



# Maine Early Childhood Consultation Partnership<sup>®</sup> (ECCP<sup>®</sup>) Pilot Final Evaluation Report

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## Executive Summary

The Office of Child and Family Services (OCFS) of the Maine Department of Health and Human Services funded a process evaluation of the Early Childhood Consultation Partnership® (ECCP®) in pilot sites during the first 2 years of Maine’s ECCP® implementation, which occurred entirely during the COVID-19 pandemic (January 2021 through December 2022). ECCP® is an evidence-based model of infant and early childhood mental health consultation developed by Advanced Behavioral Health, Inc. (ABH).

Maine’s ECCP® program responds to a growing emphasis on mental health and social-emotional well-being for young children and to concerns about the rate of suspensions and expulsions in early care and education settings. In June 2019, the state passed legislation to fund an early childhood consultation program to support teachers and providers of children birth to age 8 who are at risk for removal from their learning settings due to challenging behaviors. The legislation also calls for support to children’s families and foster parents or guardians. In April 2022, state legislation provided additional funding and required statewide implementation of the ECCP® beginning in January 2023. Additionally, in October 2022, the governor announced stipend awards for early care and education programs that participate in ECCP® services.

ECCP® Consultants provide time-limited supports to providers or teachers of young children as well as families or caregivers to support healthy social-emotional development. Consultants receive training and supervision and offer: (1) Core Classroom services, which include 14 weeks of consultation with a teacher or provider to build capacity to address social-emotional needs in the classroom; (2) Child-Specific services, which support providers or teachers over approximately 6 weeks to serve individual children with social-emotional or behavioral concerns and their parents or guardians; and (3) Family Child Care Provider services, which are similar to Core Classroom services but tailored to the needs and operations of home-based child care programs. The ECCP® model includes the ECCP® Information System (EIS), a data system to record, track, and analyze program implementation and outcomes.

## Key Evaluation Findings

- Highly coordinated interagency and cross-agency communication generated awareness and buy-in among key players at the state, regional, and local levels.
- Consultants perceived their ECCP® training and supervision positively while also noting opportunities to make the training more specific to Maine and to better align ECCP®-specific supervision and supervision from Consultants’ home agencies.
- Consultants completed most activities as prescribed by the ECCP® model but needed to reschedule or hold some activities virtually because of the COVID-19 pandemic.

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- Consultants increased their caseloads and waitlists over the course of the evaluation period but averaged fewer open cases than targeted by the ECCP® model.
  - ECCP® recipients described having positive experiences with ECCP® and reported that the supports led to positive impacts in classrooms and on individual children.
  - Although ECCP® service recipients did not associate the COVID-19 pandemic with detriments to service outcomes, the pandemic likely contributed to challenges in hiring qualified ECCP® staff and attracting service recipients.
  - Evaluation participants noted challenges with and opportunities for implementing ECCP® in Maine’s rural areas and integrating ECCP® referrals with those of other state programs and services.

## Key Recommendations

- Consider adapting aspects of ECCP® service delivery to address Maine-specific features of implementation, in particular Maine’s rural character and provision of services for children ages 6 to 8.
- Continue to flesh out a streamlined, equitable referral process and gain buy-in and understanding of the process from the field.
- Consider expanding the State Partnership Team or offering other opportunities for new stakeholders and ECCP® providers and recipients to share their perspectives and learn about state-level activities.
- Consider developing formal data sharing processes and procedures for participants at all levels of ECCP® implementation.
- Consider adapting the ECCP® logic model to include Maine-specific components and resources and include fidelity thresholds and measures of quality at multiple levels of implementation.

## Evaluation Design and Limitations

The evaluation included surveys of all six ECCP® Consultants who provided services during the study period and of 28 teachers and 17 parents who received ECCP® services. The evaluation also included interviews of Consultants, their supervisors, early care and education program directors who received ECCP® services, and members of Maine’s ECCP® State Partnership Team. Teachers and parents who received ECCP® services participated in two focus groups. All data were collected in fall 2022. ABH provided aggregated EIS data to inform the evaluation. OCFS provided data related to strategies used to engage children in child welfare custody in ECCP®.

The data from this evaluation provide a snapshot of ECCP® activities as reported in fall 2022 and do not establish a causal link between ECCP® activities and any outcomes. Moreover, the

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data in this study are primarily from self-reports of participants in ECCP® pilot sites and are not generalizable to other ECCP® participants or other regions in Maine. Survey data should be interpreted with caution because of small sample sizes.

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# Overview of the Early Childhood Consultation Partnership® (ECCP®)

## Description of the ECCP® Model

ECCP® is an evidence-based, manualized model of infant and early childhood mental health consultation (Duran et al., 2009; Gilliam, 2007, 2014), with demonstrated improvements in the behavior of children receiving ECCP® services (Gilliam et al., 2016). Created and developed by Advanced Behavioral Health, Inc. (ABH), the ECCP® model has been implemented in Connecticut since 2002 (ECCP, n.d.). As a recognized evidence-based model, ECCP® is listed on two major clearinghouses for evidence-based practice, the California Evidence-Based Clearinghouse for Child Welfare and the What Works Clearinghouse.

ECCP® Consultants provide intensive, time-limited supports to providers and teachers of young children to support social and emotional health and development. The goals of consultation are to build teacher capacity to manage children’s social-emotional and behavioral issues to reduce suspensions and expulsions and maintain children in high-quality, supportive early care and education environments. ECCP® Consultants achieve these goals through individualized consultation with providers or teachers, classroom observation assessments, and action plans to guide teachers’ classroom management. Consultants are expected to play a key role in their communities, having knowledge of local systems and resources, building partnerships to connect stakeholders and share resources and trainings, and participating in community collaboratives and early childhood systems of care and provider groups.

ECCP® Consultants hold a master’s degree in a human service field, typically social work, counseling, or marriage and family therapy. At the time of the evaluation, ECCP® Consultants in Maine were required to hold a valid Maine mental health practitioner license, such as a Licensed Clinical Social Worker (LCSW); Licensed Master Social Worker, Conditional Clinical (LMSW-CC); Licensed Clinical Professional Counselor (LCPC); Licensed Clinical Professional Counselor, Conditional (LCPC-C); Licensed Marriage and Family Therapist (LMFT); or licensed psychologist at the Psy.D. or Ph.D. level. ABH developed a set of six competencies that guide the work of ECCP® Consultants:

- (1) Demonstrated knowledge of early childhood development, mental health, and early care and education
- (2) Engagement, relationship-building, and collaboration with families and caregivers
- (3) Observation, screening, and data collection skills
- (4) Technical assistance: action plan development and strategy implementation

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- (5) Community systems, partnerships, and resources
  - (6) Consultative role: professional standards and reflective practice

ECCP® Consultants receive extensive training on the core components of the ECCP® model, including collaborative relationships and partnerships, and action planning based on interviewing, screening and assessment, and observations. Additionally, Consultants receive training on specific screening and assessment tools and data entry into an information system (described in the following section).

ECCP® Consultants also receive ongoing supervision. In Maine, ABH's program manager and Maine's ECCP® program manager currently share responsibility for model-specific technical assistance and any clinical supervision regarding delivery of Infant and Early Childhood Mental Health Consultation (IECMHC) of Consultants. The Maine Department of Health and Human Services intends for Office of Child and Family Services staff eventually to assume full responsibility for the model-specific supervision. Maine's Consultants also receive administrative and clinical supervision from a supervisor at their home agency.

The ECCP® model includes Core Classroom, Child-Specific, and Family Child Care Provider services. The Core Classroom services include 10–12 weeks of consultation with an individual classroom teacher or provider to build their capacity to address social-emotional needs within the classroom. The Core Classroom services include a set of meetings including an initial meeting, a formal classroom observation using a standardized tool, action plan development, an action plan presentation, trainings on social-emotional topics, multiple weekly classroom visits to implement the action plan, a formal post-service observation, and 1-month follow-up meetings. One to two Child-Specific services can also be included in the Core Classroom service.

ECCP® Family Child Care Provider services are similar to Core Classroom services but tailored to the needs and operations of a home-based child care program. The Family Child Care Provider services include an initial meeting, a formal observation, action plan development, an action plan presentation, weekly support visits, a formal post-service observation, and 1-month follow-up meetings.

ECCP® Child-Specific services support providers or teachers in serving individual children identified with social-emotional or behavioral issues and include support for parents or guardians. Consultation is focused on the needs of the individual child, and support is focused on the child's adult caregivers versus direct support or intervention by the Consultant with the child. Child-Specific services last approximately 6 weeks and include an initial meeting, a formal classroom observation, a home observation with parents or guardians, action plan development, two weekly support visits, 1-month follow-up meetings, and 6-month and 12-month follow-up phone calls.

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## **ECCP<sup>®</sup> Information System**

The ECCP<sup>®</sup> model includes the ECCP<sup>®</sup> Information System (EIS), a comprehensive data system that ABH developed to record, track, and analyze ECCP<sup>®</sup> service delivery and outcomes. EIS is a fundamental part of ECCP<sup>®</sup> implementation, allowing for tracking the progress of implementation and data-based decision-making. ECCP<sup>®</sup> Consultants receive comprehensive training on entering service data into EIS, and they access ongoing technical assistance from an ABH data manager who ensures the Consultants enter service data correctly and within designated time frames. ABH staff generate data reports from EIS for use during supervision sessions with ECCP<sup>®</sup> Consultants and for monitoring of overall implementation and outcomes.

EIS captures descriptive information at the program, classroom, and child levels and stores the data ECCP<sup>®</sup> Consultants enter about open services, waitlisted services, service inquiries, and completed services. Program-level data include information such as the program type and funding sources. Staffing information and aggregate demographic data about enrolled children (e.g., age, gender, race/ethnicity) are available at the program and classroom levels. Detailed demographic information about children receiving Child-Specific services is also available. Action plans are generated in EIS for the specific services and shared with the adults receiving ECCP<sup>®</sup> services. Staff can use data from EIS to create descriptive reports on ECCP<sup>®</sup> activities, including Consultants' involvement in community-based activities. Other types of data contained in EIS that were not included in this process evaluation include fidelity measures and pre- and post-service data from three outcome measures.

