **Tier B:** High Risk / Low Readiness
- **Tier C:** Low Risk / High Readiness
- **Tier D:** Low Risk / Low Readiness

Table 12. Organization Survey Questions Used to Calculate Readiness

Capacity and infrastructure to provide IECMH services	Interest in offering or expanding evidence-based IECMH services	Commitment to participating in needed activities
<p>Question 15: Offering IECMH psychotherapy services</p> <p>Question 22: Self-reported capacity to serve children ages birth to five and caregivers</p> <p>Question 24: Clinicians who have received select IECMH training</p> <p>Question 26: Clinicians who have received select relationship-based infant mental health assessment procedures</p>	<p>Question 20: Expanding IECMH services in 2020</p> <p>Question 23: Interest in expanding capacity</p> <p>Question 36: Interest in developing an IECMH treatment team</p>	<p>Question 30: Specific learning format for training</p> <p>Question 31: Ability to participate in learning and training activities as often as needed or as indicated</p>

Appendix 20: Organization Survey

Infant and Early Childhood Mental Health
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Right Start for Colorado: Infant and Early Childhood Mental Health Statewide
Needs Assessment

The Mental Health Center of Denver was awarded a grant by the Substance Abuse and Mental Health Services Administration, called Right Start for Colorado, that aims to expand infant and early childhood mental health services across Colorado communities by building statewide workforce capacity for professionals serving young children birth to 5 years of age and their families.

We have created two distinct surveys to inform the efforts of the Right Start for Colorado statewide initiative. Your responses will directly influence the trainings we offer and where we offer them!

- If you serve in a *Manager, Director or Executive Leadership* role at your organization, and can answer questions on behalf of Infant and Early Childhood Services provided at your organization, please click "Next" below to take this survey.

- If you are a *clinician* that provides Infant and Early Childhood Mental Health services, please click this link to take a survey specifically about the direct clinical services you provide to children and families: [Clinician Survey](#)

The survey will take approximately 25 to 30 minutes to complete. To thank you for your time completing the survey, you will be entered into a raffle to win a \$30 gift card. A proportion of all completed surveys will receive a gift card.

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About You

Thank you for taking time to complete this important survey. Before you get started, please provide your contact information below so that we may follow up to discuss Right Start for Colorado trainings and opportunities for your clinicians, and enter you into a drawing to receive a gift card.

* 1. Please select the organization where you work from the drop-down menu.

Other (please specify)

* 2. Please select the position below that best describes your role in the organization for a majority (more than 65 percent) of your time:

- ☐ Executive Leadership
- ☐ Director
- ☐ Supervisor/Manager
- ☐ Direct Service Provider in a Non-Management Role (You will be referred back to the opening page to take the clinician survey).

* 3. Please provide the following contact information. We will only contact you if you indicate later on in the survey that you are interested in receiving IECMH trainings.

Name

Title

Email Address

Phone Number

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About Your Organization

**This section will ask information about the clients served by your organization.
Please answer this question on behalf of the entire organization.**

4. Please select the age(s) of clients seen at your organization (*Multiple selections can be made*) :

- ☐ Infants and toddlers (ages birth through 3)
- ☐ Children ages 4 through 5
- ☐ Children ages 6 through 11
- ☐ Youth ages 12 through 18
- ☐ Adults ages 19 through 64
- ☐ Older adults (ages 65+)

5. Please estimate the percentage of your organization's **pregnant clients** who speak Spanish as their primary language.

- ☐ Under 25 percent
- ☐ 25 to 50 percent
- ☐ 51 to 75 percent
- ☐ We do not have clients who speak Spanish as their primary language

6. Please estimate the percentage of your organization's **children ages birth to five clients** who speak Spanish as their primary language.

- ☐ Under 25 percent
- ☐ 25 to 50 percent
- ☐ 51 to 75 percent
- ☐ We do not have clients who speak Spanish as their primary language

7. Please estimate insurance coverage status for all **pregnant individuals** whom your organization serves, totaling 100 percent:

Medicaid and CHP+	<input type="text"/>
Medicare	<input type="text"/>
Private Insurance	<input type="text"/>
Uninsured	<input type="text"/>
Unknown	<input type="text"/>
Not Applicable	<input type="text"/>

8. Please estimate insurance coverage status for all **children birth to 5** whom your organization serves, totaling 100 percent:

Medicaid and CHP+	<input type="text"/>
Medicare	<input type="text"/>
Private Insurance	<input type="text"/>
Uninsured	<input type="text"/>
Unknown	<input type="text"/>
Not Applicable	<input type="text"/>

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About Your Organization's Staff

This next section asks questions about Infant and Early Childhood Mental Health clinicians employed by your organization.

These clinicians include: Infant and Early Childhood Mental Health Specialists; Early Childhood Mental Health Consultants; Therapists; and/or Psychologists who treat children ages birth to 5 and their families. They are referred to as IECMH clinicians in the questions below.

9. Do the IECMH Clinicians employed at your organization serve the following populations?

- ☐ Pregnant individuals and children ages birth to 5.
- ☐ Just pregnant individuals.
- ☐ Just children ages birth to 5.
- ☐ We do not serve pregnant individuals or children ages birth to 5.

10. If you do not provide services to pregnant individuals or children ages birth to 5, where do you refer them?

- ☐ We provide services to all pregnant individuals and children ages birth to 5 who are referred to us.
- ☐ They are referred to a community mental health center.
- ☐ They are referred to a community clinician.
- ☐ They are referred to another organization.

Please list the centers, clinicians, and/or organizations where you send pregnant individuals and children ages birth to 5 for services.

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About Your Organization's Staff

11. Please estimate the number of IECMH clinicians (not including IECMH consultants) employed at your organization when fully staffed.

Total Full Time
Equivalents (FTE):

Number of IECMH
Clinicians:

12. Please estimate the number of IECMH consultants (IECMH consultant is defined in this survey as a clinician who provides ECMH consultation services to childcare centers) employed at your organization when fully staffed.

