Center for Trauma-Responsive Practice Change

NH Early Childhood & Family Mental Health Workforce Capacity Building Proposal

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Submitted By:

Center for Trauma-Responsive Practice Change
Cassie Yackley, Psy.D.

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OVERVIEW

Project Goals & Objectives

This proposal is written in response to the compelling need to support improvements to the New Hampshire Early Childhood and Family Mental Health (ECFMH) workforce, as noted by several reports/studies conducted in NH over the past several years. Young children in New Hampshire are the most vulnerable group regarding the impacts of intrafamilial violence and substance abuse and represent the greatest need in terms of their immediate mental health needs with noted limitations in the mental health workforce. The goal of the NH Early Childhood & Family Mental Health Workforce Capacity Building Proposal (ECFMH Capacity Building project or Project) is to *develop and sustain a statewide cadre of providers* prepared to serve traumatized young *children and their caregivers wherein access to evidence-based mental health intervention (CPP) is simplified for families.*

The Project proposes four key elements to operationalizing this goal:

1. Grow and Sustain the NH Child-Parent Psychotherapy (CPP) Provider Network
2. Increase CPP Accessibility
3. Enhance Trauma-Informed Referral Pathway
4. Conduct Trauma-Responsive Early Childhood Services (TRECS) Trainer Program

I. ELEMENT #1: Grow and Sustain the NH Child-Parent Psychotherapy (CPP) Provider Network
   a. Conduct Two Nationally Sanctioned CPP Learning Collaboratives
   b. Sustain CPP Provider Network
   c. Increase NH CPP Trainer Capacity
   d. Develop CPP Database

II. ELEMENT #2: Increase CPP Accessibility
   a. Maintain CPP Publicity Materials
   b. Secure Method for Meeting Concrete Client Needs
   c. Expand CPP In High Need Settings
      (1) Develop CPP Capacity in Prenatal Settings Through Training in Perinatal CPP
      (2) Upscale Capacity to Implement CPP in SUD Settings
      (3) Build Systems of Care for Young Traumatized Children (Safe Baby Court Teams)

III. ELEMENT #3: Enhance Informed Referral Pathway
   a. Training in Screening & Assessment for Trauma
   b. Conduct CPP Partner Training Sessions

c. Implement Case-Based Consultation

IV. ELEMENT #4: Conduct Trauma-Responsive Early Childhood Services (TRECS) Trainer Program
   a. Develop Standardized TRECS Curriculum
   b. Conduct TRECS Train-the-Trainer Learning Community
      (1) Conduct TRECS Training Sessions
      (2) Provide Expert Trauma-Responsive Reflective Practice Consultation
   c. TRECS Apprentice Trainer Training Sessions

STATEMENT OF NEED

Vulnerability of Young Children

Young children are the most vulnerable members of our society, both in terms of risk for maltreatment and regarding biological sensitivity to exposure to adversity. A 2018 Child Trends study found that 41% of children 0-17 in NH have one or more ACES and 19% have two or more (Sacks, et. al., 2018). According to national data collected from state child welfare agencies, children under the age of two years represent more than a quarter (28%) of the victims of child maltreatment and those under one year account for 26% of the victims (US-DHHS, 2021). Maternal risk indicators children 0-5 in NH have been shown to be among the worst in the country (lower rank equals greater risk): 40th in excessive drinking women 18-44, 41st in lifetime incidence of intimate partner violence, 40th in number of drug deaths for women 15-44 (United Health Foundation, 2019). Adverse early childhood experiences have many significant immediate consequences for children including behavior problems, increased risk for further victimization, increased risk of mental health diagnosis, decreased readiness for school, more difficulty learning once in school, etc. that, when not systematically addressed, compound and create chronic, lifelong disadvantages.

Contextual Crisis

The problem with violence in America is irrefutable (NCADV): 1 in 15 children are exposed to intimate partner violence each year, and 90% of these children are eyewitnesses to this violence. Victims of interpersonal violence experience a greater risk for a host of other adverse experiences including missed work, job loss, mental illness, suicide, negative physical, sexual, and reproductive health effects, and developing addictions to alcohol, tobacco, or drugs (NCADV). Several studies have emerged linking the immense stress placed on families by the COVID-19 pandemic, associated mitigation measures, and economic downturn, to increases in domestic violence and child abuse ranging from 8-20% (Boserup et. al., 2020; Piquero et. al., 2021).

Mental Health Workforce Capacity Issues

Mental Health Services in NH have come under intense criticism in recent years and while important steps have been taken to improve the capacity to provide and access to mental health services in NH. One major gap in the mental health service array is mental health services for maltreated and traumatized children 0-6 (and their caregivers) and related infrastructure.

The NH 10-Year Mental Health Plan (2020) established a vision and recommendations for the State's mental health system, that includes a focus on "Prevention & Early Intervention" activities, which include: identification of best practices for young children, training to the provider workforce, screenings, and the expansion of early childhood treatment models. High-quality, evidence-based early intervention irrefutably has been shown to be more cost effective and have greater societal impact than waiting to intervene "downstream." Early intervention impacts have broad reach and can improve children's cognitive, social, emotional, behavioral, and physical health and wellbeing and are more likely to have lifelong benefits.

Capacity to provide CPP and infrastructure to support it in NH has been growing steadily and it has become the most frequently employed model for children 0-6 in the state, largely due to the CPP's effectiveness. There was clear indication in the 2019 assessment of NH's Early Childhood and Family Mental Health Workforce report (NH Children's Health Foundation, 2020) that respondents value CPP in NH because of the strong CPP provider community, one person stating that "the CPP cohort is strong and successful." Another participant noted, "Given what we're dealing with in terms of the opioid crisis, there's not really anything above CPP" (p. 7).