## **ECCP<sup>®</sup> Logic Model**

ABH developed the ECCP<sup>®</sup> logic model (Exhibit 1) to depict the goals of the ECCP<sup>®</sup> model and the resources, activities, and intended effects of ECCP<sup>®</sup> implementation in the short, medium, and long term. The model shows how trained mental health Consultants can build the capacity of providers, teachers, and/or parents/caregivers of young children to address children's social-emotional and behavioral issues through consultation practices. The model describes the inputs, or resources, needed for effective implementation; the activities and participants in the program; and the intended outcomes. When implemented with the required inputs, activities, and participants, ECCP<sup>®</sup> consultation results in educators improving their ability to identify children who may need social-emotional or behavioral supports and to implement strategies to support those children and the overall classroom environment. The long-term goals are that children will receive care in an environment that promotes healthy attachment, resilience, and developmentally appropriate social-emotional milestones and that children will be maintained in that setting.

**Exhibit 1. ECCP® Logic Model**

<b>ECCP Logic Model</b>					
Assumptions: Infant and Early Childhood Mental Health Consultation to classrooms can build capacity of early childhood educators in the area of social and emotional health by providing strategies based on best practices and supporting healthy social and emotional environments.					
Goal(s): Children Birth to five will be cared for in an environment that promotes healthy attachment, resilience, and developmentally appropriate social and emotional milestones. Children will be maintained in their early childhood setting.					
INPUTS	OUTPUTS		OUTCOMES		
	ACTIVITIES	PARTICIPANTS	SHORT TERM	MEDIUM TERM	LONG TERM
Trained Early Childhood Mental Health Consultants	Classroom Assessment/ Observation	Early Childhood Consultant	Educators will improve their ability to observe and document children’s behavior and identify children who may need more intensive supports.	Educators will maintain best practices associated with the classroom atmosphere.	Children Birth to Five will be cared for in an environment that promotes healthy attachment, resilience, and developmentally appropriate social and emotional milestones.
Referrals from Early Childhood Providers, Early Education Centers	Action Plan Development	Early Childhood Educators	Educators will implement classroom strategies and interventions related to social emotional wellness of individual children and the overall classroom environment.	Educators will have generalized skills learned from identified children to other children in the classroom.	
Cooperative Agreements with Early Childhood Directors, Educators	Director/Teacher/ Consultant Team meeting	Center Directors	Educators will partner with families regarding social and emotional concerns related to specific children.	Educators will be less likely to suspend or expel a child for behavior problems.	
Community Based Collaboratives	Social Emotional Training	Children Birth to 5 with Social Emotional concerns	Educators will partner with families to support the social and emotional wellness of an individual child.	Decrease in behavior problems; educators and families will have strengthened their partnership and acquired new skills to work with the social and emotional challenges of the individual child.	Children are maintained in their early childhood setting.
Membership in Early Childhood Systems of care and provider groups	Technical Assistance/ Consultation	Families	Referrals made for family as needed.		
	Social/Emotional resources				
	Child Specific services				
			OUTCOME MEASURES		
			Hours/weeks of Classroom consultation # of children served within classrooms # of teachers and Assistant teachers served % of parent involvement in child specific cases within classrooms	Improvement in overall classroom quality as demonstrated by the CLASS Tool  Improvement in child behaviors demonstrated by scores on the CBCL and CTR-F and Teacher and Parent questionnaires  Teachers indicate increase in knowledge base and daily practices related to healthy social and emotional practices.	Increased number of Early Childhood Centers that provide quality childcare environments that meet the social and emotional needs of young children.
ECCP®					

Source. “ECCP Logic Model,” California Evidence-Based Clearinghouse for Child Welfare, n.d. (<https://www.cebc4cw.org/program/the-early-childhood-consultation-partnership/>).

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## History of ECCP® in Maine

In response to a growing emphasis on mental health and social-emotional learning for young children and to concerns about the rate of suspensions and expulsions in early care and education settings, an Ad Hoc Committee to the Maine Legislature's Joint Standing Committee on Education and Cultural Affairs issued a seminal report summarizing state and national data and recommending Maine's adoption of an Early Childhood Mental Health Consultation Model (Maine Social and Emotional Learning & Development Project, 2018). Subsequently, in June 2019, the State of Maine passed *An Act to Promote Social and Emotional Learning and Development for Young Children*. This act directed the implementation of:

a statewide voluntary early childhood consultation program to provide support, guidance, and training to improve the abilities and skills of early care and education teachers and providers working in public elementary schools, child care facilities..., family child care settings and Head Start programs serving infants and children who are 8 years of age or younger who are experiencing challenging behaviors that put the infants or children at risk of learning difficulties and removal from early learning and education settings, and to improve the abilities and skills of families and foster parents with infants or children who are 8 years of age or younger in the home who are experiencing challenging behaviors that put the infants or children at risk of learning difficulties and removal from early learning and education settings. ([An Act to Promote Social and Emotional Learning and Development for Young Children](#), 2019, p. 1)

The legislation enables the implementation of an early childhood mental health consultation model that provides evidenced-based strategies, resources, and supports for teachers and families to promote young children's positive social-emotional growth and to reduce challenging behaviors.

Following an extensive review of IECMHC programs in Maine and nationwide, including consultation with the national Center of Excellence for Infant and Early Childhood Mental Health Consultation and other leaders in the field, the Office of Child and Family Services (OCFS), the state agency within the Maine Department of Health and Human Services (the Department) charged with implementing the IECMHC program, elected to replicate the state of Connecticut's [Early Childhood Consultation Partnership](#) (ECCP®) model in response to the legislation. Developed by ABH, ECCP® builds the capacity of providers, teachers, and parents/guardians of young children to address social-emotional and behavioral issues through intensive, time-limited consultation with trained mental health professionals. ECCP® Consultants provide no-cost, evidence-based services to support teachers in reducing children's challenging behaviors in classrooms. OCFS hired staff to manage Maine's ECCP® implementation, including an ECCP® program manager, and undertook implementation efforts such as convening key partners and developing contracts and budgets to implement the model.

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OCFS also established an ECCP® State Partnership Team that convenes regularly to advise on implementation and integrate the new service into the existing infrastructure of professional development for early care and education providers in Maine. The State Partnership Team planned for referral pathways to and from ECCP® as well as protocols for how all services can co-exist without duplication. Furthermore, OCFS contracted with Liz Bicio, a national expert on implementation of IECMHC systems, to provide technical assistance to state program staff on scaling ECCP® within Maine’s systems of care and developing sustainable funding and infrastructure models.

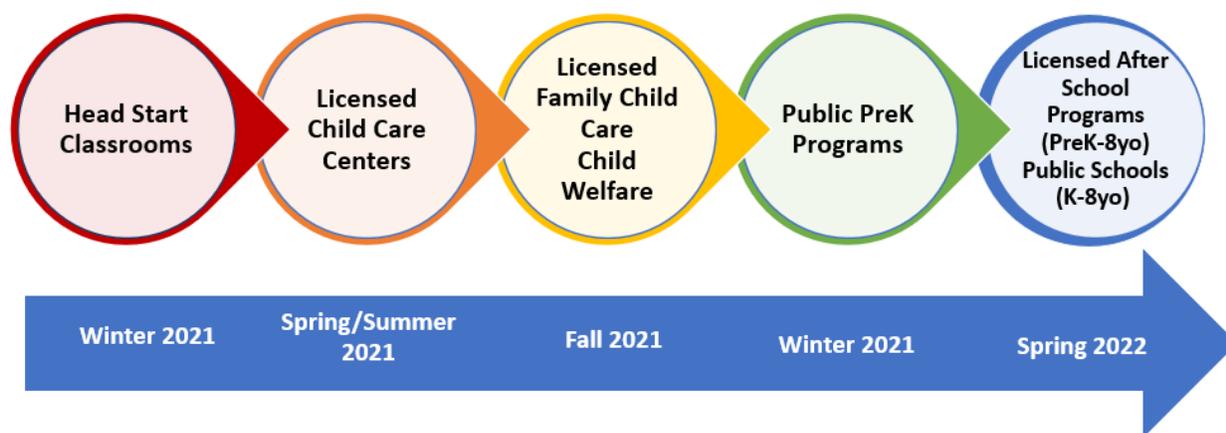
In January 2021, working closely with ABH, Maine began offering ECCP® services in five pilot sites. The expectation was that the pilot would conclude in March 2023 and, pending legislative direction, statewide expansion of the ECCP® model could subsequently begin. Using data from state agencies (e.g., child welfare, Child Development Services, and children’s behavioral health services), the Department selected five initial pilot sites: Androscoggin, Aroostook, Cumberland, Kennebec, and Penobscot counties.<sup>1</sup> The Department issued an initial Request for Proposals (RFP) in September 2020 and awarded contracts with two mental health agencies to provide services in the five pilot sites. ABH trained ECCP® Consultants in these sites and their supervisors in January 2021 and trained all subsequent hires as the program expanded. Although the initial legislation only required five pilot sites, the Department saw the value of the model, especially with the onset of the COVID-19 pandemic, and wanted to offer the service more widely. Using the federal Child Care Development Fund (CCDF) American Rescue Plan Act (ARPA) funds, OCFS added three additional sites to the pilot. Following a second RFP, the Department awarded contracts to two mental health agencies in April 2021 to provide ECCP® services in three additional sites—Hancock, Washington, and York counties— with Consultant training and implementation happening later that year. OCFS collaborated with Head Start programs to identify classrooms to receive the initial ECCP® Consultation. As Maine’s Consultants gained experience in delivering the services, they began taking referrals for services in other types of early care and education settings outlined in the legislation. This phased implementation approach enabled new Consultants to master the ECCP® model in one setting type before adding different settings to their caseload. It also enabled program staff to learn and make needed adjustments to referral processes and other operations as the program was gradually rolling out. Implementation was intentionally designed to begin in Head Start programs due to the high quality of that program and Head Start’s high level of experience and familiarity using consultation. Implementation then moved to licensed child care centers, next to family child care programs and children in child welfare services, and finally to children in public schools and afterschool programs (Exhibit 2). Services were formally available to all eligible service setting types named in the legislation by June 2021.