Total Full Time
Equivalents (FTEs):

Number of IECMH
Consultants:

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About Your Organization's Staff

13. Please select the **answer that best describes** the type and frequency of clinical supervision available to IECMH clinicians employed by your organization and serving pregnant individuals and/or children ages birth to 5:

- ☐ Regularly occurring (weekly, biweekly, or monthly) from a supervisor who has expertise in IECMH.
- ☐ As needed supervision from a supervisor who has expertise in IECMH.
- ☐ Regularly occurring (weekly, biweekly, or monthly) from a supervisor who does not have expertise in IECMH.
- ☐ As needed supervision from a supervisor who does not have expertise in IECMH.
- ☐ We don't have clinicians who serve pregnant individuals and/or children ages birth to 5.

14. Do your organization's IECMH clinicians have access to reflective supervision from a supervisor who is eligible or holds the IMH-E (infant mental health) endorsement at level III or IV?

- ☐ Yes
- ☐ No
- ☐ I don't know.

If no, is your organization interested in offering this type of supervision?

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Programming

The following section asks questions about programming and services your organization offers to pregnant individuals and children birth to 5.

These services are typically provided by IECMH clinicians including Infant and Early Childhood Mental Health Specialists; Early Childhood Mental Health Consultants; Therapists; and/or Psychologists who treat children ages birth to 5 and their families.

* 15. Please indicate whether your IECMH clinicians offer the following services.

	Yes	No	I don't know.
Outpatient IECMH Psychotherapy (using a dyadic parent-child approach)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home-based IECMH Psychotherapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ECMH Consultation Services to Childcare Centers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Perinatal Mental Health Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prevention or Health Promotion Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Behavioral Health Integrated Care Services (with some focus on 0-5 population)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify)	<input type="text"/>		

16. Please estimate the number of unique pregnant individuals your organization served in these programs in 2018. If your organization did not provide these services please indicate "0".

Outpatient IECMH Psychotherapy	<input type="text"/>
Home-based IECMH Psychotherapy	<input type="text"/>
ECMH Consultation Services to Childcare Centers (Please enter the number of centers)	<input type="text"/>
Perinatal Mental Health Services	<input type="text"/>
Prevention or Health Promotion Services	<input type="text"/>
Behavioral Health Integrated Care Services (with some focus on 0-5 population)	<input type="text"/>

17. Please estimate the number of unique children ages birth to five your organization served in these programs in 2018. If your organization did not provide these services please indicate "0".

Outpatient IECMH
Psychotherapy

Home-based IECMH
Psychotherapy

ECMH Consultation
Services to Childcare
Centers (Please enter
the number of centers)

Perinatal Mental
Health Services

Prevention or Health
Promotion Services

Behavioral Health
Integrated Care
Services (with some
focus on 0-5
population)

18. Do your clinicians typically include the caregiver(s) in treatment when providing clinical services for children ages birth to five (using a dyadic parent-child treatment approach)?

☐

Yes

☐

No

☐

I don't know

19. Do your clinicians incorporate dyadic parent-infant treatment sessions when providing perinatal mental health services to a caregiver? (i.e. services include a focus on parent-infant relationship in addition to treating adult mental health concerns).

☐

Yes

☐

No

☐

I don't Know

* 20. Please select the sentence that best describes your organization's approach to providing these services in 2020.

	No Change	We are planning to begin offering these services in 2020.	We are planning to expand these services in 2020.	We are planning to reduce or eliminate these services in 2020.
Outpatient IECMH Psychotherapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home based IECMH Psychotherapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ECMH Consultation Services to Childcare Centers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Perinatal Mental Health Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prevention/Health Promotion Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Behavioral Health Integrated Care Services (with some focus on 0-5 population)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify)	<input type="text"/>			

* 21. How would you describe the capacity of your current IECMH clinician workforce to meet the mental health treatment needs of **pregnant and post-partum individuals** in your organization's communities?

- ☐ No capacity
- ☐ Low capacity
- ☐ Some capacity
- ☐ High capacity
- ☐ I am not sure.
- ☐ We do not serve pregnant individuals.

* 22. How would you describe the capacity of your current IECMH clinician workforce to meet the mental health treatment needs of **children ages birth to 5 and their caregivers** in your organization's communities?

- ☐ No capacity
- ☐ Low capacity
- ☐ Some capacity
- ☐ High capacity
- ☐ I am not sure.
- ☐ We do not serve children ages birth to 5.

* 23. Is your organization interested in expanding capacity to support pregnant individuals, children ages birth to 5, and their caregivers?

- ☐ Very interested
- ☐ Somewhat interested
- ☐ Neutral
- ☐ Not interested
- ☐ Unsure, we need more information

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Clinician Training

Mental Health Center of Denver's Right Start for Colorado grant aims to expand infant and early childhood mental health services across Colorado by building the statewide workforce for professionals who serve young children birth to 5 years of age. This next section asks about trainings your organization's clinicians may have already received and your interest in receiving additional training through Right Start for Colorado.

* 24. Please select from the list below the trainings your organization's IECMH clinicians have received (either through your organization or independently):

- ☐ **Child-Parent Psychotherapy:** A relationship based, trauma informed, intervention for children birth to five who have experienced at least one traumatic event.
- ☐ **Circle of Security:** An attachment based early intervention designed to support caregivers in providing a safe and secure base for their young children.
- ☐ **Trauma-Focused Cognitive Behavioral Therapy:** A trauma specific treatment that focuses on children ages three and up who have experienced trauma.
- ☐ **Parent Child Interaction Therapy (PCIT):** A behavioral, skills-based dyadic treatment for children aged two to seven years to improve noncompliance and increase parents' strategies and parental confidence in behavior management strategies.
- ☐ **Attachment and Biobehavioral Catch-up (ABC):** A parent-child treatment approach designed to help caregivers provide nurturing care and engage in synchronous interactions with infants and toddlers. This approach is especially useful for young children who have experienced neglect, physical abuse, domestic violence, and foster care/kin placement instability.
- ☐ **DC: 0-5:** Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood.
- ☐ They have not received any of these trainings

25. If your organization's IECMH clinicians have received **DC: 0-5** training, do they diagnose with it?

- ☐ Yes
- ☐ No
- ☐ Our clinicians are not trained in DC: 0-5.

