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**Office of the Superintendent of Public Instruction**  
James F. Lane, Ed. D.

September 20, 2021

The Honorable Luke E. Torian  
Chair, House Appropriations Committee  
Pocahontas Building  
900 East Main Street, 13th Floor  
Richmond, Virginia 23219

The Honorable Janet D. Howell  
Chair, Senate Finance and Appropriations Committee  
Pocahontas Building, Room No: E509  
PO Box 396  
Richmond, Virginia 23218

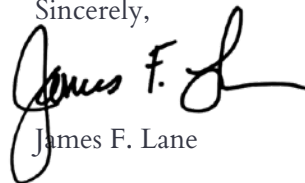
**Dear Sir and Madam:**

I am pleased to submit the enclosed report that describes current progress the Virginia Department of Education (VDOE) has made in implementing the recommendations identified in Joint Resolution 51 (HJ 51- Sickles/Hanger). This report also identifies additional legislative, regulatory and budgetary actions necessary to continue implementation of these recommendations for adopting a statewide Early Childhood Mental Health (ECMH) consultation model to prevent suspensions and expulsions of young children attending early care and education programs in Virginia.

Item 137.Q directs VDOE to submit the report to the Chairs of the House Appropriations and Senate Finance and Appropriations Committees no later than October 1, 2021.

Please direct questions to Jenna Conway, Deputy Superintendent of Early Childhood Care and Education by email at [Jenna.Conway@doe.virginia.gov](mailto:Jenna.Conway@doe.virginia.gov).

Sincerely,



James F. Lane

JFL/JC/lh

Enclosure

# **House Joint Resolution 51 (HJ51) Feasibility Study of Developing an Early Childhood Mental Health Consultation Program: Status Report for the Chairmen of House Appropriations and Senate Finance Committees**

## **Acknowledgements:**

This report was prepared jointly by the University of Virginia's Center for Advanced Study of Teaching and Learning (UVA CASTL) and the Virginia Department of Education by funding provided through the federal Governor's Emergency Education Relief (GEER) Fund. The Early Childhood Mental Health Consultation pilot is being implemented by UVA CASTL and the Virginia Infant & Toddler Specialist Network.

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## Introduction

Almost all young children struggle to manage their emotions and behaviors at one time or another as they learn how to express their emotions, engage in appropriate behaviors, and make social connections with adults and other children. As a result, challenging behavior occurs frequently in early childhood settings, and this is expected developmentally. When teachers form strong and positive connections with students and their families and provide high-quality learning experiences, most children develop social-emotional and behavioral regulation skills (i.e., the challenging behavior does not persist). However, without these high-quality learning experiences and support from teachers, children’s social-emotional and behavioral challenges may escalate, potentially resulting in suspension, expulsion, or other forms of exclusionary discipline. The use of suspension and expulsion in preschool, much like in K-12 education, is inequitable. Children with mental health issues and behavior problems, Black children, and boys are at an especially heightened risk of being disciplined through these exclusionary practices in early childhood.

To explore how Virginia’s early childhood system can better meet young children’s social-emotional and behavioral needs, [House Joint Resolution 51](#) (HJ51) was passed by the Virginia General Assembly in the 2020 legislative session. This legislation tasked a workgroup—led by the Virginia Department of Education (VDOE), the Virginia Department of Social Services (VDSS), and the Virginia Department of Behavioral Health and Developmental Services (VDBHDS)—with studying the feasibility of adopting a statewide Early Childhood Mental Health (ECMH) consultation model to prevent suspensions and expulsions of young children attending early care and education programs in Virginia. During the fall of 2020, VDOE, VDSS, and VDBHDS convened a workgroup of 55 members to contribute to the HJ51 feasibility study. Workgroup members were tasked with studying effective models of ECMH consultation, identifying funding streams that Virginia could access to support statewide implementation of ECMH consultation, identifying the appropriate state agency to oversee ECMH consultation, understanding ECMH workforce issues, and ultimately providing recommendations for implementing and scaling an ECMH consultation program.

The HJ51 feasibility study occurred amid an unprecedented health and economic crisis. The COVID-19 pandemic has put significant stress on teachers, families, and children—particularly among communities with access to the fewest resources. Parents and caregivers lost jobs, and some children lost loved ones. Young children’s daily routines, connections with teachers and peers, and social experiences have been upended. Teachers are working under extremely difficult circumstances and may be experiencing loss themselves. These stressors may elevate the risk for exclusionary discipline in early childhood programs, making the work of HJ51 very timely for the current context.