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<sup>1</sup> “Site” refers to the counties or catchment areas in which ECCP® Consultants provide services.

Exhibit 2. Phased Approach to Maine ECCP® Implementation

# Maine ECCP® Implementation Timeline



In April 2022, the Maine Legislature passed *An Act to Expand the Statewide Voluntary Early Childhood Consultation Program* ahead of the conclusion of the pilot. This act provides additional funding and requires statewide implementation of ECCP® beginning January 2023, at which time Maine became the first state to implement ECCP® statewide other than Connecticut. The planned statewide scale-up includes doubling the number of trained ECCP® Consultants to 16, providing at least one per county regardless of need. Additionally, there is a need to hire two additional state staff—a second program manager and a program specialist—to support Consultant supervision, quality assurance, and program operations.

When data were collected for this evaluation in fall 2022, Maine’s ECCP® implementation included six Consultants who provided consultation services (described in the next section) in Androscoggin, Cumberland, Kennebec, Penobscot, and York (coastal and inland). Two Consultants who had provided services in Aroostook and Hancock/Washington were no longer working on ECCP® at the time of this evaluation. Five of the six Consultants in fall 2022 were employed by Community Care, a regional mental health agency. Community Health and Counseling Services employed the sixth Consultant. A third mental health agency, Sunrise Opportunities, had previously employed the Consultant who provided services in Hancock and Washington counties.

Maine ECCP® currently serves children birth to age 8 in a variety of settings, including Head Start, family child care, center-based child care, public prekindergarten programs, afterschool programs, and elementary schools. During early implementation, the Maine ECCP® program

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manager and other stakeholders continued to spread awareness about ECCP® and encouraged referrals for services across the pilot sites. Throughout the launch and implementation of Maine’s ECCP®, ABH staff have played key roles, including providing training and technical assistance to ECCP® Consultants, providing data on ECCP® activities, and advising on all aspects of implementation. The pilot took place entirely during the COVID-19 pandemic, which created challenges in service delivery and resulted in some limitations in available evaluation data, notably the data used to assess fidelity to implementation.

In October 2022, the Governor of Maine announced the plan to offer a stipend, funded through the American Rescue Plan Act (ARPA), for provider participation in ECCP® services as a way to support early childhood providers and children and families as Maine moved toward stabilizing and recovering from the pandemic. Specifically, early care and education programs (including family child care providers) completing an ECCP® service are eligible for a \$5,000 stipend, 30% of which they must give to classroom staff participating in the service. The stipend is available retroactively from the beginning of ECCP® services in early 2021, with funding available through fall 2023 when the ARPA funds are no longer available. This funding will also be available for programs in expansion sites that were not part of the pilot implementation through fall 2023.

## **Maine’s ECCP® Model**

In the first 2 years of Maine’s ECCP® rollout (2021–2022), the Department worked closely with ABH to ensure implementation was true to the original, evidence-based model while also fulfilling Maine’s legislative mandate. As the Department continues to scale ECCP® statewide, it will be important to measure and maintain fidelity to the model while accounting for Maine’s unique state systems and other features.

Some aspects of Maine’s ECCP® model necessarily differ from the original model implemented in Connecticut. For example, Maine’s program includes the legislative requirement to serve children up to age 8, whereas Connecticut’s was designed for children up to age 5. Reaching Maine’s children in the birth to age 8 range means providing ECCP® services in some settings not typically served in the original model (e.g., elementary school classrooms, afterschool programs, and other child care settings for older children). As ECCP® expands statewide, OCFS will need to integrate ECCP® into the state’s unique early care and education systems, including developing a coordinated referral process. Like Connecticut, Maine’s program emphasizes reaching eligible children who are part of the state’s child welfare system, a feature that may require unique efforts to reach this population. Further, OCFS elected to directly oversee service provision and fidelity by training the state program manager to provide Consultants with ECCP® model-specific supervision, as well as reflective and clinical supervision on IECMHC service delivery. In Connecticut, ABH staff provide model-specific, reflective, and clinical supervision directly to ECCP® consultants, who also receive administrative, reflective, and clinical supervision through their “home” agencies. In Maine, mental health home agencies are contracted by OCFS to employ ECCP® Consultants and also provide administrative, reflective,

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and clinical supervision. Finally, Maine and Connecticut differ in geographic size and population, as large areas of Maine are rural and sparsely populated. This key difference has important implications for hiring ECCP® personnel and for service delivery (discussed in the Findings section).

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# Overview of Maine's ECCP® Pilot Evaluation

In January 2022, the Department contracted with SRI International to evaluate the implementation of ECCP® in Maine's pilot sites and to provide recommendations to inform statewide scale-up. This process evaluation was not intended to measure teacher or child outcomes as a result of ECCP® services, but to describe the early implementation and provide recommendations for the statewide expansion. The evaluation covers Maine's ECCP® implementation from its inception in January 2021 through December 2022.

## Goals

The evaluation activities were designed to address five goals developed by the Department. These goals were developed before legislation was passed in April 2022 to expand implementation statewide in January 2023. The five goals are:

- (1) Assess how well Maine implemented ECCP® with fidelity to the ECCP® model
- (2) Assess the degree to which ECCP® was delivered to the intended populations in the pilot sites
- (3) Assess the effectiveness of the training and supervision in enabling the Maine ECCP® Consultants to deliver the ECCP® model with fidelity
- (4) Provide recommendations regarding the staffing levels, administrative support, and ongoing training/technical assistance needed to successfully establish and sustain ECCP® statewide
- (5) Assess the impact the COVID-19 pandemic has had on the implementation of ECCP® in Maine, including any adaptations to service delivery

The study team also sought to identify and document Maine-specific resources, conditions, and issues that could affect implementation and statewide scale-up of the ECCP® model.

In July 2022, the Department approved an evaluation plan that outlined the study and established a timeline for completing evaluation activities. The plan included evaluation questions that aligned with the evaluation goals and evaluation sub-questions that the study team developed (see Appendix A). Some of the evaluation sub-questions were no longer relevant at the time of data collection because of the early scale-up of ECCP® as dictated by legislation and corresponding changes in the Department's priorities (e.g., due to the decision to employ 16 Consultants across the state, the evaluation does not make recommendations about needed staffing levels for Consultants).

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## Data Sources

For the evaluation, the study team used primary data from surveys, interviews, and focus groups of key ECCP® participants. The team reviewed extensive documentation about ECCP® shared by OCFS and held a meeting of 27 key stakeholders to gather initial information about facilitators and barriers to Maine’s ECCP® implementation. In consultation with OCFS, the team designed the surveys, interview protocols, and focus group protocols in summer 2022. OCFS and institutional review boards at SRI International and University of Southern Maine approved the surveys and protocols in fall 2022.

The study team designed the data collection tools to collectively answer the six evaluation questions. Other data sources included in this report are aggregated data from EIS, provided by ABH, and aggregated data on child welfare referrals to ECCP® services, provided by the Department.

### Surveys

The study team designed three surveys for administration to ECCP® Consultants, teachers who received ECCP® services, and parents who received Child-Specific services (see Appendix B).<sup>2</sup> All three surveys included questions about the effects of the COVID-19 pandemic on implementation; participation in and satisfaction with ECCP® activities; and perceptions of what worked and did not work during ECCP® implementation. Other survey questions were unique to each respondent group’s role. For example, Consultants answered questions about the effectiveness of their training in preparing them to implement the ECCP® model. The teacher and parent surveys also captured information on perceptions of the impact of ECCP® services on teachers, children, and families; skills learned and generalized by ECCP® service recipients; and perceptions of the ECCP® model’s efficacy in reducing the likelihood that children will be suspended, expelled, or otherwise disrupted from their early care and education settings.

### Interviews

To complement the survey findings, the study team developed five protocols for semi-structured interviews with key players at multiple levels of Maine’s ECCP® implementation. The five respondent types were ECCP® Consultants; the Consultants’ supervisors at their home agencies; participating program directors; selected members of the Statewide Partnership Team; and ECCP® model-specific supervisors, one from ABH and one from OCFS (see Appendix C). The study team tailored the interview protocols to each respondent type. For example, because ECCP® Consultants interact directly with teachers and parents, the protocol included items asking them to describe their relationships with service recipients and to provide examples of what aspects of the ECCP® model worked well or did not work well, and why. On the other hand,

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<sup>2</sup> For simplicity, the authors use “teachers” to refer to both providers and teachers, and “parents” to refer to both parents and guardians.

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the protocol for Statewide Partnership Team members included items on cross-systems collaboration, perceived buy-in for the ECCP® model from various stakeholders, available resources for scaling ECCP® statewide, and potential challenges with statewide implementation.

## Focus Groups

Additionally, the study team developed protocols to conduct focus groups of teachers and parents who had completed ECCP® services (see Appendix D). The teacher focus group protocol included items about the impacts of ECCP® on the overall classroom and on children receiving Child-Specific services; partnerships with ECCP® Consultants and families; cultural appropriateness of the ECCP® model for the children and families the teachers served; and potential barriers and facilitators to implementation. The parent focus group protocol included items about the impacts of ECCP® on their children at home and in their early care and education setting; partnerships with ECCP® Consultants and teachers; skills learned and generalized as a result of ECCP®; cultural appropriateness of the ECCP® model for their family; and satisfaction with ECCP® services.