If yes, are they able to enter this directly into your organization's electronic health record?

26. Please select the trainings/methods that your organization's IECMH clinicians may have received on relationship-based infant mental health assessment procedures.

- ☐ Crowell parent-child observational procedure
- ☐ Working Model of the Child Interview
- ☐ Marshak Interaction Method
- ☐ They have not received training in these methods/procedures.

27. Please select the trainings or consultations your organization's IECMH clinicians may have received for addressing perinatal mental health.

- ☐ Postpartum Support International (PSI) 2-Day Perinatal Mood and Anxiety Disorders Training
- ☐ Prescribing psychiatric medications for individuals who are pregnant or breastfeeding
- ☐ Interpersonal Therapy (IPT)
- ☐ Mother-Infant Therapy Group
- ☐ They have not received these trainings.
- ☐ Other (please specify)

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* 28. Would you be interested in your IECMH clinicians participating in free or subsidized trainings on infant and early childhood mental health?

- ☐ Very Interested
- ☐ Somewhat Interested
- ☐ Neutral
- ☐ Not Interested
- ☐ Not Sure

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* 29. Please rank which of the following trainings you would be interested in your clinicians receiving (at no or low cost). Please rank from most interested to least interested.

- ☐ Child-Parent Psychotherapy
- ☐ Circle of Security
- ☐ Diversity-Informed Infant Mental Health Tenets
- ☐ Parent Child Interaction Therapy
- ☐ DC: 0-5 Certified (Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood)
- ☐ Trauma-Focused Cognitive Behavioral Therapy
- ☐ Infant/Young Child-Caregiver Relationship Assessments
- ☐ Attachment and Biobehavioral Catch-up (ABC)

* 30. What format would your clinicians be able to commit to for these trainings? Please rank in order of most preferred to least preferred.

- ☐ Single day, in-person training
- ☐ Multiple day, in-person training
- ☐ Video conference/virtual trainings
- ☐ A combination of in-person and virtual trainings.
- ☐ Learning Collaborative Format (multiple-day initial training with ongoing case consultation and periodic 1-2 day trainings over a course of 12-18 months)

* 31. How often would your clinicians be able to commit to attend these trainings?

- ☐ Once a quarter
- ☐ Once every six months
- ☐ Annually
- ☐ Biennial (every two years)
- ☐ Learning Collaborative Format (multiple-day initial training with ongoing case consultation and periodic 1-2 day trainings over a course of 12-18 months)
- ☐ As often as needed - it is a priority for our organization.

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32. What reasons best describe why you are unsure or not interested in your clinicians participating in IECMH training?

- ☐ Clinicians are already trained in these issues.
- ☐ Trainings are too expensive/we do not have budget to send clinicians.
- ☐ We have prioritized other training topics.
- ☐ Clinicians do not have the time/availability
- ☐ We cannot afford to lose the billable clinical hours.
- ☐ We do not see many children ages birth to 5.
- ☐ Not interested

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Community Organization Survey
2019

Perinatal Mental Health

* 33. Are you interested in your clinicians participating in free or subsidized training on perinatal mental health?

- ☐ Very interested
- ☐ Somewhat interested
- ☐ Neutral
- ☐ Not interested
- ☐ Unsure

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Community Organization Survey
2019

34. What reasons best describe why you are unsure or not interested in your clinicians participating in perinatal mental health trainings?

- ☐ Clinicians are already trained in these issues.
- ☐ Trainings are too expensive/we do not have budget to send clinicians.
- ☐ We have prioritized other training topics.
- ☐ Clinicians do not have the time/availability.
- ☐ We cannot afford to lose the billable clinical hours.
- ☐ We do not see many pregnant or post-partum individuals.
- ☐ Not interested

Infant and Early Childhood Mental Health
Community Organization Survey
2019

* 35. Please rank which of the following perinatal mental health trainings you would be interested in your clinicians receiving (at no or low cost). Please rank from most interested to least interested.

	Very Interested	Somewhat Interested	Neutral	Not Interested	Unsure
Postpartum Support International (PSI) 2-Day Perinatal Mood and Anxiety Disorders Training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interpersonal Psychotherapy (IPT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mother-Infant Therapy Group	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescribing psychiatric medications for individuals who are pregnant or breastfeeding.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Infant and Early Childhood Mental Health
Community Organization Survey
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* 36. Please rate your level of interest in having staff in your organization receive consultation on developing an IECMH treatment team. Consultation may include support with establishing billing practices, documentation/EHR considerations, referrals and marketing.

- ☐ Very interested
- ☐ Somewhat interested
- ☐ Neutral
- ☐ Not interested
- ☐ Unsure

Infant and Early Childhood Mental Health
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2019

Communication

The following section asks questions about other providers in your area and the referral process.

37. Please select up to three providers or professionals who most frequently refer **pregnant/postpartum individuals** to your organization.

- ☐ Pediatricians or Primary Care Providers
- ☐ Federally Qualified Health Centers
- ☐ Child Welfare Professionals
- ☐ Home Visitors
- ☐ Public Health Nurse
- ☐ Early Intervention Providers
- ☐ Early Care and Education Professionals
- ☐ First Responders
- ☐ Family Court Judges
- ☐ Other partners:
- ☐ I do not know which groups refer patients.

38. Please select up to three providers or professionals who most frequently refer **children ages birth to five** to your organization.

- ☐ Pediatricians or Primary Care Providers
- ☐ Federally Qualified Health Centers
- ☐ Child Welfare Professionals
- ☐ Home Visitors
- ☐ Public Health Nurse
- ☐ Early Intervention Providers
- ☐ Early Care and Education Professionals
- ☐ First Responders
- ☐ Family Court Judges
- ☐ Other partners:
- ☐ I do not know which groups refer patients.