Recently, CPP's has been prioritized as an evidence-based treatment that NH needs to expand. NH DCYF's 2021 Procurement Forecast identified several evidence-based service models, based on results from a Request for Information issued in 2019, that they intend to expand in 2021 and beyond. The forecast cited three reasons for the selection of CPP: 1) the number of CPP providers already certified in the model, 2) approval for funding by Title IV-5 Funding under FFPSA, and 3) "CPP was among the top models identified in the RFI." For a crosswalk of the identified needs in NH building the ECFMH workforce capacity align with the goals and objectives of the four elements of this proposal see Appendix A.

There is already evidence of CPPs stability and sustainability. Not only do agencies and providers make a substantial commitment to CPP in terms of staff resources, but the supports provided by the NH CPP Provider Network have also made significant contributions to sustainability of the CPP community in NH.

In order for agencies to buffer their system's ability to provide CPP over the next five years, they will need to secure funding to train more clinicians. Future CPP cohorts would be needed to continue to train new clinicians over time and provide advanced training opportunities in key areas of need, e.g., working with caregivers with an SUD. Training in the model is robust and rigorous. Clinicians attend face-to-face training (50 hours) as well as bi-monthly CPP group consultation during their 18-month training. While NH CPP agency supervisors recognize the consultation groups as an "important port of out implementation," they also noted "funding to cover the loss of productivity" due to provider time devoted to training, consultation, and collaboration with other providers "would be helpful for long term sustainability."

Given increased need and shortages in the mental health workforce, more needs to be done to provide expedited referral to CPP providers. A substantial portion of CPP families are involved with

DCYF; one goal of agencies (and the Network) is to increase our partnership with DCYF to support families through an expedited referral process for DCYF-involved families. There is addition need to build awareness in community providers and agency staff of the importance and availability of CPP. Many mental health providers and child- and family-serving agencies are not aware that evidence-based treatments for infants and toddlers exist or still hold on to the myth that children that young are too young to remember or for there to be a significant impact.

PROJECT DESCRIPTION

Intervention (CPP) Description

Child-Parent Psychotherapy (CPP) is an evidence-based intervention for caregivers and young children (aged 0 to 6 years) who have experienced traumatic exposure. CPP intervention can successfully address the impacts of exposure to many types of toxic stressors such as witnessing domestic or community violence, experiencing neglect, physical or sexual abuse, being separated from caregivers, having caregivers who are incarcerated and/or with mental health or substance use challenges. CPP purposefully attends to the impact of multigenerational, cultural and historical trauma with the intention of understanding what has happened to a child and his or her family.

CPP is a relationship-based, trauma-informed approach that helps families heal and grow after stressful and traumatic experiences. Treatment is conducted by a master's or doctoral-level therapist and involves weekly hour-long sessions for a duration of approximately one year. When difficult things happen, young children need parents and caregivers to help them feel calm, to make sense of what happened, and to restore the protective shield—CPP works to support the child-parent relationship to restore its ability to be protective, even when the child-parent relationship has been compromised by abuse and neglect. CPP sessions include the child and the primary caregiver with the goal of improving the quality of the caregiving relationship, fostering the child's and the caregiver's wellbeing, increasing safety, attunement, attachment, and emotional and body-based regulation which are the building blocks of recovery.

Child-Parent Psychotherapy Diversity, Equity, and Inclusion Statement

The CPP community believes that holding a Diversity, Equity, Inclusion and Racial Justice lens is central to our work as CPP Trainers, Supervisors, and Providers. This stance is a core aspect of clinical competence and reflective practice that we seek to strengthen actively and continuously.

We work to acknowledge ruptures in safety and rebuild protection. Our gaze needs to turn not only to ruptures at the family level but also at a societal and sociocultural level, recognizing ongoing and historical oppression and trauma that too many groups have experienced. As we do this, we honor that sources of protection include cultural strengths and ancestral wisdom.

We commit ourselves to being culturally accountable to each other and to our clients in every interaction. Both in the moment and in hindsight, we strive to engage in reflective awareness and action-oriented practices, policies, and procedures for the purpose of dismantling historical and institutional racism and discrimination.

Speaking the unspeakable sheds light on truth and opens the door to healing. These efforts require sustained energy and open-ended, courageous dialogue. We devote ourselves to creating learning spaces that support ongoing growth, development, and action.

CPP Evidence Base

Support for CPP's efficacy has been well established through five randomized controlled trials, including three studies with trauma-exposed children (preschoolers exposed to domestic violence, maltreated preschoolers and infants from families with a history of maltreatment) and two studies with other populations of children (anxiously attached infants of Latina immigrant mothers and toddlers with depressed mothers). Moreover, a CPP effectiveness study has been carried out with culturally diverse children in foster care, and two dissemination studies have been conducted in Israel and Sweden. A thorough description of the research base that demonstrates CPP's effectiveness can be found at: https://childparentpsychotherapy.com/about/research/.

EXPECTED OUTCOMES

Child Domain Improvements:
- PTSD symptoms
- Comorbid diagnoses
- Behavior problems
- Emotion regulation
- Cognitive functioning

Relational Domain Improvements:
- Child perception of self and caregivers
- Child perception of child-caregiver relationship

Caregiver Domain Improvements:
- PTSD symptoms
- General symptoms
- Empathy toward children
- Ability to interact with children in positive ways

CPP is effective with children at the highest risk—even children with the highest Adverse Childhood Experience (ACES) scores responded positively to CPP intervention (Toth, Sturge-Apple, Rogosch, & Cicchetti, 2015; Ghosh Ippen, Harris, Van Horn, & Lieberman, 2011). CPP has been universally effective across racial/ethnic subgroups. In terms of systems impact, CPP intervention also appears to positively impact children's foster placements. Lyons (2008) reported that compared to all foster care youth there were dramatic reductions in placement interruptions for participants in CPP intervention.