## EIS Data

ABH provided the study team with aggregated, de-identified data from EIS that covered Maine's ECCP® implementation during the evaluation period (January 2021 through December 2022). These data included the numbers and types of ECCP® services opened and completed; indicators of adherence to key ECCP® implementation criteria in light of possible effects of the COVID-19 pandemic on implementation; data on various components of implementation, such as action plans, 1-month follow-up meetings, and trainings conducted by ECCP® Consultants; descriptive data about the children served through Child-Specific services; and findings from parent satisfaction surveys. Because the pandemic instigated program closures, delays, and other issues beyond Consultants' control, the Department decided not to include the implementation fidelity data and thresholds from the original ECCP® model. Instead, ABH identified four indicators of adherence to implementation that served as a proxy for implementation fidelity (see Implementation of ECCP® Services in the Findings section).

## Procedure and Study Sample

All data collection activities took place between October and December 2022. Survey data should be interpreted with some caution given small sample sizes.

## Surveys

The study team worked with the ECCP® program manager to obtain respondent names and email addresses, and administered the surveys using Qualtrics, a secure online data collection system. To address the possibility of low survey response rates, the team asked OCFS to email intended respondents to explain the purpose of the survey, assure them that responses were

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confidential, and invite participation. The study team then emailed each respondent a unique link to the online survey. One week after the survey launch, the team emailed reminders to nonrespondents (up to three times over 3 weeks).

### **Consultant Survey**

The six Consultants who were delivering ECCP® services in fall 2022 received individualized survey links, and all (100%) completed the survey. As specified by the Maine ECCP® program at the time of this evaluation, all Consultants were licensed mental health clinicians with a master's degree. Five Consultants described the concentration of their highest degree as social work, and one as counseling. All self-identified as white. On average, the Consultants had worked 15.7 years in the mental health field overall, and 9.7 years in the mental health field in their current region. All six worked full-time for ECCP®.

### **Teacher Survey**

The Department provided the study team with a list of names and email addresses of 70 teachers who had completed ECCP® services before fall 2022. The team sent individualized survey links via email to the 70 teachers.<sup>3</sup> Forty-three percent of the teachers ( $n = 30$ ) completed some or all of the survey items. More than half of the teacher respondents (57%,  $n = 17$ ) had completed Core Classroom services, 40% ( $n = 12$ ) had completed Child-Specific services, and 7% ( $n = 2$ ) had completed Family Child Care Provider services. Twenty percent ( $n = 6$ ) did not know what type of ECCP® services they had received. More than two thirds of the teacher respondents had a bachelor's degree or higher (68%,  $n = 19$ ).<sup>4</sup> Most teacher respondents (93%;  $n = 26$ ) self-identified as white, one self-described as biracial/multiracial, and one preferred not to say. Teachers who returned surveys received a \$25 gift card to thank them for their time, as allowed by their employers.

### **Parent Survey**

The Department provided the study team with names and email addresses of 44 parents who had completed Child-Specific services before fall 2022. The team sent individualized survey links via email to the 44 parents.<sup>5</sup> Thirty-nine percent of parents ( $n = 17$ ) completed some or all of the survey items. Almost all parent respondents (94%,  $n = 16$ ) reported their child was in a private child care setting when they received ECCP® services, and one parent reported their child was in a public prekindergarten program. Fifteen parents responded to a question about their child's gender. Two thirds of these respondents ( $n = 10$ ) reported their child was male, and one third ( $n = 5$ ) reported their child was female. Of the 15 parent respondents who answered a question regarding their child's racial/ethnic identity, almost all (93%,  $n = 14$ ) reported their

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<sup>3</sup> The study team initially sent survey emails to 75 teachers, but five were not delivered because the email addresses were incorrect or outdated.

<sup>4</sup> Twenty-eight of the 30 teachers provided information about their education and race/ethnicity.

<sup>5</sup> The study team initially sent survey emails to 47 parents, but three were not delivered.

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child identified as white, and one parent chose not to answer. Parents who returned surveys received a \$25 gift card to thank them for their time.

## **Interviews**

The Department provided the study team with names and email addresses for all potential interview participants. The team asked OCFS to email these potential participants first in order to explain the purpose of the interviews, assure participants that responses were confidential, and invite participation. If potential participants responded to this email and agreed to participate, the study team connected with them individually by email to schedule a Zoom interview. Two study team members attended each interview; one member facilitated the interview, and the other took notes. Each interview lasted approximately 1 hour. If an interviewee provided consent, the team recorded the interview and then transcribed it for analysis.

### ***Consultant Interviews***

The study team sampled four of the six ECCP® Consultants to participate in interviews. The four interviewees were selected to ensure that collectively they had experience delivering all three types of ECCP® services and worked for the two mental health agencies employing Consultants at the time.

### ***Home Agency Supervisor Interviews***

The study team interviewed the home agency supervisor from each of the three mental health agencies that are contracted to employ ECCP® Consultants. The supervisors were highly experienced and licensed clinicians who provided administrative, reflective, and clinical supervision to Consultants. Two home agency supervisors began working on ECCP® before the evaluation period began, in October and November 2020; the third supervisor began working on ECCP® in April 2021. Two of the supervisors had significant experience working in the mental health field: one for 15 years, and one for 23 years (the third did not provide this information). One interviewee was supervising one ECCP® Consultant at the time and had supervised a second Consultant who was no longer working on ECCP®. A second interviewee was supervising five of the six current ECCP® Consultants. The third was not supervising an ECCP® Consultant at the time but had previously supported a Consultant during the evaluation period.

### ***ECCP® Supervisor Interviews***

The study team also interviewed two ECCP® supervisors who provided model-specific supervision and technical assistance to ECCP® Consultants in Maine, as well as clinical and reflective supervision specific to IECMHC. One of these supervisors was from ABH, and the other was the OCFS ECCP® program manager, who had a dual role as the statewide program manager and ECCP® supervisor. The OCFS program manager was trained in ECCP® model-

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specific supervision by ABH and continued to receive regular technical assistance from ABH on model fidelity and ECCP® supervision throughout the implementation. Both the ABH staff member and OCFS program manager are licensed clinicians with years of experience providing services to young children and families.

### ***Early Care and Education Program Director Interviews***

Four directors of early care and education programs also participated in interviews. OCFS provided the study team with a list of 94 programs that had completed ECCP® services during the evaluation period. The list included 72 centers for which a director was listed, and the OCFS ECCP® program manager provided information that eliminated six of those directors from consideration (e.g., those who were no longer working at the program). The study team consulted with OCFS to draw a purposive sample of four early care and education directors who collectively represented a range of programs and experiences with ECCP®. During sampling, the OCFS ECCP® program manager provided the study team with contextual information about the types of programs the potential interviewees led and the extent of ECCP® involvement the programs had. (This information was needed to ensure that the small sample of directors represented as much diversity as possible.) The final sample of four early care and education directors included representation from four counties, one child care center, one Head Start program, one family child care provider, and one program affiliated with a public school district. Three of the four interviewed directors employed staff who received both Core Classroom and Child-Specific ECCP® services, and one director had received only a Child-Specific service. The four early care and education program directors had worked with four different ECCP® Consultants, two of whom were no longer working on ECCP® at the time of the evaluation. Directors who completed an interview received a \$25 gift card to thank them for their time.

### ***State Partnership Team Interviews***

Maine's ECCP® implementation strategy includes a State Partnership Team (SPT), a cross-agency stakeholder group that includes representatives from Maine Roads to Quality, Child Development Services, ABH, outside ECCP® experts, and other state agencies. The SPT helps build buy-in for ECCP® and provides input into implementation, including how to integrate ECCP® into Maine's existing systems and structures. The Department identified six SPT members, whom the study team interviewed for the evaluation:

- Elissa Wynne, Associate Director of Early Care and Education Services, OCFS
- Elizabeth Bicio, Owner of National Early Childhood Systems LLC, national IECMHC expert and consultant to OCFS on implementation of infant and early childhood mental health consultation
- Crystal Arbour, Child Care Program Manager, OCFS

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- Jamie Michaud, Part C Coordinator, Child Development Services, Maine Department of Education
  - Sam Moy, President and CEO, ABH
  - Roy Fowler, Assistant Director, Maine Roads to Quality

## Focus Groups

To identify focus group participants, the study team used the contact information OCFS provided for the survey samples, which included email addresses of 70 teachers and 44 parents who had completed ECCP® services. First, the study team asked OCFS to email potential participants to explain the purpose of the focus groups, assure participants that responses were confidential, and invite participation. Then, the team sent the 70 teachers and the 44 parents up to three emails inviting them to participate in a focus group. The team scheduled two focus group sessions, one for teachers and one for parents, based on the availability of teachers and parents who expressed interest in participating.

Focus groups took place on Zoom. Three study team members attended each focus group; one member facilitated the interview, one took notes, and the third helped troubleshoot any technological difficulties. Each focus group lasted approximately 1 hour, and both sessions were recorded with participant consent and transcribed for analysis purposes.

### *Teacher Focus Group*

The study team scheduled a focus group session with four teachers, and all attended. All four participants had been employed by licensed child care programs at the time they received ECCP® services. One participant also served as the director of a program. Teachers received a \$25 gift card to thank them for their time, as allowed by their employers.

### *Parent Focus Group*

The study team scheduled the second focus group session with three parents of children who received ECCP® services. Two of the parents attended. In addition, the team held a one-on-one session with a child welfare caseworker who represented a child in the child welfare system who had received ECCP® services, to discuss the items on the focus group protocol. Parents received a \$25 gift card to thank them for their time.

## Analysis

### Survey Data

The study team generated descriptive statistics on the quantitative survey items from the Consultant, teacher, and parent surveys. Because sample sizes were small, it was not possible to disaggregate survey data by subgroups of respondents or other categories (e.g., pilot site). The

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team analyzed the open-ended survey items (e.g., Consultants' ideas about additional training topics) by grouping them into categories and determining themes that converged with other survey and interview data.

## **Interview and Focus Group Data**

To analyze qualitative data from the interviews and focus groups, the study team used thematic analysis techniques to identify key themes and assess the evidence for these themes from the data. This approach entailed organizing participants' interview and focus group responses by the evaluation sub-questions in a debrief guide and grouping data findings by a priori themes based on the evaluation questions and sub-questions. Members of the study team compiled the data from each transcript into the debrief guide. To assess inter-rater reliability, two analysts independently compiled the data from each interview. Overall, there was strong agreement about the evidence for the themes across the analysts. The analysts discussed any discrepancies in their interpretation of the data and came to agreement.