Appendix 21: Clinician Survey

Infant and Early Childhood Mental Health
Clinician Survey
2019

Right Start for Colorado: Infant and Early Childhood Mental Health Needs Assessment

The Mental Health Center of Denver was awarded a grant by the Substance Abuse and Mental Health Services Administration, called Right Start for Colorado, that aims to expand infant and early childhood mental health services across Colorado communities by building statewide workforce capacity for professionals serving young children birth to 5 years of age and their families.

We have created two distinct surveys to inform the efforts of the Right Start for Colorado statewide initiative. Your responses will directly influence the trainings we offer and where we offer them!

If you serve in a *Manager, Director or Executive Leadership* role at your organization, and can answer questions on behalf of Infant and Early Childhood Services provided at your organization, please click this link to take a survey specifically about the direct clinical services you provide to children and families: [Organization Survey](#)

If you are a *clinician* that provides Infant and Early Childhood Mental Health services, please click "Next" below to take this survey.

The survey will take approximately 25 to 30 minutes to complete. To thank you for your time completing the survey, you will be entered into a raffle to win a \$30 gift card. A proportion of all completed surveys will receive a gift card.

Infant and Early Childhood Mental Health
Clinician Survey
2019

About You

Thank you for taking time to complete this important survey. Before you get started, please provide your contact information below so that we may follow up to discuss Right Start for Colorado training opportunities, and enter you into a drawing to receive a gift card.

* 1. Please select from the positions below the title that best reflects your expertise and position.

- ☐ Infant and Early Childhood Mental Health Specialist
- ☐ Early Childhood Mental Health Consultant
- ☐ Therapist
- ☐ Psychiatrist
- ☐ Psychologist
- ☐ Clinical Supervisor/Manager
- ☐ Other (please specify)

* 2. Please provide your contact information.

Name

Title

Email

Phone Number

Infant and Early Childhood Mental Health
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About You

Please share some information about your clinical practice.

* 3. Do you work at a community mental health center for 65 percent or more of your time per week?

- ☐ Yes
- ☐ No

Infant and Early Childhood Mental Health
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2019

About You

* 4. If yes, please select the community mental health center you work for:

Infant and Early Childhood Mental Health
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About You

* 5. If no, what organization do you work for? If you are in private practice, please indicate so.

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About You

This next section is specifically about the services you provide as a Infant and Early Childhood Mental Health clinician.

We are defining Infant and Early Childhood Mental Health clinicians as: Infant and Early Childhood Mental Health Specialists; Early Childhood Mental Health Consultants; Therapists; and/or Psychologists who treat children ages birth to 5 and their families. They are referred to as IECMH clinicians in the questions below.

* 6. Do you serve the following populations? (Please answer based on the services you provide to your patients, not what services your organization provides).

- ☐ Pregnant individuals and children ages birth to 5.
- ☐ Just pregnant individuals.
- ☐ Just children ages birth to 5.
- ☐ I do not serve pregnant individuals or children ages birth to 5.

* 7. If you do not provide services to pregnant individuals or children ages birth to 5, where do you refer them?

- ☐ I provide services to all pregnant individuals and children ages birth to 5 who are referred to me.
- ☐ They are referred to a community mental health center.
- ☐ They are referred to a community clinician.
- ☐ They are referred to another organization.

Please list the centers, clinicians, and/or organizations where you send pregnant individuals and children ages birth to 5 for services.

Infant and Early Childhood Mental Health Clinician Survey 2019

About You

8. How many years have you been providing mental health treatment services to pregnant individuals and children ages birth to 5? (Please answer based on the services you provide to your patients, not what services your organization provides).

- ☐ <1
- ☐ 1-3
- ☐ 4-6
- ☐ 7-10
- ☐ 11+
- ☐ I do not provide mental health treatment services to infants, toddlers, and children ages 0-5 years.

Infant and Early Childhood Mental Health Clinician Survey 2019

About Your Services

The following section asks questions about the services you directly provide.

* 9. Please select the counties where your patients live. *[Select all that apply]*. (Please answer based on the services you provide to your patients, not what services your organization provides).

- ☐ Adams
- ☐ Alamosa

- ☐ Arapahoe
- ☐ Archuleta
- ☐ Baca
- ☐ Bent
- ☐ Boulder
- ☐ Broomfield
- ☐ Chaffee
- ☐ Cheyenne
- ☐ Clear Creek
- ☐ Conejos
- ☐ Costilla
- ☐ Crowley
- ☐ Custer
- ☐ Delta
- ☐ Denver
- ☐ Dolores
- ☐ Douglas
- ☐ Eagle
- ☐ El Paso
- ☐ Elbert
- ☐ Fremont
- ☐ Garfield
- ☐ Gilpin
- ☐ Grand
- ☐ Gunnison
- ☐ Hinsdale
- ☐ Huerfano
- ☐ Jackson
- ☐ Jefferson
- ☐ Kiowa
- ☐ Kit Carson
- ☐ La Plata

- ☐ Lake
- ☐ Larimer
- ☐ Las Animas
- ☐ Lincoln
- ☐ Logan
- ☐ Mesa
- ☐ Mineral
- ☐ Moffat
- ☐ Montezuma
- ☐ Montrose
- ☐ Morgan
- ☐ Otero
- ☐ Ouray
- ☐ Park
- ☐ Phillips
- ☐ Pitkin
- ☐ Prowers
- ☐ Pueblo
- ☐ Rio Blanco
- ☐ Rio Grande
- ☐ Routt
- ☐ Saguache
- ☐ San Juan
- ☐ San Miguel
- ☐ Sedgwick
- ☐ Summit
- ☐ Teller
- ☐ Washington
- ☐ Weld
- ☐ Yuma

* 10. Please estimate the percentage of your clients children ages birth to 5 who speak Spanish as their primary language:

- ☐ Under 25 percent
- ☐ 26 to 50 percent
- ☐ 51 percent to 75 percent
- ☐ 76 to 100 percent
- ☐ I do not have clients who speak Spanish as their primary language

Infant and Early Childhood Mental Health
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2019

About Your Services

* 11. On average, how many pregnant and postpartum individuals do you assess/treat for mental health concerns in a year?