For mothers in CPP, significant treatment gains post CPP intervention include reduced maternal PTSD symptoms (including avoidance) and reductions in maternal depression (Lieberman, Van Horn, & Ghosh Ippen, 2005; Lieberman, Ghosh Ippen, & Van Horn, 2006; Ghosh Ippen, Harris, Van Horn, & Lieberman, 2011). CPP intervention has been demonstrated to reduce child related stress and to improve maternal cortisol regulation (Toth, Sturge-Apple, Rogosch, & Cicchetti, 2015).

NH CPP Capacity Building

The NH CPP Provider Network is a community of 96 licensed MH clinicians who provide CPP in 24 NH agencies. The most recent CPP cohort treated 448 families; there are 239 CPP clients currently registered. The Network is a community of CPP providers that serves as a *de facto* statewide mental health system for traumatized young children. The Network is the result of over a decade of efforts by trauma experts in NH who have sought funding opportunities and engaged in advocacy to assure that CPP is available to young children and families in NH (Appendix B). The Network is a key part of the ECFMH system. It is the only EBT available (at any scale) in the state for youth under six years.

The goal of the New Hampshire Child-Parent Psychotherapy (CPP) Provider Network ("CPP Network") is to develop and sustain a statewide cadre of mental health providers prepared to serve traumatized young children and their caregivers who can easily access CPP due to an informed early childhood referral pathway. The CPP Network has a training, consultation, and supervision

infrastructure with strong ties to the CPP dissemination team (Child Trauma Research Program). Clinicians collect caregiver and child outcome measures and complete fidelity measures as an integral part of intervention. The CPP network offers a sense of community for mental health providers who receive high quality supervision to support challenging work with young children.

The NH CPP Provider Network has substantially increased NH's capacity to provide this evidenced-based treatment. Agencies equipped with mental health clinicians who provide CPP can 1) treat infants and young children whose healthy brain development and child-caregiver attachments may be seriously compromised by exposure to trauma, and 2) help their caregivers navigate the return to normative development.

The CPP Network is a thriving, reflective, committed group of clinicians that work together to increase accessibility to CPP for families and ***to support each other in working toward healing the impacts of multigenerational trauma****.*

Project Description

Element #1: Increase Capacity to Provide NH and Support Its Sustainability. There are four primary aims of the first element of intervention (NH CPP Provider Network sustainability):

1. conducting two nationally sanctioned CPP Learning Communities (CPP LC)
2. Sustain the NH CPP Provider
3. increasing NH CPP trainer capacity
4. develop a CPP assessment database

1) Assuring sustainability of the CPP Network is dependent upon ongoing replenishment of the provider pool for participation in CPP LCs. The Project will conduct two additional CPP LCs (training approximately 40-45 clinicians each) over the next four years beginning immediately upon securing funding. For each CPP LC, the Center will provide seven full-days of training and 18 months of bi-monthly case consultation as required for fidelity in CPP. The CPP Network director and program manager will collaborate with mental health partners and the CPP dissemination team to assure that participants meet rostering requirements and are listed on the national registry.

2) Sustain the NH CPP Provider Network Pool and Network Operations. Providing CPP to vulnerable young children and their caregivers is a complex, emotionally taxing, critically important task and clinicians need support. The Project will provide

- required monthly consultation to CPP supervisors and CPP Network clinicians
- advanced training sessions regarding issues salient in CPP intervention (e.g., collaboration with child welfare, CPP and SUDs, and CPP and telehealth, etc.).
- consultation to support rostering and reflective decision making in challenging cases

Network operations, led by the CPP Network director include advocacy and securing adequate funding as well as supervising the training and consultation elements of the program. The CPP Network manager will oversee day-to-day operations of the Network and will serve as liaison to providers and families looking for CPP intervention. The Network works directly with CPP LC participants to schedule events, collect and manage fidelity instruments, provide technical

assistance and resources to CPP clinicians. The manager also collaborates with the dissemination team for rostering purposes and assists in data collection functions.

3) At the current time, NH has two nationally certified trainers: Cassie Yackley, Psy.D. and Martha Robb, Ph.D. The Project will train an additional CPP trainer in NH through the apprentice trainer process.

4) This element of the Project will employ a database manager who will develop a CPP database to manage the assessment and fidelity information collected from clients and clinicians. The Behavioral Health Improvement Institute (BHII) developed a proposal to address the CPP database needs in 2019. The proposal included "…a centralized CPP data platform that would serve as a portal for CPP providers, with a multifold purpose: (1) a central registry of all rostered CPP clinicians in NH, (2) a client registration portal with related demographic information, (3) a repository for CPP fidelity scores, and (4) ongoing assessment/outcome tracking system for each CPP client/dyad.

Element #2: Increased CPP Accessibility. The Project will increase CPP accessibility for families by: 1) maintaining NH CPP Provider Network online resources, 2) providing concrete resources to address client barriers to CPP, and 3) assessing an adaptable expansion to CPP in NH.

1) Project resources will support the public communication functions for the Network such as upkeep of the CPP Network website, which is especially crucial when searching for a CPP provider. The NH CPP Provider Network website (www.nhchildparentpsychotherapy.com) provides readily accessible information about CPP for mental health agencies/clinicians, early childhood referral partners, and caregivers looking for supports for young children exposed to adversity. Resources also included printed materials for families and providers, for instance CPP brochures, information about young child trauma, and screeners for identifying trauma symptoms in young children.

2) The Project will address barriers to CPP participation by providing concrete resources to families such as reimbursement for transportation and childcare, and clinicians, such as materials, such as toys, necessary for providing treatment. CPP Network provider feedback consistently points to the need for resources to support access to CPP for children/caregivers, who are often under-resourced and stretched in terms of systemic pressures. Most commonly noted barriers to CPP participation for families include a lack of transportation, no childcare for dyadic and caregiver-only collateral sessions. Typical barriers for clinicians include unavailability of toys and other materials that facilitate dyadic play sessions, and limited access to technology to participate in CPP remotely.