The study team held two debrief meetings with in-depth discussions about the a priori themes and other themes that emerged during data analysis. These debrief meetings yielded common themes and key differences within and across evaluation participants, which became the basis of the assertions presented in the Findings section below. The team also consulted with the OCFS ECCP® program manager to gather needed background information and context to clarify some findings to help inform analysis.

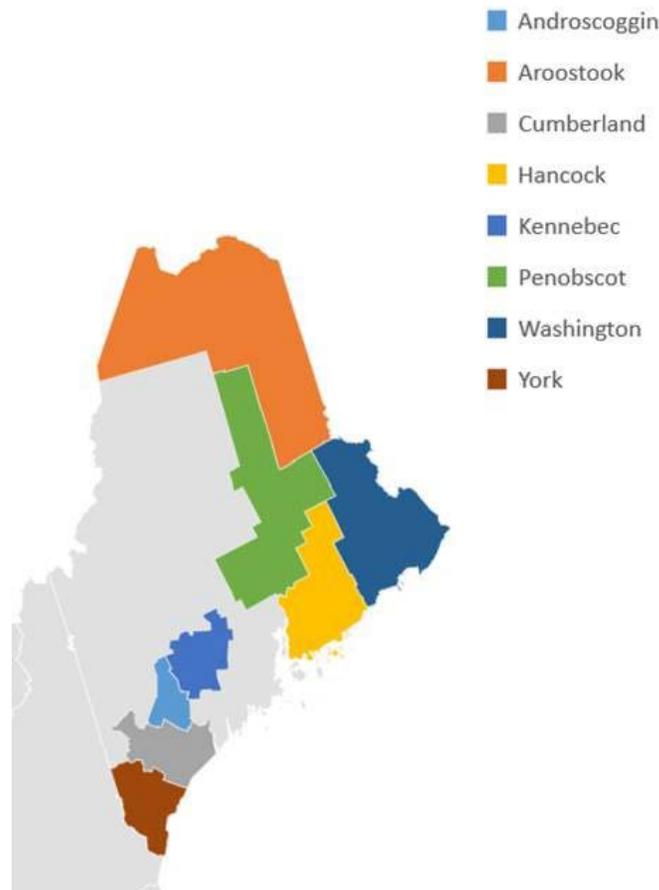
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## Findings From Maine's ECCP® Pilot Evaluation

The evaluation covered Maine's ECCP® implementation from January 1, 2021, through December 31, 2022. During these first 2 years of implementation, OCFS worked to establish buy-in and gain referrals from a wide range of agencies and organizations, and the State Partnership Team provided input and guidance to OCFS. Maine's ECCP® Consultants received training and joint supervision or technical assistance from their home agency supervisors and ABH and/or the OCFS ECCP® program manager. Consultants used contacts in their professional networks to generate interest in ECCP® services and to build their caseloads. During the evaluation period, eight Consultants implemented Core Classroom, Child-Specific, and Family Child Care Provider services across eight counties (Androscoggin, Aroostook, Cumberland, Hancock, Kennebec, Penobscot, Washington, and York; Exhibit 3).

**Exhibit 3. Map of Counties Participating in the Maine ECCP® Pilot**



The sections below present findings from data the study team collected on the sample of ECCP® participants who completed surveys, interviews, and focus groups. Where applicable, data from ECCP® Information System (EIS) provided by ABH and other input shared by OCFS are

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included. Because only six Consultants were implementing ECCP® services during the evaluation period, Consultant survey results are not reported in percentages. Instead, to ensure confidentiality of the Consultants' survey responses, the results refer to *none*, *some*, or *all* Consultants.

For simplicity, the findings throughout this section refer to providers and teachers of children as “teachers” and to parents and guardians of children as “parents.” The phrase “state partners” refers to the ECCP® State Partnership Team. Additionally, “Consultants” refers to ECCP® Consultants unless otherwise noted.

The findings are organized into sections that address (1) training and supervision of Consultants, (2) implementation of ECCP® services and indicators of adherence to the ECCP® model, (3) the extent to which Maine's ECCP® implementation reached children with social-emotional and behavioral issues, (4) facilitators and barriers to implementation, and (5) initial perceptions of participants in the early ECCP® implementation.

## Training and Supervising Consultants

### Training

Staff from ABH conducted all Consultant trainings, which were planned for in-person delivery but occurred virtually because of the COVID-19 pandemic. Most Consultants participated in one of two training cohorts (depending on when they were hired), although one interviewed Consultant receiving one-on-one training. Consultant trainings were therefore staggered, but all Consultants who participated in the evaluation had been fully trained and providing services for well over a year. Home agency supervisors also received the ECCP® model training, except for Classroom Assessment Scoring System® (CLASS) tool training and EIS training. As the owner of the ECCP® model, ABH will provide training and technical assistance to future Maine Consultants as ECCP® expands across the state.

The ECCP® model training included overviews of (1) the ECCP® model, (2) Core Classroom tools and assessments, (3) Child-Specific tools and assessments, and (4) Family Child Care Provider services. Sessions also provided training on (5) CLASS® tool administration and scoring<sup>6</sup>; (6) referrals, recruitment, and waitlists; (7) consultation delivery strategies; (8) how to use EIS; and (9) an orientation to infant and early childhood mental health.

**Overall, Consultants and their home agency supervisors rated ECCP® training positively, and Consultants suggested additional training topics and formats that would be helpful.** On the Consultant survey, respondents generally rated the quality of the content and delivery of the ECCP® training as *good* or *excellent*, and all six respondents rated the ECCP® training as *very relevant* or *extremely relevant* to their work. They also rated the

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<sup>6</sup> ECCP® Consultants are required by the model to be certified CLASS raters in the Pre-K and Toddler CLASS tools. These certifications must be renewed annually by Consultants.

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helpfulness of the various training topics in preparing them to implement the ECCP® model. All six Consultants rated the training on Core Classroom services, Core Classroom assessments, and the CLASS® tool as being *very helpful* or *extremely helpful* in preparing them to implement ECCP® services. Their ratings of helpfulness ranged from *somewhat helpful* to *extremely helpful* for the following training topics: overview of the ECCP® model; Child-Specific services overview; Child-Specific assessment tools and services; Family Child Care Provider services overview; information about referrals, recruitment, and waitlists; information on consultation delivery strategies; and orientation to infant and early childhood mental health.<sup>7</sup> In interviews, home agency supervisors also reported the ECCP® training was very relevant to their role.

In open-ended survey responses, Consultants reiterated their satisfaction and suggested additional training topics and formats that could help them in their work. One Consultant was “*very grateful to be a part of the ECCP® program implementation! I think I received a lot of great training, and I am learning from the providers in my area every day.*” One or more Consultants reported they would like more training on:

- The consultative stance (because it differs from the clinical approaches Consultants are trained in)
- A refresher or a clearer vision on the Consultant role during support visits
- A clearer vision of what should happen during Child-Specific visits
- How to market ECCP® and recruit participants (recommended by several evaluation participants)
- Early childhood education in general

Regarding training in early childhood education, one Consultant wrote they were “*learning a lot from centers/providers as I provide the service, but some things are very different from the mental health world and it would be great to have more training.*” Another Consultant would have liked more time to unpack early care and education concepts in training:

*“The education piece is not something that we necessarily offer consultation on, but it is something we’re bumping up against a lot. ... I really did not feel quite like I knew what I was talking about in the beginning. And I’m sure some of that was intentional to learn as you go, but I would’ve liked more training on the early childhood education side of things.”*

Additionally, one Consultant recommended offering training around available resources for children who need more support than a consultative model can provide. For these children and their families, the Consultant suggested training on “What are the next steps?” (See the

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<sup>7</sup> Survey responses from Consultants should be interpreted with caution because of the small sample size. See the Procedure and Study Sample section for more information.

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Referrals and Caseload Management section, which describes limitations of the current ECCP® referral process, a key theme across ECCP® participants of all roles.)

Consultants also provided feedback on the helpfulness of the training. They appreciated the opportunities to participate in small-group and one-on-one trainings, and those who had access to videos found them to be helpful. One Consultant specifically mentioned the videos of Connecticut Consultants conducting mock service visits, which “*made things a lot clearer than just talking about how you do something.*” Consultants also appreciated the overview of the requirements for different meetings, the acknowledgment from trainers that mastery of the ECCP® program takes time and practice, and the availability of the trainers for support.

Some Consultants indicated the timing of trainings was sometimes difficult. One reported it was difficult to attend to and retain information from 2 weeks of intense, all-day trainings on Zoom. Another reported that scheduling trainings closer to implementation or having opportunities for resources to refresh knowledge from trainings would be helpful. Consultants also suggested expanding the training format to include more presentations of strategy-specific content from people who had delivered ECCP® services and more modeling of ways to deliver the services.

**Consultants recommended making future ECCP® trainings more Maine-specific.**

For example, Consultants suggested trainings should explicitly address how ECCP® should work in Maine’s less densely populated areas. Consultants in Maine’s rural communities have challenges that Connecticut’s Consultants do not face, in part because of long travel distances to provide services. Maine’s Consultants who work in rural areas could benefit from training and support around how to manage their time to balance travel and caseload expectations.

Consultants also suggested leveraging trainings and resources already available in Maine, such as Maine Parent Federation trainings on navigating special education, as well as providing individualized supports for Consultants who have less knowledge of Maine’s child care requirements and best practices. One ECCP® trainer reported incorporating Maine providers into the ECCP® training—for example, a presentation by Child Development Services. Continuing to include these types of opportunities into trainings would benefit new Consultants. Consultants also noted that some Maine-based trainers may have more early childhood expertise and state-specific knowledge and could partner with other trainers for some portions of the training. Additionally, some Consultants pointed out the amount of new ECCP®-specific terminology to learn and suggested it would be helpful for the training to incorporate Maine-specific terminology as much as possible.