* 12. On average, how many infants, toddlers, and preschoolers (ages birth to 5) do you assess/treat in a year for mental health concerns?

Infant and Early Childhood Mental Health
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About Your Services

* 13. Please estimate insurance coverage status for your infant and toddler patients ages birth to five, totaling 100 percent:

Medicaid and CHP+	<input type="text"/>
Medicare	<input type="text"/>
Private Insurance	<input type="text"/>
Uninsured	<input type="text"/>
Unknown	<input type="text"/>

* 14. Do you have a category III or IV IMH-E® endorsement?

- ☐ Yes
- ☐ No
- ☐ In progress

* 15. Do you have access to a supervisor who holds the IMH-E® endorsement at level III or IV?

- ☐ Yes
- ☐ No
- ☐ Unsure

Infant and Early Childhood Mental Health
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2019

About Your Services

* 16. Please select the option that best describes your supervision.

- ☐ I pay an external supervisor.
- ☐ My organization pays for me to receive external supervision.
- ☐ I receive supervision within my organization.

Infant and Early Childhood Mental Health
Clinician Survey
2019

Services

The following section asks questions about the services you directly provide to pregnant/postpartum individuals and/or children ages birth to 5.

* 17. Do you currently provide **Outpatient IECMH Psychotherapy**?

- ☐ Yes, with the caregiver in these services (using a dyadic parent-child approach).
- ☐ Yes, without the caregiver in these services.
- ☐ No

* 18. Do you currently provide **Home-based IECMH Psychotherapy**?

- ☐ Yes, with the caregiver in these services (using a dyadic parent-child approach)?
- ☐ Yes, without the caregiver in these services.
- ☐ No

* 19. Do you currently provide **ECMH Consultation Services to Childcare Centers**?

- ☐ Yes
- ☐ No

If yes, please estimate the number of unique centers you served in 2018:

* 20. Do you currently provide **Perinatal Mental Health Services/Psychotherapy**?

- ☐ Yes
- ☐ No

* 21. Do you currently provide **Prevention or Health Promotion Services**?

- ☐ Yes
- ☐ No

If yes, please list programs:

* 22. Do you currently provide **Behavioral Health Integrated Care services** with some focus on children ages birth to 5?

- ☐ Yes
- ☐ No

* 23. Are there any other services you currently provide for pregnant/postpartum individuals and children ages birth to 5?

* 24. Please select the professional groups that refer **pregnant/postpartum individuals** to you. [Select all that apply]

- ☐ Pediatricians or Primary Care Providers (Private Practice)
- ☐ Federally Qualified Health Center
- ☐ Community Mental Health Center
- ☐ Mental Health Clinicians who do not treat these patients.
- ☐ Child Welfare Professionals
- ☐ Home Visitors
- ☐ Public Health Nurse
- ☐ Early Intervention Providers
- ☐ Early Care and Education Professionals
- ☐ First Responders
- ☐ Family Court Judges
- ☐ I do not receive referrals from allied professionals.
- ☐ Other (please specify)

* 25. Please select the professional groups that refer **children ages birth to 5** to you. [Select all that apply]

- ☐ Pediatricians or Primary Care Providers (Private Practice)
- ☐ Federally Qualified Health Center
- ☐ Community Mental Health Center
- ☐ Mental Health Clinicians who do not treat these patients.
- ☐ Child Welfare Professionals
- ☐ Home Visitors
- ☐ Public Health Nurse
- ☐ Early Intervention Providers
- ☐ Early Care and Education Professionals
- ☐ First Responders
- ☐ Family Court Judges
- ☐ I do not receive referrals from allied professionals.
- ☐ Other (please specify)

* 26. After you receive a referral, how often do you follow up with the organization/individual who provided the referral, assuming appropriate consent?

- ☐ Once to acknowledge the referral
- ☐ On a regular basis
- ☐ Depends upon the situation
- ☐ Never

Infant and Early Childhood Mental Health Clinician Survey 2019

Training

Mental Health Center of Denver's Right Start for Colorado grant aims to expand infant and early childhood mental health services across Colorado by building the statewide workforce for professionals who serve young children birth to 5 years of age. The following questions will ask about trainings you have received or are interested in pursuing in partnership with Right Start for Colorado.

* 27. Please select which of the following trainings you have already received:

- ☐ **Child-Parent Psychotherapy:** A relationship based, trauma informed, intervention for children birth to five who have experienced at least one traumatic event.
- ☐ **Circle of Security:** An attachment based early intervention designed to support caregivers in providing a safe and secure base for their young children.
- ☐ **Trauma-Focused Cognitive Behavioral Therapy:** A trauma specific treatment that focuses on children ages three and up who have experienced trauma.
- ☐ **Parent Child Interaction Therapy (PCIT):** A behavioral, skills-based dyadic treatment for children aged two to seven years to improve noncompliance and increase parents' strategies and parental confidence in behavior management strategies.
- ☐ **Attachment and Biobehavioral Catch-up (ABC):** A parent-child treatment approach designed to help caregivers provide nurturing care and engage in synchronous interactions with infants and toddlers. This approach is especially useful for young children who have experienced neglect, physical abuse, domestic violence and foster care/kin placement instability.
- ☐ **DC: 0-5:** Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood.
- ☐ Relationship based infant mental health assessment procedures.
- ☐ I have not received any of these trainings.

* 28. If you selected **DC: 0-5:** Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood, do you diagnose with it?

- ☐ Yes
- ☐ No

* 29. If you selected relationship based infant mental health assessment procedures, please select the specific procedures you provide:

- ☐ Crowell parent-child observational procedure
- ☐ Working Model of the Child Interview
- ☐ Marshak Interaction Method
- ☐ I do not provide relationship based infant mental health assessment procedures.

Infant and Early Childhood Mental Health
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* 30. Would you be interested in participating in free or subsidized trainings on infant and early childhood mental health as a part of the Right Start for Colorado program?