3) This element of the Project will assess the feasibility and effectiveness of adapting/expanding CPP intervention in one of three key areas of need: 1) Perinatal CPP, 2) CPP and SUD Combined Treatment, or 3) CPP-Linked Safe Baby Court Teams. These adaptations reduce barriers to CPP through the integration of CPP into high-need settings. For the Project, a needs assessment will be conducted to ascertain which of the three approaches is the best focus for an initial pilot intervention by conducting interviews and focus groups with experts and stakeholders. Once the CPP adaptation has been selected, the Project director will collaborate with national CPP trainers and obtain other pertinent resources to plan for appropriate training and consultation experiences that

will facilitate the uptake of the new adaptation, working with local partners to recruit candidates. See Appendix C for more information about these potential CPP adaptations.

Element #3: Informed Referral Pathway Through the third element, the Project will create an expedited and trauma-informed referral pathway through partnerships with child- and family-serving service providers by, 1) providing community partners with training in screening and assessing for trauma in young children and their caregivers, 2) conducting training in EBMHI to professionals who frequently come in contact with this population, and 3) implementing trauma-informed, case-based reflective consultation with community partners. These training and consultation experiences will improve the capacity of the young child and family mental health workforce to effectively guide a child and their caregivers through the system of supports in a trauma-responsive manner.

1) Facilitating access to needed care requires child-serving partners that can recognize the signs of trauma in young children, engage caregivers meaningfully in understanding and supporting their child's trauma-related behaviors, and make appropriate referrals to available EBTs. A key element of trauma-informed system transformation is routine screening for traumatic exposure and post-traumatic symptoms. This training in trauma screening will introduce participants to valid and appropriate measures to use in various settings for the purpose of identifying adverse experiences that may have impacted a child or caregiver's functioning and well-being.

2) Working with existing projects and programs, this Project will train system partners (DCYF, CMHCs, FRCs, pediatricians, ACERT teams, etc.) in "trauma and young children" aimed at both building trauma-responsive competence within partner settings and facilitating referrals to evidence-based interventions (CPP).

3) The trauma-informed referral pathway will be improved through the implementation of case-based consultation that will be conducted monthly with cross-sector partners. This interdisciplinary team will provide a forum for complex clinical decision-making and serve to reduce systemic barriers which arise when professionals operate from different silos and incongruent conceptualizations. To initiate the young child and family mental health (YCFMH) consultation learning community portion of the Project, a readiness assessment will determine an appropriate pilot region(s). A Project manager will recruit participants in the region for the YCFMH consultation group and will handle the logistics of the case-based consultation sessions. Experts in YCFMH will facilitate the meetings which will be held monthly for an hour and a half each. Referrals to the consultation group will be initiated by members of the consult group as well as from other outside sources. Evaluation of the process and outcomes will be used to enhance implementation of the model in other regions in subsequent sites.

Element #4: Trauma-Responsive Early Childhood Services (TRECS) Trainer Program. The Project will enhance the capacity of the ECFMH workforce to effectively intervene with traumatized young children, therefore assisting to prevent unnecessary disruptions in childcare/education that these children often experience at concerningly high rates. Toward this end, the Project will include 1) the development of a standardized TRECS training curriculum, 2) delivery of the TRECS curriculum through a train-the-trainer learning community, 3) the provision of expert trauma-responsive practice

consultation to "trainers" participating in the LC for a 1-year period, and 4) trainer apprentice training sessions to community partners. Using the developed TRECS curriculum, participants in the train-the-trainer cohort will subsequently train other early childhood providers and will simultaneously participate in monthly consult with their cohort of trainers. The monthly TRECS consultation will provide an opportunity for trainees to explore issues in their training experiences with the benefit of facilitation by an expert reflective practice professional.

For a detailed description of the Project Work Plan see Appendix D.

ORGANIZATIONAL/STAFF QUALIFICATIONS

Dr. Cassie Yackley has spent more than 25 years committed to understanding and effectively addressing the impact of adverse childhood experiences on children, families, and systems. She brings together recent discoveries from developmental neuroscience and attachment to help audiences learn how reflective practice leads to better working environments for professionals and experiences and outcomes for those they serve.

Dr. Yackley's current projects include ongoing effort to build capacity and sustainability in NH for Child Parent Psychotherapy, Trauma-Responsive Schools implementations, providing training to the Adverse Childhood Experiences Response Teams (ACERT), and working with emergency departments to develop trauma-responsive approaches. Past projects include: Project GROW, trauma-responsive school implementation in 5 NH school districts; Growing Healthy Families and Connecting Young Children and their Caregivers to Care, other CPP capacity-building and sustainability projects; Partners for Change, NH DCYF trauma-informed care implementation; Safe Schools, Healthy Students, providing training in trauma-informed practices for six major NH school systems; and Trauma-Informed Early Childhood Services (TIECS), a sustainable network of training and support for early-childhood care providers and pre-school teachers and staff to prevent traumatized children from being expelled from preschool and child care programs. These projects demonstrate Cassie's passionate commitment for building trauma-informed systems of care across NH.