VDOE submitted the [HJ51 report](#) to the Governor and General Assembly in December 2020. This report established the statewide support, need, and research-base for a ECMH consultation program in Virginia and specifically cited the importance of ECMH consultation as a support for teachers and children during COVID-19 and beyond. Readers are encouraged to

review the report to fully understand the process and recommendations. Workgroup members made recommendations around six key areas:

1. Developing an ECMH Consultation Program,
2. Building a Qualified Early Childhood Workforce, including ECMH Consultants,
3. ECMH Consultant Qualifications and Competencies,
4. Building the Infrastructure to Implement a Statewide ECMH Consultation Program,
5. Funding an ECMH Consultation Program Within a Fully Implemented Pyramid Model System, and
6. Evaluating the Impact of an ECMH Consultation Program

The current report describes progress the VDOE has made in implementing the recommendations identified in HJ51 and identifies additional legislative, regulatory, and budgetary actions necessary to continue implementation of these recommendations.

### **Progress in Implementing Recommendations from HJ51**

VDOE allocated federal relief dollars to fund a pilot study of ECMH consultation in early childhood classrooms during the 2021 to 2022 school year with goal of supporting teachers and children as they begin to return to more typical learning environments after a period of considerable disruption due to the pandemic. This pilot study brings together two partners—Child Development Resources’ Virginia Infant & Toddler Specialist Network (ITSN) and the University of Virginia’s Center for Advanced Study of Teaching and Learning (UVA CASTL)—to design, implement, and evaluate an ECMH consultation model for children from birth to five in one region of the state. ECMH consultation services will begin in November 2021 and continue through spring 2022. For each HJ51 recommendation area, we summarize the recommendations made in HJ51, describe progress to date in implementing such recommendations through the pilot activities, and describe what will be accomplished at the end of the pilot.

#### **Area 1: Recommendations for Developing an ECMH Consultation Program**

HJ51 provided recommendations for developing an ECMH consultation program. These recommendations include beginning the ECMH consultation program by initially focusing on group-based early care and education settings serving children from birth to five (e.g., family day homes, child care centers, Early Head Start and Head Start, Virginia Preschool Initiative, Early Childhood Special Education, and private programs). In response to ongoing efforts to improve equity and the disparate impact of the COVID-19 pandemic on marginalized children and families, access to ECMH consultation should be prioritized for under-resourced and/or historically marginalized children and families attending publicly funded early education programs. Further, ECMH consultation should be situated within a multi-tiered system of supports that provides various levels of consultation, depending on teacher and child need. The model should draw from and coordinate with services that already exist in the state, including Virginia Infant & Toddler Specialist Network (ITSN) and the Advancing Effective Interactions and Instruction (AEII) Initiative at UVA CASTL. A centralized system to receive requests for ECMH

consultation should be developed and include a process for gathering information to determine the level of support that is most appropriate. Finally, it was recommended that ECMH consultation services be implemented using regional networks, such that ECMH consultants serve particular regions of the state.

After completion of the HJ51 feasibility study, VDOE identified two organizations to coordinate on the design and delivery of a birth to five ECMH consultation model: ITSN and UVA CASTL. Both organizations have been delivering related services to different populations (infant/toddler and preschool, respectively). Thus, the pilot draws from existing services in the state. For the pilot, ECMH consultation services will be delivered to group-based early care and education programs, with ITSN focusing on infants/toddlers (i.e., 0-36 months) and UVA CASTL focusing on preschoolers (i.e., 37-60 months). VDOE has also determined that the pilot will occur in the greater Richmond area. VDOE, ITSN, and UVA CASTL are situating the ECMH consultation pilot within two communities previously established through the [Preschool Development Grant B-5 regional structure](#): Chesterfield and Henrico. A centralized system to receive referrals and requests for services is in development, likely an online form to be completed as an initial step in the process. Consultation services will begin no later than November 1, 2021.