- ☐ Yes, I am very interested
- ☐ Yes, I am somewhat interested
- ☐ I am not sure.
- ☐ No, I am not interested.

Infant and Early Childhood Mental Health
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Trainings

31. What reasons best describe why you are unsure or not interested in receiving IECMH trainings?

- ☐ Trainings are expensive/my center doesn't have enough funding
- ☐ I don't have support from management/organizational leadership
- ☐ I have prioritized other training opportunities
- ☐ I don't have the time or availability to attend additional trainings
- ☐ I don't see many pregnant/postpartum individuals or children ages birth to five.
- ☐ I'm not interested in serving this population
- ☐ Other (please specify)

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2019

Trainings

- * 32. Please rank which of the following trainings you would be interested in receiving (at no or low cost). Please rank from most interested (1) to least interested (7).



Child-Parent Psychotherapy: A relationship based, trauma informed, intervention for children birth to five who have experienced at least one traumatic event.



Circle of Security: An attachment based early intervention designed to support caregivers in providing a safe and secure base for their young children.



Trauma-Focused Cognitive Behavioral Therapy: A trauma specific treatment that focuses on children ages three and up who have experienced trauma.



Parent Child Interaction Therapy (PCIT): A behavioral, skills-based dyadic treatment for children aged two to seven years to improve noncompliance and increase parents' strategies and parental confidence in behavior management strategies.



Attachment and Biobehavioral Catch-up (ABC): A parent-child treatment approach designed to help caregivers provide nurturing care and engage in synchronous interactions with infants and toddlers. This approach is especially useful for young children who have experienced neglect, physical abuse, domestic violence and foster care/kin placement instability.



DC: 0-5: Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood.



Relationship based infant mental health assessment procedures (Crowell parent-child observational procedure, Working Model of the Child Interview, Marschak Interaction Method, Clinical intake assessment for 0-5 population)

* 33. Do you have ongoing and dependable support from management or other staff members to implement evidence-based practices?

- ☐ Yes
- ☐ No
- ☐ I am in private practice.

If no, what would you need to receive this support?

* 34. What format would you be able to commit to for these trainings? Please rank in order of most preferred to least preferred.



Single day, in-person training



Multiple day, in-person training



Video conference/virtual trainings



A combination of in-person and virtual trainings.



Learning Collaborative format (multiple-day initial training with ongoing case consultation and periodic 1-2 day trainings over a course of 12-18 months)

* 35. How often would you be able to commit to attend these trainings?

- ☐ Once a quarter
- ☐ Once every six months
- ☐ Annually
- ☐ Biennial (every two years)
- ☐ Learning Collaborative format (multiple-day initial training with ongoing case consultation and periodic 1-2 day trainings over a course of 12-18 months)
- ☐ As often as needed.
- ☐ Other (please specify)

Infant and Early Childhood Mental Health
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2019

Trainings

* 36. Have you received any of the trainings or consultations mentioned below for addressing perinatal mental health? [Select all that apply]

- ☐ Postpartum Support International (PSI) 2-Day Perinatal Mood and Anxiety Disorders Training
- ☐ Interpersonal Psychotherapy (IPT)
- ☐ Mother-Infant Therapy Group
- ☐ Prescribing psychiatric medications for individuals who are pregnant or breastfeeding
- ☐ I have not received any perinatal mental health trainings.
- ☐ Other (please specify)

* 37. Are you interested in receiving perinatal mental health training?

- ☐ Yes
- ☐ No
- ☐ Unsure

Infant and Early Childhood Mental Health
Clinician Survey
2019

* 38. If no: what reasons best describe why you are not interested in trainings for perinatal mental health?

- ☐ Trainings are expensive/ my center doesn't have enough funding
- ☐ I don't have support from management/organizational leadership
- ☐ I don't have the time or availability to attend additional trainings
- ☐ I don't see many perinatal clients
- ☐ I'm not interested in serving this population
- ☐ Other (please specify)

Infant and Early Childhood Mental Health
Clinician Survey
2019

* 39. Please rank which of the following perinatal mental health trainings you would be interested in your clinicians receiving (at no or low cost). Please rank from most interested to least interested.



Postpartum Support International (PSI) 2-Day Perinatal Mood and Anxiety Disorders Training



Interpersonal Psychotherapy (IPT)



Mother-Infant Therapy Group



Prescribing psychiatric medications for individuals who are pregnant or breastfeeding.

Infant and Early Childhood Mental Health
Clinician Survey
2019

40. Is there anything else you would like to share with the Right Start for Colorado team about the opportunity to receive trainings?

Appendix 22: Allied Professional Survey

Infant and Early Childhood Mental Health Allied Professional Survey

The Mental Health Center of Denver was awarded a grant by the Substance Abuse and Mental Health Services Administration, Right Start for Colorado, that aims to expand infant and early childhood mental health (IECMH) services across Colorado communities by building statewide workforce capacity for professionals serving young children birth to five years of age and their families.

This includes funding to provide trainings for professionals who work with the birth to five population and may screen for or refer them to IECMH treatment services as needed.

Colorado's infant/early childhood workforce includes a wide variety of professionals who work with the birth to five population, but do not provide mental health treatment. They include but are not limited to pediatricians/primary care providers, child welfare professionals, home visitors, public health nurses, early interventionists, Guardian Ad Litem, and early care and education providers.) These professionals are a critical part of Colorado's IECMH workforce and we greatly value your input.

If you work with children ages birth to five and/or their caregivers, but do not provide mental health treatment, please click "Next" below to take this survey. Your responses will directly influence the trainings we offer and where we offer them!

(If you are mental health clinician who provides treatment for children ages birth to five and/or their caregivers and have NOT completed a survey for Right Start Colorado please contact Jalyn Ingalls at IngallsJ@coloradohealthinstitute.org.)

The survey will take approximately 10 minutes to complete, and we ask that you complete the survey by December 31, 2019. To thank you for your time completing the survey, you will be entered into a raffle to win a \$100 gift card. A proportion of all completed surveys will receive a gift card.

* 1. Please select the profession from the following list that most closely describes your current position.