APPENDICES

A. NH Early Childhood Mental Health Needs & Proposal Crosswalk
B. CPP Growth in New Hampshire
C. CPP Adaptations
D. Four-Year Work Plan
E. Budget
F. References

Appendix A

NH EARLY CHILDHOOD MENTAL HEALTH NEEDS & PROPOSAL CROSSWALK

Data Sources:

1. Assessment of NH's Early Childhood and Family Mental Health Workforce, Full Report (March 10, 2020)
2. Governor's Council for Thriving Children – NH EC Strategic Plan (2020)
3. Section 135-F; System of Care for Children's Mental Health
4. DCYF Procurement Forecast (2021)

Early Childhood ACEs Response Proposal:

The goal of the NH Early Childhood & Family Mental Health Workforce Capacity Building Proposal (ECFMH Capacity Building project or Project) is to ***develop and sustain a statewide cadre of providers*** prepared to serve traumatized young ***children and their caregivers wherein access to evidence-based mental health intervention (CPP) is simplified for families.***

I. ELEMENT #1: NH CPP Provider Network Sustainability
   a. Conduct Nationally Sanctioned CPP Learning Collaboratives
   b. Sustain CPP Provider Network
   c. Increase NH CPP Trainer Capacity
   d. Develop CPP Database

II. ELEMENT #2: CPP Accessibility
   a. Maintain CPP Publicity Materials
   b. Secure Method for Meeting Concrete Client Needs
   c. Expand CPP In High Need Settings
      (1) Develop CPP Capacity in Prenatal Settings Through Training in Perinatal CPP
      (2) Upscale Capacity to Implement CPP in SUD Settings
      (3) Build Systems of Care for Young Traumatized Children (Safe Baby Court Teams)

III. ELEMENT #3: Informed Referral Pathway
   a. Training in Screening & Assessment for Trauma
   b. Conduct CPP Partner Training Sessions
   c. Implement Case-Based Consultation

IV. ELEMENT #4: Trauma-Responsive Early Childhood Services (TRECS) Trainer Program
   a. Develop Standardized TRECS Curriculum

(1) Conduct TRECS Training Sessions
(2) Provide Expert Trauma-Responsive Reflective Practice Consultation

Needs Assessment/Goal Crosswalk:

ELEMENT #3: Informed Referral Pathway ELEMENT #4: Trauma-Responsive Early Childhood Services (TRECS) Trainer Program	2.3.1 Healthy Children & Families; Support children's Social & Emotional Development through Easily Accessible Services & Supports; c. Provide trained ECMHWs **on-site in classroom to conduct observations and to coach teachers of children with challenging behaviors** or other social/emotional or developmental concerns (Council for Thriving Children; NH SPEC, 2020)
ELEMENT #3: Informed Referral Pathway ELEMENT #4: Trauma-Responsive Early Childhood Services (TRECS) Trainer Program	2.3.1 Healthy Children & Families; Support children's Social & Emotional Development through Easily Accessible Services & Supports; d. **Provide trauma-informed training to providers of early childhood supports and services** (Council for Thriving Children; NH SPEC, 2020)
ELEMENT #2: CPP Accessibility ELEMENT #3: Informed Referral Pathway ELEMENT #4: Trauma-Responsive Early Childhood Services (TRECS) Trainer Program	2.3.2 Healthy Children & Families; Continue to build capacity statewide to develop and fund trauma mitigation strategies at the local level; a. **Increase public awareness of ACEs and SDOH through the promotion of educational resources for families and communities** (Council for Thriving Children; NH SPEC, 2020)
ELEMENT #3: Informed Referral Pathway ELEMENT #4: Trauma-Responsive Early Childhood Services (TRECS) Trainer Program	2.3.2 Healthy Children & Families; Continue to build capacity statewide to develop and fund trauma mitigation strategies at the local level; b. **Create trauma-informed communities through training of local organizations including schools, social service organizations, law enforcement, and court systems** (Council for Thriving Children; NH SPEC, 2020)
ELEMENT #3: Informed Referral Pathway ELEMENT #4: Trauma-Responsive Early Childhood Services (TRECS) Trainer Program	3.3.2 Connect Families & Caregivers, Starting Prenatally, with the Supports They Need to Promote Their Child's Optimal Development; Expand opportunities for expectant women and new families with young children to obtain support to build strong and resilient families through universal and targeted home visiting, education, and support services; c. **Increase professional development for visiting staff & FRC staff on the resources needed by families to support their children's learning and development** (Council for Thriving Children; NH SPEC, 2020)
ELEMENT #1: NH CPP Provider Network Sustainability ELEMENT #2: CPP Accessibility	3.3.3 Connect Families & Caregivers, Starting Prenatally, with the Supports They Need to Promote Their Child's Optimal Development; Reduce sources of toxic stress that interfere with a family's ability to support children's optimal development; b. **Develop and expand family and caregiver access to community-based programs targeting sources of toxic stress, such as violence, crime, abuse, neglect, poverty, substance misuse, and caregiver mental illness, and ensure effective treatment for those who need it** (Council for Thriving Children; NH SPEC, 2020)