The proposed ECMH consultation model is aligned to the HJ51 recommendation of situating services within a multi-tiered system, providing the most intensive services to those who demonstrate the greatest needs. For the pilot, ECMH consultation services will either be delivered at Tier 2 or Tier 3, with tiers varying in the extent to which the consultation is individualized to teacher/provider needs and the amount of consultation offered. Tier 2 services will focus on improving a set of teaching practices that benefit the social and emotional well-being of all children in the classroom. Tier 3 services will be highly individualized to the specific needs of the teacher and individual child prompting referral, since the teachers and children in Tier 3 have been identified as having more urgent needs compared to those assigned to Tier 2. Within Tier 3, family voice is central, with involvement through teacher-family collaboration and facilitation to community resources when needed. Tier 1 (universal) services, which include an array of educational and training experiences that build teachers' foundational knowledge in child development and effective educational practice, fall outside the scope of the proposed ECMH consultation model described below. However, Tier 1 services and resources currently offered by ITSN, UVA CASTL, and other agencies around the Commonwealth will continue to be made available to participating pilot communities (e.g., T/TAC, Child Care Aware, Virginia Quality/VQB-5).

At the end of the pilot, ITSN and UVA CASTL will have designed a birth to five ECMH consultation model, including an intake process in which referrals for services are received and a process for assessing needs to determine the most appropriate level of consultation. ITSN and UVA CASTL will have delivered services to publicly-funded early childhood programs in the greater Richmond area. ITSN will provide consultation to up to 60 to 75 infant and toddler classrooms. UVA CASTL will provide consultation to up to 100 to 150 preschool classrooms. At the end of the pilot, VDOE will better understand what the implementation of the referral

processes and ECMH consultation services looks like. We will also understand what went well and what needs revision to successfully scale to a statewide model (more details provided in Area 6: Evaluating an ECMH Consultation Program). VDOE will consider opportunities for expansion to additional regions as soon as the 2022-2023 school year, potentially through continued federal relief funding. However, additional sustaining funding sources have not yet been identified.

## **Area 2: Recommendations for Building a Qualified Early Childhood Workforce, Including ECMH Consultants**

HJ51 noted the importance of building a qualified and diverse early childhood workforce across early childhood teachers, coaches, and ECMH consultants. Related to ECMH consultants, HJ51 recommended making intentional efforts to recruit and retain skilled consultants who represent the demographic characteristics of the children and families being served. Approaches could include offering stipends and scholarships to cover higher education and other training and/or offering financial incentives to retain consultants in the field. Finally, additional coursework and training related to infant and early childhood mental health should be developed at universities. One example of this is training on cultural competency, racism, and trauma, recently developed through Virginia Commonwealth University.

As part of the pilot, ITSN and UVA CASTL will hire and train new ECMH consultants, which will expand the state's ECMH consultant workforce. ITSN will hire two full time consultants, while UVA CASTL will hire one full time and six part time consultants. Recruitment and hiring are presently underway. ITSN and UVA CASTL are making efforts to recruit a diverse set of qualified ECMH consultants by conducting outreach to infant and early childhood mental health leaders in Virginia and posting positions on job boards including HBCU Connect, National Black Association of Social Workers, and NAEYC Early Childhood Career Center. Additionally, ITSN and UVA CASTL will make virtual consultation available as part of the ECMH consultation pilot which will help ensure that services are accessible to all communities in need of consultation.

At the end of the pilot, VDOE will have a better understanding of the early childhood workforce in one region of the state, including the types of roles that are needed to build out a comprehensive early childhood workforce operating within a multi-tiered system of supports. Based on this information, VDOE will be better suited to anticipate workforce needs at the state level and take actions to fill gaps of need. At the end of the pilot, VDOE will also have a better understanding of the strengths and limitations of virtual consultation and its potential role in a statewide ECMH consultation model to ensure that localities where very few ECMH consultants reside can still receive services.

## **Area 3: Recommendations for ECMH Consultant Qualifications and Competencies**

HJ51 provided recommendations for outlining consultant qualifications and competencies. It was recommended that ECMH consultants hold a master's degree in social work, psychology, school counseling, or a related field. Additionally, consultants should have at least two years of

relevant experience working as a mental health professional with young children and families. Alternatively, some workgroup members argued that a bachelor's degree with substantial experience and supervision by a licensed mental health provider is an adequate substitute for a graduate degree. HJ51 recommended that the Center of Excellence's Competencies for ECMH consultants should be used to guide the hiring, training, professional development, and evaluation of consultants. Finally, it was recommended to explore ways of credentialing ECMH consultants to distinguish them from other similar workforce roles with less clinical mental health expertise (e.g., coaches).