## Supervision

Throughout ECCP® implementation, Consultants participated in regularly scheduled joint supervision, which entailed separate supervision sessions with their home agency supervisor and model-specific supervision with an ECCP® supervisor—either an ABH supervisor or the OCFS ECCP® program manager. Model-specific supervision with staff who are highly trained

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experts in the ECCP® model is designed to ensure Consultant fidelity to the model and provide reflective supervision regarding provision of IECMHC services. ECCP® model supervision was predominantly offered virtually. In addition to individual ECCP® model supervision, all Consultants participated in regular group supervision with the two model-specific ECCP® supervisors. During the earliest phases of implementation, the two ECCP® supervisors jointly provided some model-specific supervision, as the OCFS ECCP® program manager gained experience with the model.<sup>8</sup> In addition, one home agency supervisor, who employed multiple Consultants, held a group supervision session for those Consultants. An ABH data manager provided individual “data supervision” to support Consultants in entering data into EIS; the manager also monitored EIS data for accuracy, completeness, and timeliness of entry. Data supervision occurred weekly or biweekly, depending on caseloads, Consultant need for support with EIS technology, and how accurate Consultants were in their EIS documentation.

**Consultants generally reported satisfaction with content of the joint supervision they received, noting improvements since the initial rollout.** During the initial ECCP® rollout, Consultants received joint model-specific technical assistance and supervision from ABH and OCFS as well as administrative and clinical supervision from their home agencies. In interviews, Consultants reported this early approach for supervision was “messier” than the current approach, in which each Consultant receives individual supervision from one model-specific supervisor and one home agency supervisor. Consultants mentioned that, before the switch to the current approach, they sometimes got conflicting answers from different ECCP® supervisors. (They also acknowledged that the OCFS ECCP® program manager and Consultants were all still learning the ECCP® model.) As OCFS prepares to transition responsibility for all model-specific supervision to the current OCFS supervisor and another OCFS staff member, they could consider having the new supervisor work with more experienced Consultants, who have a clear grasp of ECCP® terminology and processes and may be less likely to be confused as the new supervisor develops an understanding of the model.

Importantly, Consultants’ satisfaction with their supervision improved as their supervisors began to deliberately separate discussions of the ECCP® process and associated ECCP® terminology from the social-emotional and behavioral content that Consultants were providing in classrooms. In interviews, Consultants reported some initial confusion about what transpires in the different types of ECCP® meetings, and they appreciated dedicated supervision time to gaining better understanding of ECCP® processes and logistics.

Overall, Consultants agreed that the current supervision from the OCFS ECCP® program manager is highly relevant and that the supervisor is very knowledgeable about Maine’s resources and systems. They also acknowledged that the ABH technical assistance provider did not have the benefit of experience with Maine systems and could not be as helpful in some cases. On the survey and during an interview, Consultants commented that the online group

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<sup>8</sup> The Department plans eventually to transfer all model-specific supervision responsibilities to OCFS staff and to hire an additional staff member to support ECCP® implementation.

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supervision by ABH could be restructured to ensure a safer environment for Consultants to contribute.

**Consultants reported that some aspects of the joint supervision could be more efficient but described their ECCP® and home agency supervisors as being available, highly responsive, and supportive.** Overall, Consultants liked having two supervisors and could differentiate the types of issues or questions they personally raised with each of their supervisors. Across Consultants, there were some differences in the types of questions Consultants asked of each supervisor. For example, one Consultant asked their home agency supervisor questions about strategies to use in the classroom, whereas other Consultants asked only the ECCP® supervisor these types of questions.

Consultants' survey responses did not show consensus about the extent to which their home agency supervision aligned with their model-specific supervision. In interviews, some Consultants discussed that they would like better coordination between their supervisors and expressed frustration that home agency supervisors lack access to Consultants' caseloads and waitlist data. In an open-ended survey response, one Consultant wrote:

*"I feel like I have to share what I'm doing in my role and what my current caseload is with both supervisors, which just feels like I'm sharing the same information twice. It would be more helpful if my home agency supervisor was able to keep track of my caseload, waitlist, etc. on her own instead of having to have me to report it to her each time we talk."*

Another Consultant reported that their home agency supervisor *"has no access to most of what we do as part of the ECCP® program, such as the EIS system, our caseload, or our waitlist."* As a result, the Consultant explained, the supervisor *"is very limited in the amount of support she can provide to us."* The Consultant suggested it would be *"much more helpful if she had access to this information and was more in the loop about what was happening with our program."*

Nevertheless, overall Consultants reported feeling well supported and noted that the joint supervision was working well. They appreciated the supervisors' reassurance and praise for what Consultants were doing well. This finding is encouraging given that supervisors are modeling relational strategies that Consultants use in their service delivery. As one state partner said of ECCP®, *"A lot of [the] work ... is relational. And there's a parallel process between what [supervisors are] doing with the Consultants [and] what the Consultants are doing with the consultees ... it is the strength of the relationship that helps."* Multiple Consultants emphasized that their model-specific and home agency supervisors were always available and ready to help. One Consultant reported that the home agency supervisor made efforts to integrate the Consultant into the larger agency culture, which added to the Consultant's job satisfaction.

**Time spent in supervision varied over the course of initial implementation; Consultants reported that weekly supervision meetings would be ideal once a Consultant has learned the ECCP® model.** In interviews, Consultants described having a

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lot of supervision in the first year. Some acknowledged that, although supervision took a lot of time, it was good to have this support as all were new to the model. In the beginning, Consultants attended weekly 1-hour supervision meetings individually with the ABH data supervisor, the home agency supervisor, and the model-specific supervisor plus a 2-hour group supervision meeting, or 5 hours of supervision a week. At the time of this evaluation, Consultants reported attending (1) a monthly 2-hour all-Consultant meeting; (2) an individual meeting with the model-specific supervisor once a month; (3) a 1-hour meeting with the home agency supervisor each week; and (4) a meeting with the ABH data supervisor once a month to ensure EIS data are entered correctly. The five Consultants working for the same mental health agency also meet as a group. Most Consultants would like to continue with at least biweekly supervision (as it is now, alternating home agency and ECCP® supervision), although one Consultant suggested that monthly supervision would suffice. Consultants appreciate having some flexibility around meetings, depending on Consultant needs and supervisor availability.

**Consultants reported wanting to address a number of topics in supervision, with no clear consensus about which topics.** The topics Consultants said they would like to cover with their supervisors included:

- Aspects of service delivery unique to Maine culture, geography, and populations, including delivering services to rural populations
- Differentiating and addressing the consultative aspects of the Consultant role from ECCP® structural/logistical expectations and terminology (as discussed in the Training section above)
- Addressing successes and resources that Consultants may not know about
- Tailoring supervision to Consultants' individual backgrounds and skill sets

Regarding this last topic—more customized supervision—one Consultant reported:

*“I know for me personally, I have a lot of experience with working in homes with families, and that’s been nice because the Child-Specific service, it has [lent] to that. But then I’ve also been confused a little bit about what my role is, and so that’s taken time to work out. So, I think that would be helpful, just tailoring that to what experiences are you coming in with, what skills are you coming in with, and what strengths do those play to what we’re doing here, and what are some things that maybe you have to reshape?”*

## Training and Supervision

**Consultants and home agency supervisors reported a desire for more connection with peers across the state outside of formal training and supervision.** One benefit that Connecticut Consultants receive is mentoring from more experienced Consultants. This was not possible for the initial implementation of ECCP® in Maine because all Consultants were new

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to the model. In interviews, Consultants noted they would have appreciated opportunities to learn from others in their role (e.g., to ask advice of or to shadow a more experienced Consultant). As discussed in the Training section above, Consultants who had access to videos with input from Connecticut Consultants found them useful. Consultants also pointed out the benefit of opportunities to connect with one another during group supervision sessions.

In interviews, home agency supervisors reported feeling well supported by OCFS in terms of having needed materials and the ECCP® supervisors being accessible for questions. They also suggested they could benefit from more connections with ECCP® participants, particularly the other home agency supervisors, to discuss common issues and solutions (and, as available to them, ECCP® data). One interviewee mentioned a previous discussion about establishing a recurring meeting for home agency supervisors, which the respondent thought would be useful.

**Consultants generally reported feeling confident about their ability to implement most components of the ECCP® model.** Given the supports available through training and supervision, Consultants expressed confidence in their ability to deliver high-quality ECCP® services. On the survey, all Consultants reported feeling very or extremely confident in their ability to (1) build positive and effective relationships with participating teachers/providers, (2) conduct CLASS® assessments, (3) conduct observations in classrooms or programs, (4) develop ECCP® action plans, and (5) record information in EIS. Fewer Consultants expressed confidence in their ability to (1) provide consultation in family care settings, (2) triage referrals and determine eligibility for ECCP® services, and (3) collaborate with other programs in the community. Notably, most Consultants had had limited experience providing consultation in family care settings at the time of the evaluation.

**Recipients reported satisfaction with the quality of the ECCP® training and supervision despite the need for virtual participation due to COVID-19.** All training and nearly all supervision sessions that took place during the evaluation period were delivered remotely because of the COVID-19 pandemic. Training and supervision lend themselves more naturally to remote or virtual engagement than ECCP® service visits. Although ECCP® training and supervision were designed for in-person delivery, some state partners reported that virtual delivery may have resulted in higher attendance and lower chance of cancelation. Other state partners indicated the virtual format may not have been as effective as in-person meetings, particularly around opportunities to build strong peer relationships. Nevertheless, given feedback from trainers and Consultants, virtual training and supervision worked well. OCFS might consider the advantages and disadvantages of these remote offerings when trying to build efficiencies in the statewide scale-up.