ELEMENT #3: Informed Referral Pathway ELEMENT #4: Trauma-Responsive Early Childhood Services (TRECS) Trainer Program	4.3.2 Support Families and Children as They Transition Between Services & Programs; Improve transitions between and among early childhood programs, services, and schools at the local level; a. **Improve communication and shared curriculum between preschool programs and Kindergarten to ensure consistent learning and support for all children** (Council for Thriving Children; NH SPEC, 2020)
ELEMENT #3: Informed Referral Pathway	4.3.2 Support Families and Children as They Transition Between Services & Programs; Improve transitions between and among early childhood programs, services, and schools at the local level; d. **Pilot and evaluation best practice transition strategies in different school districts of the state and disseminate to other communities, if successful** (Council for Thriving Children; NH SPEC, 2020)
ELEMENT #1: NH CPP Provider Network Sustainability	1.1 **Support families as children's primary teachers**; 1.1 Increase the number/percent of families who report understanding basic child development milestones (NH ECFMH Workforce Assessment, 2020)
ELEMENT #2: CPP Accessibility ELEMENT #3: Informed Referral Pathway	1.1 Support families as children's primary teachers; 1.1 Increase the number/percent of families who report knowing what local support and information is available (NH ECFMH Workforce Assessment, 2020)
ELEMENT #1: NH CPP Provider Network Sustainability ELEMENT #3: Informed Referral Pathway ELEMENT #4: Trauma-Responsive Early Childhood Services (TRECS) Trainer Program	2.1 **Improve access to and availability of universal** (developmental, social-emotional, cognitive, academic, ***trauma***) **screening and services for children to promote optimal development**; Decrease the number of infants born with prenatal substance exposure (NH ECFMH Workforce Assessment, 2020)
ELEMENT #1: NH CPP Provider Network Sustainability ELEMENT #3: Informed Referral Pathway ELEMENT #4: Trauma-Responsive Early Childhood Services (TRECS) Trainer Program	2.1 Improve access to and availability of universal (developmental, social-emotional, cognitive, academic, trauma) screening and services for children to promote optimal development; Increase the number of health care providers who routinely screen children (NH ECFMH Workforce Assessment, 2020)
ELEMENT #1: NH CPP Provider Network Sustainability ELEMENT #2: CPP Accessibility ELEMENT #3: Informed Referral Pathway ELEMENT #4: Trauma-Responsive Early Childhood Services (TRECS) Trainer Program	2.3 **Support children's social and emotional development through easily accessible services and supports; Increase the percentage of families that receive information and resources about opportunities to enrich/promote their child's social and emotional development** (NH ECFMH Workforce Assessment, 2020)
ELEMENT #1: NH CPP Provider Network Sustainability	2.4 **Increase the capacity of all families to advocate for themselves and their children**; Increase the percentage of families who are offered home visits (NH ECFMH Workforce Assessment, 2020)

ELEMENT #1: NH CPP Provider Network Sustainability ELEMENT #3: Informed Referral Pathway	2.4 Increase the capacity of all families to advocate for themselves and their children; Reduce the number of parents who feel frustrated in getting needed health services (NH ECFMH Workforce Assessment, 2020)
ELEMENT #2: CPP Accessibility ELEMENT #3: Informed Referral Pathway ELEMENT #4: Trauma-Responsive Early Childhood Services (TRECS) Trainer Program	2.4 Increase the capacity of all families to advocate for themselves and their children; Increase the number/percent of **families who report knowing what local support and information is available** (NH ECFMH Workforce Assessment, 2020)
ELEMENT #1: NH CPP Provider Network Sustainability ELEMENT #2: CPP Accessibility ELEMENT #3: Informed Referral Pathway	3.3 **Connect families and caregivers, starting prenatally, with the supports they need to promote their child optimal development**; Decrease the number/percent of children under the age of six that are experiencing adverse family experiences (NH ECFMH Workforce Assessment, 2020)
ELEMENT #1: NH CPP Provider Network Sustainability ELEMENT #2: CPP Accessibility	3.3 Connect families and caregivers, starting prenatally, with the supports they need to promote their child optimal development; Decrease the number/percentage of parents who are report experiencing stress "usually or always" from parenting (NH ECFMH Workforce Assessment, 2020)
ELEMENT #1: NH CPP Provider Network Sustainability ELEMENT #3: Informed Referral Pathway	3.3 **Connect families and caregivers, starting prenatally, with the supports they need to promote their child optimal development**; Increase the number/percentage of families who report feeling "confident" in their parenting skills (NH ECFMH Workforce Assessment, 2020)
ELEMENT #1: NH CPP Provider Network Sustainability ELEMENT #3: Informed Referral Pathway ELEMENT #4: Trauma-Responsive Early Childhood Services (TRECS) Trainer Program	4.3 **Support families and children as they transition between services and programs; Increase the number/percent of families who report knowing what local support and information is available** (NH ECFMH Workforce Assessment, 2020)
ELEMENT #1: NH CPP Provider Network Sustainability ELEMENT #2: CPP Accessibility ELEMENT #3: Informed Referral Pathway	Identifies **CPP as one of five EBPs to be upscaled** (NH DCYF Procurement Forecast, 2020)
ELEMENT #1: NH CPP Provider Network Sustainability ELEMENT #3: Informed Referral Pathway ELEMENT #4: Trauma-Responsive Early Childhood Services (TRECS) Trainer Program	Services that are **family-driven, youth-guided, community-based, trauma-informed, and culturally and linguistically competent** (Section 135-F; System of Care for Children's Mental Health)

Appendix B

CPP GROWTH IN NH

Early Exploration of Evidence-Based Intervention for Young Children (2008)

Implementation Activity	Funder/Project Director
Children's Mental Health Clinicians Select CPP for Implementation & Initial 13 Trained	NH Endowment for Health Dartmouth Trauma Interventions Research Center

Child Welfare Evidence-Based Practice Service Array Enhancement (2012-2016)

~70 Mental Health Clinicans Trained in CPP Exposure Training	U.S. DHHS ACF - Partner's for Change Project Dartmouth Trauma Interventions Research Center

CPP Learning Community Cohort #1 (2016-2018)

10 Providers Rostered; 9 Agencies State CPP Trainer Certification (Yackley)	NH Endowment for Health Cassie Yackley, Psy.D.

CPP Learning Community Cohort #2 (2017-2019)

9 Providers Rostered; 7 Agencies State CPP Trainer Certification (Robb)	Children's Health Foundation Cassie Yackley, Psy.D. & Martha Robb, Ph.D.

CPP Learning Community Cohort #3 (2019-2021)

18 Providers Rostered; 9 Agencies NH CPP Provider Network Established	Children's Health Foundation Cassie Yackley, Psy.D.