ITSN and UVA CASTL have developed ECMH consultant job descriptions that are aligned in their expectations for consultant qualifications and competencies. Qualifications include a bachelor's degree required with 2-3 years of relevant experience (master's degree preferred). Competencies include core areas outlined by the Center of Excellence, including knowledge of early childhood development, providing culturally responsive services, relationship building, and working with adults to promote reflective practice. ITSN and UVA CASTL are also coordinating to develop an initial set of training experiences for consultants and ongoing support for consultants throughout the pilot. Initial training will be delivered over approximately 2-4 weeks and will cover foundational knowledge and skills related to ECMH consultation (e.g., overview of Pyramid Model; Practice Based Coaching; Georgetown model for ECMH Consultation; topics related to diversity, equity, and inclusion in consultation; and best practices for collaborative communication, providing feedback, and conducting culturally responsive work with families). Ongoing support for ECMH consultants will entail regular individual and group support, including reflective supervision and providing feedback to consultants on their fidelity to the ECMH consultation model. Consultants will also be trained in how to administer, score, interpret, and use child and classroom data collection tools.

At the end of the pilot, VDOE will have a set of shared expectations regarding the necessary qualifications and competencies that ECMH consultants need to be successful in their role. VDOE will also have a better understanding of what initial training and ongoing supports are needed for consultants to successfully deliver the proposed birth to five ECMH consultation model in Virginia. This knowledge of consultant qualifications and the types of training experiences that are necessary will guide future efforts to hire and support consultants in a statewide model.

#### **Area 4: Recommendations for Building the Infrastructure to Implement a Statewide ECMH Consultation Program**

HJ51 provided recommendations for building the infrastructure to implement an ECMH consultation program statewide. It was recommended that the ECMH consultation contract be housed within VDOE, with formalized partnerships with other relevant agencies (e.g., VDBHDS). Statewide infrastructure should be developed for coordinating and monitoring an ECMH consultation program across regions. This infrastructure should include a centralized referral system and data collection and reporting systems, all with oversight from VDOE. An advisory committee with cross-agency representation should be created to facilitate buy-in and support.

Finally, the feasibility of developing a comprehensive service system for young children beyond early care and education should be explored.

VDOE is overseeing the ECMH consultation pilot during the 2021-2022 school year. VDOE developed written contracts with ITSN and UVA CASTL that outline the expectations for ECMH consultation service delivery during the pilot year. Through the pilot, VDOE and partner organizations will create a single-point-of-entry through which programs or teachers may request services or make referrals. VDOE and partner organizations will also create systems and procedures for data collection to understand implementation of the ECMH consultation program and ensure appropriate oversight. ITSN and UVA CASTL have been meeting with VDOE monthly since May 2021 and will provide regular reporting updates on the implementation of the ECMH consultation pilot to the Early Childhood Mental Health Advisory Board.

At the end of the pilot, VDOE will have developed core infrastructure within the Division of Early Childhood Care and Education and with partner agencies/organizations that will serve as the foundation for building a statewide ECMH consultation program. Specifically, the contracts between VDOE, ITSN, and UVA CASTL lay out the expectations for ECMH consultation service provision. These contracts can be modified or replicated for use with additional consultation providers in the future. Once the single-point-of-entry (i.e., central call system) has been developed for the pilot region, it can be adapted to include more regions across the state. Data collection plans and processes developed through the pilot will provide a set of expectations for the minimum data to be collected to monitor implementation and evaluate outcomes for a statewide model. Finally, VDOE and the partner organizations' engagement with the field throughout the duration of the pilot will help create buy-in from key stakeholders in Virginia that will support expansion to a statewide program.

#### **Area 5: Recommendations for Funding an ECMH Consultation Program Within a Fully Implemented Pyramid Model System**

HJ51 included recommendations for funding ECMH consultation within a fully implemented multi-tiered system of supports (e.g., The Pyramid Model). The Pyramid Model is a framework of evidence-based practices provided by teachers, home visitors, coaches, behavior specialists, ECMH consultants, program leaders and others to support young children's social and emotional development and prevent challenging behavior in early childhood settings. The Pyramid Model starts with universal strategies to support all children in the classroom (i.e., Tier 1) and moves toward more targeted interventions for children who need additional support (i.e., Tier 2) or when severe and persistent challenging behaviors are present (i.e., Tier 3). At all tiers of support, all providers serving children and families must be trained to promote social and emotional development, driven by developmentally appropriate practices including nurturing and supportive interactions and trauma-informed approaches. This tiered model of support reduces the need for intensive approaches (i.e., mental health consultation) and allows the state to strategically use mental health consultation for the teachers and children who need it most. While Virginia has taken steps to provide training and support around Pyramid Model implementation, a comprehensive system of supports across Tiers 1, 2, and 3 is neither fully



funded nor implemented. Regarding funding for ECMH consultation, HJ51 recommended developing a sustainable funding mechanism that utilizes multiple funding sources, including a mix of federal and state funds.