- | | |
|---|---|
| <input type="radio"/> Pediatrician or Family Practice Physician | <input type="radio"/> Public Health Professional (including public health nurse) |
| <input type="radio"/> Primary Care Provider (non-physician) | <input type="radio"/> Early Intervention provider |
| <input type="radio"/> Other Physician (OB-GYN, etc.) | <input type="radio"/> Early Care and Education (ECE) Professional |
| <input type="radio"/> Child Welfare Professional | <input type="radio"/> First Responder |
| <input type="radio"/> Home Visitor | <input type="radio"/> Judicial Representative (Guardian Ad Litem, Family Court Judge, etc.) |
| <input type="radio"/> Other (please specify) | |

* 2. Please provide your contact information so that we may follow up with you about trainings in your area (we will not use your contact information for any other purpose nor will your responses be shared).

Name

Title

Place of Employment or
Agency (if applicable)

Email

Phone Number

* 3. Please select which county (or counties) you serve.

- | | | |
|---------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> All Counties | <input type="checkbox"/> Elbert | <input type="checkbox"/> Montrose |
| <input type="checkbox"/> Adams | <input type="checkbox"/> Fremont | <input type="checkbox"/> Morgan |
| <input type="checkbox"/> Alamosa | <input type="checkbox"/> Garfield | <input type="checkbox"/> Otero |
| <input type="checkbox"/> Arapahoe | <input type="checkbox"/> Gilpin | <input type="checkbox"/> Ouray |
| <input type="checkbox"/> Archuleta | <input type="checkbox"/> Grand | <input type="checkbox"/> Park |
| <input type="checkbox"/> Baca | <input type="checkbox"/> Gunnison | <input type="checkbox"/> Phillips |
| <input type="checkbox"/> Bent | <input type="checkbox"/> Hinsdale | <input type="checkbox"/> Pitkin |
| <input type="checkbox"/> Boulder | <input type="checkbox"/> Huerfano | <input type="checkbox"/> Prowers |
| <input type="checkbox"/> Broomfield | <input type="checkbox"/> Jackson | <input type="checkbox"/> Pueblo |
| <input type="checkbox"/> Chaffee | <input type="checkbox"/> Jefferson | <input type="checkbox"/> Rio Blanco |
| <input type="checkbox"/> Cheyenne | <input type="checkbox"/> Kiowa | <input type="checkbox"/> Rio Grande |
| <input type="checkbox"/> Clear Creek | <input type="checkbox"/> Kit Carson | <input type="checkbox"/> Routt |
| <input type="checkbox"/> Conejos | <input type="checkbox"/> La Plata | <input type="checkbox"/> Saguache |
| <input type="checkbox"/> Costilla | <input type="checkbox"/> Lake | <input type="checkbox"/> San Juan |
| <input type="checkbox"/> Crowley | <input type="checkbox"/> Larimer | <input type="checkbox"/> San Miguel |
| <input type="checkbox"/> Custer | <input type="checkbox"/> Las Animas | <input type="checkbox"/> Sedgwick |
| <input type="checkbox"/> Delta | <input type="checkbox"/> Lincoln | <input type="checkbox"/> Summit |
| <input type="checkbox"/> Denver | <input type="checkbox"/> Logan | <input type="checkbox"/> Teller |
| <input type="checkbox"/> Dolores | <input type="checkbox"/> Mesa | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Douglas | <input type="checkbox"/> Mineral | <input type="checkbox"/> Weld |
| <input type="checkbox"/> Eagle | <input type="checkbox"/> Moffat | <input type="checkbox"/> Yuma |
| <input type="checkbox"/> El Paso | <input type="checkbox"/> Montezuma | |

Infant and Early Childhood Mental Health Allied Professional Survey

Individuals Served

* 4. On average, how many pregnant and postpartum individuals do you work with or serve in a year?

☐ 0

☐ 51-100

☐ 1-10

☐ Over 100

☐ 11-30

☐ Unsure

☐ 31-50

* 5. On average, how many children ages birth to five do you work with or serve in a year?

☐ 0

☐ 51-100

☐ 1-10

☐ Over 100

☐ 11-30

☐ Unsure

☐ 31-50

Infant and Early Childhood Mental Health Allied Professional Survey

Referrals

* 6. Please select the sentence that best describes your familiarity with and work on infant and early childhood mental health (IECMH) issues.

☐ I am very familiar with IECMH issues and address them in my work.

☐ I am somewhat familiar with IECMH issues and occasionally address them in my work.

☐ I am somewhat familiar with IECMH issues but do not address them in my work.

☐ I have very little familiarity with IECMH issues.

* 7. Please select in which of the following situations you would refer a very young child (under age 6) and his or her family for IECMH services? (Select all that apply).

- ☐ When a child has experienced abuse, neglect or some form of trauma.
- ☐ When a child or family is involved in child protective services.
- ☐ When a child is demonstrating symptoms such as high levels of aggression, behavioral acting out, worry, sadness, tearfulness, or signs of trauma.
- ☐ When a child has been removed from her/his primary caregivers and placed into foster or kinship care.
- ☐ When a child has witnessed a violent crime such as murder, rape, domestic violence, and/or community violence.
- ☐ When a child's caregiver(s) are experiencing a mood/anxiety disorder that is affecting the relationship with the child and/or the child's development.
- ☐ When a child's caregiver(s) struggles to meet the young child's needs.
- ☐ I am not sure when to refer very young children and their caregivers to IEMCH services.
- ☐ I don't think infants or very young children could benefit from IECMH services.

* 8. Please select the option below to indicate how often you have referred children and families with whom you work to a clinician for mental health services in the past year. IECMH services include care specifically focusing on the parent-child relationship during pregnancy or the birth to 5 age.

	Never	Rarely	Occasionally	Frequently	I cannot remember or am not sure.
Referrals for children ages birth to five to IECMH services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Referrals for perinatal population to adult mental health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Referrals for perinatal population to infant/early childhood mental health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. Please select the statement from the box below that best describes how you feel when referring individuals or families with whom you work for IECMH services (assuming services are available).