CPP Learning Community Cohort #4 (2020-2022)

33 Providers in Training Sustainability of NH CPP Provider Network	DTIRC - P2P Project Center for Trauma-Responsive Practice Change

CPP Learning Community Cohort #5 (2020-2022)

8 Providers In Training; 2 Agencies NH North Country CPP Capacity	North Country Education Services Center for Trauma-Responsive Practice Change

Appendix C

CPP ADAPTATIONS

Perinatal CPP

Perinatal Child Parent Psychotherapy (P-CPP) is an innovative adaptation of CPP that is relationship-based and trauma-informed and focused on starting interventions with pregnant mothers who have experienced trauma or significant stress during pregnancy and continuing treatment as needed until the baby is 12 months old.

P-CPP clinicians carefully consider protective factors (basic resources, nutrition, safe and supportive relationships) and risk factors such as unplanned pregnancy, interpersonal trauma, intergenerational transmission of adversity and intimate partner violence and perinatal trauma. P-CPP engages the mother-baby dyad, and mother- father-baby triad when possible, to repair the impact of trauma, promote attachment, and address the unique challenges and opportunities for growth during pregnancy and the perinatal period.

The goal is for parents to be able to provide safe and nurturing care for their baby including promoting maternal self-care, attunement to the baby and responsiveness to the infant's signals. PCPP aims to provide mothers and fathers with the support they need when their adverse life circumstances and their emotional and interpersonal difficulties interfere with their ability to give their baby the love, care, and protection needed to promote healthy development (Lieberman, Diaz, Castro, and Oliver Bucio, Make Room for Baby: Perinatal Child-Parent Psychotherapy to Repair Trauma and Promote Attachment, The Guilford Press, 2020). P-CPP treatment strategies include providing psychoeducation about infant development, explaining the impact of intimate partner violence on infant development, teaching body-based and mindfulness strategies, as well as providing reflective developmental guidance, insight-oriented interpretation, concrete assistance and crisis intervention.

CPP Adapted for Substance Use Disorders

CPP has also been adapted to inform treatment for mothers with substance use disorders (SUDs). Women in recovery from SUDs care about their children and want to be good mothers yet are at greater risk of losing custody of their children due to risk of child abuse or neglect (Bosk et al 2019). Caregivers with SUDs is a prevalent problem in child welfare cases impacting anywhere from 30 to 80% of families involved in child welfare (Marsh et al 2011). Traditional parent skills training assumes that parents can tolerate the emotional stress of parenting and can experience parenting as rewarding, both of which pose difficulty for parents with SUDs. Suchman et al. (2006) maintain that new approaches incorporating the complexity of treating SUDS and focusing on the impact of SUDs on parenting and children's development are needed to improve case outcomes. One hope is that as a parent feels better as a parent, their motivation for treatment may increase and help them maintain recovery.

By hijacking the dopamine circuitry of the brain, addiction alters reward systems. Parenting is

experienced as less gratifying, and mothers have reduced capacity to read a baby's signals and to tolerate parenting challenges. Infants have more difficulty regulating their hunger, sleep and emotional states. In short, mothers with SUDs and their babies are difficult regulatory partners for each other (Bosk et al 2019). Moreover, children who are substance exposed are at increased risk for insecure or D attachment. Interventions must focus on the parent-child relationship and parental well-being to strengthen protective factors for the child and for the dyad (Paris et al 2018).

While CPP was not developed for use with parents with SUDs, Project Bright (PB) developers adopted CPP principles for their innovative intervention model paired with evidence from the SUD field and best treatment practices for parents and young children who are vulnerable. PB (a dyadic intervention for There are more than 680,000 children in foster care in the U.S., and approximately one- third of these children are age 3 and younger. Because children in foster care are at great risk for poorer developmental outcomes, careful attention must be focused on reducing long term sequelae such as depression, anxiety, ADHD, school and behavior problems, and higher rates of incarceration and suicide in adulthood. Very young children from infancy to age 3 are particularly vulnerable, and attachment security can provide a buffer for immediate and longer-term adjustment. It is essential to intervene early to establish safety and family security. Many supports need to be put in place to reduce the average time a child spends in foster care (19 months in 2018 according to the U.S. Department of Health and Human Services).

CPP & Safe Baby Court Teams

The Safe Babies Court Team (SBCT) is a best practices approach that was created by Zero to Three with the goals of improving children's and families' lives, removing barriers to racial equity and social justice, empowering parents and reducing the time children spend in foster care before achieving permanency. The focus is on preventing children's removal and placement in foster care, promoting reunification and permanency, strengthening family protective factors and building safe and protective early relationships. (SBCT Core Components, Zero to Three website, 2020). SBCT involves a specially trained judge, a Safe Babies community coordinator, and active local community teams who work together to support babies and their families.

The core components of SBCT include facilitating pre-removal conferences, practicing concurrent planning, limiting placements, increasing family visitation time, partnering with foster parents, providing mental health services to families and infants/toddlers, valuing parents and using data to evaluate SBCT intervention impact.

Child Parent Psychotherapy (CPP) is the evidence-based model for healing the infant- or toddler-parent relationship as part of the SBCT approach and is integral to recovery. According to Miami SBCT Judge Cindy Lederman, "Because of CPP, I have reunified families who, when I first saw them in court, I believed to be so harmed and hopeless that termination of parental rights was inevitable. Now every family and young child has a chance." (Katz et al, page 44).

The core components of CPP include:

- Joint parent-child play sessions are carried out via the child's free play and therapeutic toys

- Focusing on the child's trauma and parent-child interaction with individual parent sessions to support the parent's relationship with the child outpatient and home-based settings with mothers with SUDs
- PB's adaptation of CPP focuses especially on increasing parental reflective functioning and emotion regulation, improving the parent's capacity to parent and improving the quality of the parent-child relationship. It is currently being studied in a randomized clinical trial

Since this is a departure from traditional approaches to treating SUDs in child welfare, it is important to establish new understandings about how to balance the needs of the adult in recovery with dyadic treatment and child safety. It is critical to have coordinated and ongoing dialogue. Helping caregivers understand connections between parenting stressors and triggers for using substances, safety planning and regular dialogue helps with safety management when caregivers and children are together during active recovery work. In addition, reflective supervision and regular, ongoing contact and communication between systems are also essential and critical elements for success (Bosk et al 2019).