## Implementation of ECCP® Services

All six Consultants who participated in the evaluation began offering ECCP® services to teachers in 2021—two in February, two in March, one in August, and one in December, depending on the

timing of their hiring and training. During the evaluation period (January 2021 through December 2022), Consultants collectively implemented and completed 64 Core Classroom services, 96 Child-Specific services, and 4 Family Child Care Provider services (data from EIS).<sup>9</sup> At the close of the evaluation period, 11 Core Classroom, 13 Child-Specific, and 4 Family Child Care Provider services were ongoing (Exhibit 4). Some ECCP® services ended before completion. In interviews, participants mentioned some services ending prematurely because of factors such as teacher and Consultant turnover, program closures due to COVID-19 outbreaks, and ECCP® participants having COVID-19.

**Exhibit 4. Services Provided by Consultants, January 1, 2021–December 31, 2022**

Type of Services	Services Opened <i>N</i>	Services Completed <i>n</i> (%)	Services Ending Prematurely <i>n</i> (%)	Services Open at End of Evaluation Period <i>n</i>
Core Classroom	96	64 (75)	21 (25)	11
Child-Specific	129	96 (83)	20 (17)	13
Family Child Care Provider	8	4 (100)	0 (0)	4

*Note.* Data are from EIS.

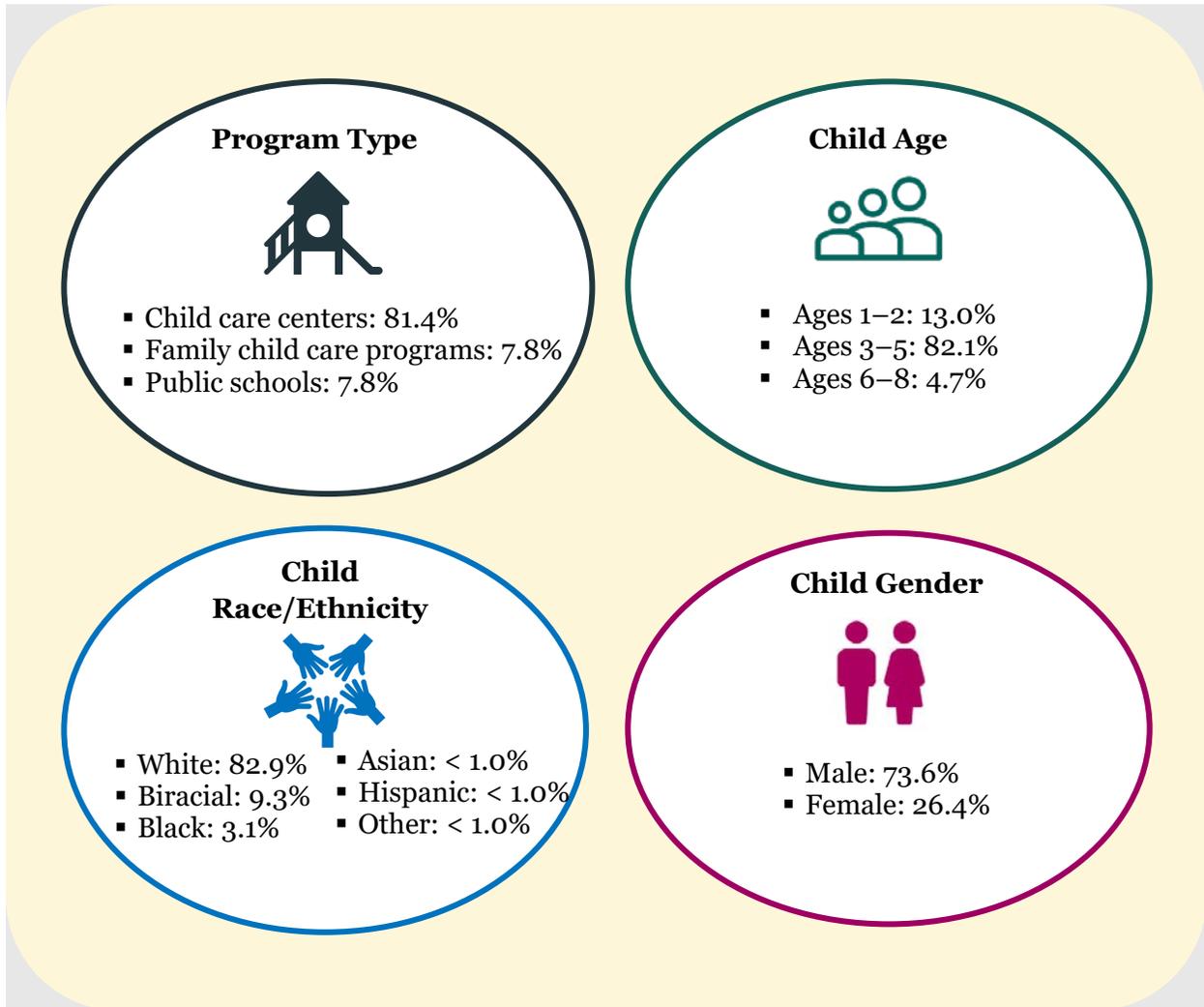
Data from EIS show that Consultants collectively opened 12 new Core Classroom services (ranging from 4 to 18) each quarter of the evaluation period, on average. They also collectively opened 16 new Child-Specific services per quarter (ranging from 2 to 27), on average. For both Core Classroom and Child-Specific services, caseloads were lightest during the first 6 months of implementation, when Consultants were learning the ECCP® model. In the final quarter of the evaluation period (October–December 2022), Consultants opened 14 new Core Classroom services and 27 new Child-Specific services.

During the evaluation period, Consultants provided Child-Specific services to 129 children, ages 1 to 8 years. The most common reasons for referral of children to Child-Specific services were behavior/aggression, being easily frustrated, being impulsive, having a hard time with changes, and screaming/crying (data from EIS). Exhibit 5 displays some characteristics of the children receiving Child-Specific services early in Maine’s ECCP® implementation.

Across the three ECCP® service types (Core Classroom, Child-Specific, and Family Child Care Provider), Maine’s ECCP® implementation reached 46 children who were in the child welfare system during the evaluation period. Seven children who received Child-Specific services were in state child welfare services at the time of service (data from EIS).

<sup>9</sup> This includes the services of the two Consultants who were no longer working on ECCP® at the time of the evaluation.

**Exhibit 5. Characteristics of Children Receiving Child-Specific Services, January 1, 2021–December 31, 2022**



*Note.* Data are from EIS. During the evaluation period, Maine’s Consultants provided Child-Specific services to 129 children, ages 1 to 8 years.

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## Implementation During the COVID-19 Pandemic

**Maine’s Consultants completed the core implementation activities as prescribed by the model with few adjustments.** According to the ECCP® model developer, Maine’s ECCP® implementation was a solid replication of Connecticut’s evidence-based model in terms of how Consultants interacted with and supported teachers. The biggest difference in implementation was holding remote services or trainings because of the COVID-19 pandemic. The evaluation surveys included questions about various adjustments participants made to the ECCP® model and the importance of making those adjustments for the Maine implementation (primarily to address issues that arose due to COVID-19). Consultants most commonly reported holding trainings or meetings virtually. Some Consultants and 42.9% ( $n = 12$ ) of teachers reported switching from in-person to virtual trainings or meetings, indicating that this switch was *somewhat important* or *very important* for implementation.<sup>10</sup> Interviewed Consultants reported having mixed perceptions of virtual service visits with providers and parents, with some reporting that remote consultation is not as effective as in person and others reporting that virtual consultation with providers worked well. Some indicated virtual consultation worked best during the initial meeting or Child-Specific meetings, others thought it was more effective when the consultative relationship was well established. As described below with data from EIS, however, the vast majority of service visits happened in person, and some Consultants noted that delaying service visits because of COVID-19 was more common than holding virtual visits. One teacher reported a need to reschedule consultations because of snow days and the pandemic, and they appreciated the flexibility of the Consultant around scheduling.

Some Consultants and 32.1% of teachers ( $n = 9$ ) reported in surveys that it was *somewhat important* or *very important* to use outside resources to complement ECCP® resources (e.g., guidance on providing early care and education services during the pandemic). In general, evaluation participants did not make other adjustments to implementation—for example, most did not hold fewer or more sessions than expected. Some Consultants reported that teachers had contacted them outside of scheduled ECCP® services to ask questions or get additional support. Generally, Consultants received these kinds of requests about once a month.

**During the COVID-19 pandemic, Maine’s Consultants conducted the majority of ECCP® services weekly and in person as intended.** A benefit of the ECCP® model is having a clear time frame for the various activities of each service type. The model developers established fidelity thresholds related to the timing and completion of activities in the ECCP® logic model according to an established schedule. During the pilot, pandemic-related disruptions in early care and education services necessarily compromised Maine’s Consultants’ ability to meet fidelity thresholds for scheduling and timing of services. Consequently, this

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<sup>10</sup> To ensure confidentiality of the six Consultants’ survey responses, the results refer to *none*, *some*, or *all* Consultants.

evaluation report does not include data on Consultants’ implementation fidelity as defined by the model.

Instead, ABH identified four criteria around expected implementation and sought to achieve 85% adherence during Maine’s initial implementation. Exhibit 6 lists those criteria and the percentages of service visits that met them. The vast majority of delivered ECCP® services met the criteria for weekly services, in-person service visits, adherence to expected visit length, and not being canceled. Only one measure fell short of the 85% criterion: 82% of Child-Specific visits occurred as planned (i.e., were not canceled).

**Exhibit 6. Percentage of ECCP® Service Visits Meeting Implementation Criteria, January 2021–December 2022**

Type of Services	Visits Held Once a Week	Visits Held in Person	Length of Visit Held to Protocol	Visits Held (Not Canceled)
Core Classroom	86%	96%	93%	86%
Child-Specific	87%	94%	90%	82%

Note. Data are from EIS.

**Consultants experienced some delays in service delivery and sometimes modified the format of service delivery because of the COVID-19 pandemic.** On the evaluation survey, all Consultants reported needing to delay a consultation because of the pandemic, and, as reported above, some reported moving consultation sessions to a virtual format. Reasons for delaying services included working with providers who temporarily closed during ECCP® implementation due to the pandemic or who preferred to delay services in favor of virtual consultation. Evaluation participants reported that pandemic-related delays meant services took longer to complete and some providers needed to stay on waitlists longer than planned. Virtual meetings meant it was harder for Consultants to get paperwork returned from service recipients. A parent focus group participant recommended using digital rather than paper forms as a convenient option for parents and Consultants.