VDOE allocated federal relief dollars from the Coronavirus Response and Relief Supplemental Appropriations (CRRSA) Act and the Governor’s Emergency Education Relief (GEER) Fund to fund a pilot ECMH consultation program in 2021-2022. As part of the pilot, ITSN and UVA CASTL will collect information about the set of services that early childhood programs and teachers are accessing to better understand the extent to which the Pyramid Model is currently being funded and implemented across the state. The VDOE may also engage with the Pyramid Model Consortium, an organization that served as national experts for HJ51, to advance Pyramid Model funding and implementation in Virginia.

At the end of the pilot, VDOE will have a better understanding of the amount of funds that would be necessary to adequately financially support a statewide ECMH consultation model and how to develop a sustainable funding mechanism for ECMH consultation services. VDOE will also understand the current state of Pyramid Model implementation in Virginia, including where gaps in services exist at Tiers 1 and 2 of the Pyramid. This knowledge will help the state more strategically invest in services that are additive, rather than duplicative, when building out a statewide system of supports.

## **Area 6: Recommendations for Evaluating the Impact of an ECMH Consultation Program**

HJ51 recommended requiring that an ECMH consultation program be evaluated. This evaluation should include both implementation and outcome data collected from multiple sources and systems (e.g., programs, teachers, families). Families should have a central voice in the evaluation of the system. Finally, data should be made available to the public.

ITSN and UVA CASTL will conduct an evaluation of the ECMH consultation pilot activities in 2021-2022. The evaluation will address the following overarching questions:

1. What did implementation of the ECMH consultation model look like? Was it delivered as intended?
2. To what extent do teacher and child outcomes change over the course of consultation?

To address these questions, and in alignment with recommendations in HJ51, ITSN and UVA CASTL will collect different types of data (i.e., quantitative, qualitative) from various sources (i.e., teachers, consultants, families, administrative). Implementation data to be collected include the dosage of consultation cycles, the content or aims of the consultation, consultants’ fidelity to the model, teacher/provider responsiveness to consultation, and families’ experiences with consultation services. To evaluate change over the course of ECMH consultation, ITSN and UVA CASTL will collect pre- and post-data on teacher and child outcomes that are expected to change due to participation in the ECMH consultation model. From these data, we will be able to determine whether the difference in outcomes from pre- to post-consultation is statistically significant (i.e., significantly different from no change); however, we

will not be able to isolate ECMH consultation as the *cause* of this difference, since we are not randomizing teachers/children into either a treatment or control group. Child outcome data include social-emotional and behavioral skills, while teacher outcome data include implementation of social-emotional learning practices. For children at risk of expulsion, we will also track children's placement outcomes at the end of consultation (e.g., remain in program in classroom, remain in program but change classroom, removed temporarily from classroom, removed permanently from classroom, no longer at this center/facility [family withdrew]).

At the end of the pilot, VDOE will understand both the successes and challenges of the ECMH consultation model. VDOE can then use this information to make modifications to the services that are provided as part of the program and to the systems and procedures in place to support implementation and evaluation of the services. ITSN and UVA CASTL will report on the following at the end of the pilot:

- Extent to which ECMH consultation services are utilized by publicly-funded programs birth to five (e.g., uptake numbers; demographics of programs, teachers, and children referred)
- How many programs/teachers/providers show a need for higher-intensity services (Tier 3 individualized consultation) versus lower-intensity services (Tier 2 coaching on social-emotional learning topics)
- Extent to which services were delivered as intended (e.g., amount of consultation cycles)
- How much and what kinds of training and supervision are needed for consultants to deliver services with high fidelity
- Areas of need for providers/teachers (as shown by classroom observation data) and topics of consultation aligned to address those needs
- Whether programs/teachers/providers found the services beneficial for supporting children's behavior in group settings
- Whether children's behavior and social-emotional skills improved from pre- to post-consultation
- Family experiences with the consultation services
- If child was at risk for suspension/expulsion, what was the ultimate placement decision (e.g., remain in program and classroom, remain in program but change classroom, temporarily removed from program, permanently removed from program, etc.)
- Issues of equity related to consultation (e.g., demographics of educators and children referred for services; whether perceived satisfaction with services and benefits are felt equally across all educators and children)

At the end of the pilot, VDOE will be able to describe the kinds of data that should be collected as part of a statewide ECMH consultation program to continually assess the success of the program. We will also know more about statewide data collection efforts that can be leveraged and accessed by the ECMH consultation team (e.g., LinkB-5, Virginia Kindergarten Readiness Program), so that data collection is not duplicative across VDOE projects. Additionally, the

measures and data collection procedures that are employed in the pilot will provide guidance for an evaluation of a statewide ECMH consultation program.