Appendix D

FOUR-YEAR WORK PLAN

Element	Primary Goals	Primary Activities	Outcomes
ELEMENT #1: NH CPP Provider Network Sustainability	Conduct Nationally Sanctioned CPP Learning Community	Participant Recruitment & Registration Training Sessions (8 full days per CP LC) Consultation Sessions (2/month for 18 months) Trainer's Activities/ Dissemination Team Coordination Program Management (Fidelity ,rostering)	· Complete one 18-month CPP LC within the next two years · Prepare 20-35 mental health clinicians for national rostering · Provide CPP intervention to 80-140 young children and their caregivers to address ACEs · Reduce post-traumatic and associated emotional/behavioral symptoms in young children and caregivers participating in CPP
	Sustain the NH CPP Provider Network Pool	CPP Supervisor Consultation to agency CPP lead clinicians CPP Consultation Supports for Network providers to facilitate rostering & to support challenging cases CPP Training Sessions in special topics Sustain CPP Program	· Provide infrastructure and operations to sustain the NH CPP Provider Network · Sustain at least 75% of the current CPP Network providers · Obtain positive satisfaction results from CPP providers regarding Network supports (support Network provider effectiveness and wellness) · Provide effective training and consultation experiences to CPP providers as evidenced by positive training evaluations · Assure access to experienced CPP providers for traumatized young children and their caregivers
	Increase NH CPP Trainer Capacity	Secure Expert Trainer Permission Recruit CPP Trainer Apprentice Co-conduct CPP LC with expert trainer	· Describe CPP training succession plan for key stakeholders · Increase NH trainer capacity by one trainer
	Develop CPP Database	Database selection, set up, & ongoing management	· Obtain consultant to establish database for CPP assessment data collection and analysis · Establish NH CPP Provider Network database assessment · Provide easily accessible reports on CPP outcomes to provides and key stakeholders

			· Demonstrate CPP effectiveness for CPP young children and their caregivers
ELEMENT #2: CPP Accessibility	Maintain CPP Publicity Materials	NH CPP Provider Network Website	· Provide online provider and family accessible information regarding CPP, in NH including how to access CPP providers · Provide psychoeducational materials to providers and families regarding concrete approaches for addressing young child and caregiver trauma
	Provide for Concrete Client Needs	Develop an ongoing method of collecting resources to support client accessibility to CPP such as grants, donations, etc.	· Develop method of matching resources with identified client needs to address barriers to CPP participation · Provide mechanism for supplying necessary resources to families · Demonstrate increased participation in CPP for families receiving CPP resource supports
	Adapt & Expand CPP in High Need Settings	Assess priority focus for CPP adaptation/expansion Upscale capacity to implement selected CPP adaptation/expansion Collaborate with CPP experts to adapt and expand CPP in NH	· Assess priority focus for CPP expansion through key stakeholder surveys, interviews, and/or focus groups · Provide effective training in CPP expansion area to identified CPP LC participants as evidenced by training evaluation results · Provide adapted CPP intervention to children/families in one high need setting · Report implementation facilitators and barriers for key stakeholders
ELEMENT #3: Informed Referral Pathway	Training in Screening & Assessment for Trauma	Training in trauma screening to ECFMH providers	· Conduct ten "Trauma Screening" learning sessions via online platform for community partners · Increase identification of trauma in young children in trainee settings
	Conduct CPP Partner Training Sessions	Training in young child trauma to young child providers	· Conduct a "CPP Partner Training Sessions" in each of the 10 CMHC catchment regions via online platform for early childhood and family providers (pediatricians, mental health clinicians, educators, child protection workers, etc.) · Increase referrals to CPP by CPP Partner Training participants · Improve access to CPP children and caregivers in need

	Implement Case-Based Consultation	Conduct bi-monthly case-based consultations regarding trauma & young children to community partners	· Establish monthly case specific consultation for cross discipline referrals to meet via videoconference two times monthly for 1.5 hours each session · Create and manage referral process for cases to be discussed by the consultation group · Improve trauma-responsive practices for consultation participants · Enhance intervention effectiveness for traumatized young children and their caregivers
ELEMENT #4: TRECS Trainer Program	Trauma-Responsive Early Child Services (TRECS) Train-the-Trainer Program	Develop standardized TRECS training curriculum	· Develop effective, research-based TRECS training curriculum · Evaluate effectiveness of TRECS training curriculum and make revisions · Locate method for TRECS curriculum dissemination · Increase trauma-informed knowledge and trauma-responsive practices of participants · Improve the quality of services provided to traumatized young children and their caretivers
		Conduct TRECS Train-the-Trainer training sessions to apprentice trainers	· Recruit at least 10 candidates for "Early Childhood Trauma Specialists" to serve as TRECS trainers & "Expert Consultants" in TTT program · Provide two full-day training sessions to TTT cohort that effective improve knowledge and perceived competence with trauma-responsive ECFMH services
		Apprentice trainers train community partners in TRECS training curriculum	· 15-30 apprentice trainers provide at least two 3-hour trainings to community partners · 150-750 community partners in TRECS training · TRECS training participants indicate effective training experience
		Provide Expert Trauma-Responsive Reflective Practice Consultation	· Conduct monthly one-hour web-based consultation to TTT cohort for one year

			· Improve provider competence in trauma-responsive care to young children · Enhance and increase the ECFMH's workforce to provide trauma-responsive services to families

Appendix E

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