	I am not confident knowing when to refer to IECMH services.	I feel somewhat confident in knowing when to refer to IECMH services.	I feel very confident in knowing when to refer to IECMH services.
For children ages birth to five	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
For perinatal populations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 10. Please select the age ranges of the children whom you have referred for IECMH services. Select all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Birth to 12 months | <input type="checkbox"/> 37 months to 48 months |
| <input type="checkbox"/> 13 months to 24 months | <input type="checkbox"/> 49 months to 60 months |
| <input type="checkbox"/> 25 months to 36 months | <input type="checkbox"/> I do not refer for IECMH services. |

Infant and Early Childhood Mental Health Allied Professional Survey

Referrals

* 11. IECMH clinicians include Infant and Early Childhood Mental Health Clinicians; Therapists; Psychiatrists, and/or Psychologists who treat children ages birth to 5 and their families.

Please select from the list below the IECMH clinicians to whom you refer individuals for services. Please select all that apply.

- | | |
|--|---|
| <input type="checkbox"/> IECMH clinicians at a Community Mental Health Center. | <input type="checkbox"/> I am not sure where the IECMH clinicians to whom I refer individuals work. |
| <input type="checkbox"/> IECMH clinicians in private practice. | <input type="checkbox"/> I do not refer individuals to IECMH clinicians. |
| <input type="checkbox"/> IECMH clinicians at safety net providers such as a Community Health Center. | |

* 12. What barriers do you face when referring children and families for IECMH services? Please select all that apply.

- | | |
|---|--|
| <input type="checkbox"/> I do not know where to refer the children and families I serve. | <input type="checkbox"/> The children and families I serve do not follow through with referrals. |
| <input type="checkbox"/> There are no IECMH clinicians in my community. | <input type="checkbox"/> I do not face any barriers when referring children and families for IECMH services. |
| <input type="checkbox"/> Although we have IECMH clinicians, they do not have enough capacity to treat my referrals. | <input type="checkbox"/> I do not refer children and families for IECMH services. |
| <input type="checkbox"/> There are not enough IECMH clinicians who accept the right insurance types for the children and families whom I serve. | |
| <input type="checkbox"/> Other (please specify) | |

* 13. Are you familiar with the Early Childhood Mental Health Consultants in your area?

- ☐ Yes, I am familiar with my area's ECMH Consultants and I actively refer to one or both of them.
- ☐ Yes, I am familiar with my area's ECMH Consultants but I do not refer to either of them.
- ☐ No, I am not familiar with my area's ECMH Consultants.

Infant and Early Childhood Mental Health Allied Professional Survey

Screening

* 14. Please select from the list below any of the following screening tools that you currently use to assess for social-emotional and trauma concerns with the children ages birth through 5 you work with or serve. Select all that apply.

- ☐ Ages and Stages: Social-Emotional (ASQ:SE) ☐ Patient Health Questionnaire (PHQ)
- ☐ Devereux Early Childhood Assessment (DECA) or DECA-C ☐ I do not screen for these issues.
- ☐ Brief Infant Toddler Social-Emotional Assessment (BITSEA or ITSEA)
- ☐ Other (please specify)

* 15. Please select from the list below any of the following screening tools that you currently use to assess for mental health concerns with the perinatal populations you work with or serve. Select all that apply.

- ☐ Beck Depression Inventory (BDI) ☐ Edinburgh Postnatal Depression Scale
- ☐ Center for Epidemiologic Studies Depression Scale (CES-D) ☐ I do not screen for these issues.
- ☐ Patient Health Questionnaire (PHQ)
- ☐ Other (please specify)

16. Please select the statement from the box below that best describes how you feel when screening young children or families with whom you work for social-emotional issues or trauma.

	I feel very confident.	I feel somewhat confident.	I am not confident.
For children ages zero to five	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
For perinatal populations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 17. Please select the following topic areas for which you would be interested in receiving free or significantly reduced cost trainings. Select all that apply.

- ☐ Attachment, separation, trauma and loss issues
- ☐ Behavioral and developmental issues among infants and young children
- ☐ Overview of clinical disorders in infancy/early childhood
- ☐ Diversity Informed practice within IECMH
- ☐ Evidence-based mental health treatments for infancy/early childhood (i.e., what services do families receive after I make a referral and what do they look like)
- ☐ How to incorporate IECMH principles into my work
- ☐ Other (please specify)
- ☐ IECMH referral processes in my community
- ☐ Reflective practice
- ☐ Relationship based care
- ☐ Screening and assessment of perinatal mood and anxiety concerns
- ☐ Screening and assessment of social-emotional development/young children's mental health concerns
- ☐ I am not interested in any of these topics or trainings.

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Trainings

* 18. What format would you be able to commit to for these trainings? Please rank in order of most preferred to least preferred.



Single day, in-person training.



Single day, video conference/virtual training (i.e. via Zoom).



One-hour lunch and learn, in person.



One-hour lunch and learn, virtual training (i.e. via Zoom).



Echo training series (a series of three to six one-hour virtual sessions that focus on IECMH).

* 19. What would make participating in IECMH-related trainings most helpful among the factors listed below?
Please rank in order of most helpful to least helpful.



CME Credit, or other professional development credits.



Work release time.



Lunch being provided.



Local training location in my region of the state.



Local trainers with familiarity of my specific community.

20. Is there anything else you'd like Right Start for Colorado to know?

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* 21. What reasons best describe why you are not interested in free or significantly reduced-cost IECMH trainings or professional development opportunities?

☐ Trainings are expensive/My organization does not have enough funding.

☐ I don't have support from my organization's management.

☐ I don't have time or availability to attend additional trainings.

☐ I don't see many pregnant individuals or birth to five clients.

☐ I am not interested in providing referrals for clinical IECMH services.

☐ These specialized trainings don't occur in my region of the state.

☐ Other (please specify)

22. Is there anything else you'd like Right Start for Colorado to know?



303 E. 17th Ave., Suite 930 • Denver, CO 80203 • 303.831.4200
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