### **Additional Legislative, Regulatory, and Budgetary Actions Needed to Implement Recommendations in HJ51**

Substantial and continued investments are needed from the state to sustain and expand upon the ECMH consultation pilot being developed and implemented this year, as the current funding mechanism for the pilot is not sustainable long-term. The 2021-2022 ECMH consultation program will lay the groundwork for infrastructure and provide accurate cost estimates for high-quality intervention services. However, the funding provided for this one-year pilot (\$1.6 Million across the two providers) will only provide services for one region of the state.

Further, completing all recommendations included in HJ51 will require significant investments beyond that of the ECMH consultation pilot, including those necessary to support workforce training and infrastructure development. Additional state investments are needed to reduce barriers to entry among potential ECMH consultants and promote retention once in the workforce, particularly for underrepresented groups and first-generation college graduates. Funding is also needed to coordinate prevention and promotion efforts at Tiers 1 and 2 of the Pyramid Model, so ECMH consultation is used strategically as a more intensive approach for supporting for early childhood programs within a statewide multi-tiered system of support.

As the ECMH consultation program expands beyond the initial pilot region and scope of approximately 200 classrooms, further investments are also needed to strengthen the state's infrastructure related to ECMH consultation. For example, staff will be needed to coordinate, monitor implementation, and provide oversight of the ECMH consultation program, and a statewide data system will be needed for collection and management of ECMH consultation-related data. With the support of state collaborators—including VDBHDS, whose Early Childhood Mental Health Initiative complements the work of the pilot—VDOE will conduct further study of effective funding models that could support these areas of need; the Zero to Three financing group is one avenue of such support. The VDOE/VDBHDS collaboration (via the Early Childhood Mental Health Initiative) is facilitated by a new ECMH state coordinator who is focused on children ages birth to six.

Consistent with other states that have adopted ECMH consultation models, the General Assembly may wish to commit state funds to expand to an additional region(s) to continue building statewide capacity, determining ECHM consultant workforce needs, and evaluating the most efficient processes for scaling to a comprehensive and statewide model. In response to the disparate impact of the COVID-19 pandemic on disadvantaged children and families, the General Assembly may wish to prioritize access to an ECMH consultation program for the most under-resourced children attending early care and education programs.

## Summary and Next Steps

Since completion of the HJ51 feasibility study, significant progress has been made to begin implementing recommendations provided in the study's report. As described above, work conducted as part of the ECMH consultation pilot addresses each of the six recommendation areas in HJ51. The current pilot is still in the initial phase and will continue through spring 2022.

The VDOE, ITSN, and UVA CASTL will proceed with the following next steps:

- Recruit and train a group of ECMH consultants to deliver consultation services to teachers, children, and families
- Recruit early childhood programs to participate in the ECMH consultation pilot
- Deliver ECMH consultation services no later than November 1, 2021, and lasting through spring 2022 (ITSN will serve 60-75 classrooms; UVA CASTL will serve 100-150 classrooms)
- Collect implementation and outcome data throughout the duration of the ECMH consultation pilot
- Provide regular reporting updates on the implementation of the ECMH consultation pilot to the Early Childhood Mental Health Advisory Board
- ITSN and UVA CASTL will provide a summative report on the findings, success, and recommendations for future expansion of the ECMH consultation pilot to VDOE (see plans for evaluation study in area 6)
- VDOE will seek additional guidance from the Pyramid Model Consortium and the Zero to Three financing group

The ECMH consultation pilot is an opportunity to understand what worked well and how to improve the services and systems for a potential statewide expansion. VDOE plans to use learnings from the pilot in fall 2021 and early 2022 to propose an expansion of the pilot in fiscal year 2023. While federal COVID-19 relief dollars may support some expansion in fiscal year 23, sustained state funding will be needed to build on the progress in the long term.