Teachers reported fewer impacts of the COVID-19 pandemic on implementation than Consultants did, with a third of teachers (33.3%, *n* = 9) selecting *no impact* of COVID-19 from a select-all-that-apply list.<sup>11</sup> Similar to Consultants, teachers reported that the most common impacts were postponed ECCP® consultations (22.2%, *n* = 6) and moving consultations to phone/online (22.2%, *n* = 6). Fewer teachers reported that their program temporarily closed during services (18.5%, *n* = 5) and that classroom observations were postponed (18.5%, *n* = 5). On the survey, 60.0% (*n* = 12) of parents receiving services reported *no impact* of the pandemic on their experience with ECCP®; only a few parents reported effects such as their provider

<sup>11</sup> The survey item read, “Which of the following implications of COVID-19 impacted you directly when you were receiving ECCP® services? (Check all that apply.)” Response options were: program limited or restricted visitors, program closed temporarily, program ended services early, classroom observation postponed, consultation postponed, consultation moved to phone/online, other, and no impact.

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temporarily closing, opting to keep their children home, or services being delayed. One parent focus group participant reported that they appreciated moving services, meetings, or activities to a virtual format, summing it up as “*just COVID realities.*”

**Although in-person activities were preferred and occurred when permissible, Consultants remained flexible, guided by local and state policies and participant preferences.** One evaluation participant noted having significant and ongoing collaboration with providers to adhere to changing COVID-19 policies and procedures and to determine the best approach for each meeting (e.g., delaying versus holding remotely). If an in-person service visit was strongly preferred because of the content to be delivered, the Consultant could delay the meeting instead of holding it virtually. One Consultant reported that an in-person visit was especially necessary when addressing difficult or sensitive issues with families: “*No parent wants to hear that anyway, but to do it on Zoom just doesn’t feel very personal or good.*” Consultants had differing impressions of the practice of holding service visits where parents were on Zoom and the teacher and Consultant were in person together (i.e., in cases where parents were not allowed in providers’ buildings because of COVID-19); Consultants described this scenario as either a convenient option for parents or as being awkward.

## **ECCP® Action Plans**

Each Core Classroom, Child-Specific, and Family Child Care Provider service requires developing and implementing an action plan outlining the goals and objectives of that service. Developing an action plan entails classroom observation by the Consultant, teacher surveys, and discussion with teachers. For each action plan, the Consultant aligns the consultee’s stated goals with preset goals in a template and writes customized strategies for the consultee to implement. The ECCP® model developers recommend action plans contain 3–5 goals for Core Classroom services and 2–3 goals for Child-Specific services.

**Consultants reliably partnered with teachers to develop ECCP® action plans, and teachers found action planning to be valuable, implementing at least some parts of the plans after services ended.** Data from EIS indicate that overall Consultants reliably completed action plan development tasks (Exhibit 7). Specifically, Consultants completed action plan meetings in the expected time frame for 91% of Core Classroom services, 71% of Child-Specific services, and 83% of Family Child Care Provider services. Child-Specific action planning requires an observation of the child at home or another location and the presence of a parent and teacher at the action plan meeting. Thus, it is reasonable to expect the percentage of completed Child-Specific action plan meetings to be lower than for Core Classroom services, given the logistics of meeting (e.g., scheduling around parents’ availability, conducting offsite observations).

**Exhibit 7. Percentage of ECCP® Services With Completed Action Plan Meetings, January 2021–December 2022**

Type of Services	Opened Services With an Action Plan Meeting <i>N</i>	Expected Time Frame for Holding Action Plan Meeting (# Weeks After Initial Meeting)	Action Plan Meeting Held Within Expected Time Frame <i>n</i> (%)
Core Classroom	85	6	77 (91)
Child-Specific	113	5	80 (71)
Family Child Care Provider	6	6	5 (83)

Note. Data are from EIS.

EIS also contains data on the extent to which teachers implement the objectives from their action plans, as documented by Consultants at the conclusion of each service. For all three service types, Consultants rated the majority of action plan objectives as either *emerging* or *completed* (Exhibit 8). Consistent with these EIS data, on the evaluation survey, most teachers receiving Core Classroom services (75.0%, *n* = 12) reported implementing some parts of the action plan, and a few (25.0%, *n* = 4) reported implementing the whole plan. Among teachers receiving Child-Specific services, half reported implementing the whole action plan (50.0%, *n* = 6), and half reported implementing some parts (50.0%, *n* = 6). More than a third of surveyed teachers (37.5%, *n* = 6) reported implementing action plan strategies daily (37.5%, *n* = 6), and a quarter (25.0%, *n* = 4) reported using the plan about twice a week.<sup>12</sup> A teacher in a focus group reported continuing to incorporate parts of the action plan nearly a year after services ended.

**Exhibit 8. Consultants’ Ratings of Teachers’ Implementation of Action Plan Objectives, January 2021–December 2022**

Type of Services	Objectives Set <i>N</i>	Objectives Completed % ( <i>n</i> )	Objectives Emerging % ( <i>n</i> )	Objectives Not Completed % ( <i>n</i> )
Core Classroom	290	48 (138)	38 (110)	14 (42)
Child-Specific	381	43 (165)	49 (186)	8 (30)
Family Child Care Provider	13	43 (6)	54 (7)	0 (0)

Note. Data are from EIS.

Evaluation participants regarded action planning as a valuable exercise during ECCP® consultation. A majority of surveyed teachers (88.2%, *n* = 15) reported that developing the action plan with the Consultant was *very helpful* or *extremely helpful* toward the goal of supporting the overall classroom environment. Likewise, all Consultants reported that developing action plans was *very helpful* or *extremely helpful* for the teachers they supported.

<sup>12</sup> Findings from the teacher survey should be interpreted with caution given small sample sizes.

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Teachers also remarked that Consultants' modeling and role playing in the classroom were instrumental to teachers' being able to implement action plans.

## Consultant-Led Trainings and Follow-Up

### **Consultants provided trainings to staff at sites where they delivered Core Classroom services, and some reported also leading community-based trainings.**

Consultants are expected to offer 10 open, free community trainings to providers in their county each year on topics related to social-emotional and behavioral issues, as well as one training to all program staff at sites receiving Core Classroom services. EIS data indicate that Consultants collectively delivered 62 social-emotional trainings at programs receiving Core Classroom services during the evaluation period. Consultants discussed these trainings in interviews, one reporting that the trainings provided opportunities for nonparticipating teachers to ask questions and receive guidance from Consultants. One interviewed program director reported that the Consultant provided training only to teachers receiving ECCP® services, but that those teachers later shared the information with other staff in the program.

Recipients of Consultants' trainings generally gave positive feedback, with topics including strong parent relationships, navigating behavioral challenges, and resiliency. One interviewed program director mentioned the information was helpful and their teachers were still using it. A state partner suggested ECCP® leaders should ensure these trainings count toward the annual training requirements for licensed early care and education centers.

EIS data show that Consultants provided 18 community-based social-emotional trainings during the pilot period (all took place in 2022, presumably after pandemic-related concerns had abated). In evaluation interviews, Consultants indicated that most community-based trainings were conducted in person, but one Consultant reported conducting these trainings virtually to reach a larger audience.

**Consultants reliably conducted 1-month follow-ups after services ended.** The ECCP® model includes a 1-month follow-up meeting with program staff and the Consultant (and parents for Child-Specific services). This meeting provides service recipients an opportunity to discuss how a classroom or child is functioning post-services, ask questions, and adjust any aspects of the action plan. The meeting is also an opportunity to collect data on the extent to which teachers and parents are continuing to use strategies from the model. Consultants also ask teachers and parents to complete satisfaction surveys. Data from EIS show that 98% of Core Classroom services included a 1-month follow-up meeting in the expected time frame. In 83% of Core Classroom services, both the teacher and the program director were present at the follow-up meeting—a key goal of the ECCP® model being to create collaborative partnerships among Consultants and program staff. EIS data also show that 93% of Child-Specific services included the prescribed 1-month follow-up meeting, and the teacher and a parent were present at the follow-up meeting in 75% of Child-Specific services. In a focus group, a parent expressed

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appreciation for the follow-up, indicating it provided good accountability for everyone and the opportunity to see whether anything in the action plan needed to be adjusted.

The evaluation did not yield data on the 6-month follow-up phone call for Child-Specific services as the sample was small and the evaluation was conducted early in implementation (i.e., not many services provided by evaluation participants had been completed more than 6 months prior). OCFS is working with ABH to add a 12-month follow-up, to track participating teachers and children for a longer time. This 12-month follow-up might also allow ECCP® to track over time whether parents follow up on Consultants' referrals for additional services for children and the outcomes of those referrals.

## Maine-Specific Implementation Findings

**Consultants encountered different challenges and needs across the types of programs they served.** On average, Consultants reported working in 3.8 different types of settings during the evaluation period. All six Consultants had provided services in child care centers, and some reported working in public prekindergarten programs, family child care programs, and Head Start programs. Collectively, Consultants participating in the evaluation had less experience delivering ECCP® services in elementary schools, afterschool programs, and family child care programs, but they expected to serve providers in these settings in the future.

Features of Maine's ECCP® model that differ from Connecticut's model include serving children ages 6–8, an emphasis on reaching providers in public elementary schools and afterschool care programs, and the need to provide services in rural communities. Evaluation participants noted that, as Consultants seek to reach providers across the various settings that serve children in Maine's target population, they need to understand and adapt to the dynamics and systems of each environment (e.g., staffing, laws and regulations, schedules).

For example, one Consultant reported that staff in afterschool programs have specific classroom management needs because there is less structure and higher student–staff ratios for older children than in the early care and education programs where Consultants typically work. Consultants also noted that elementary schools have very structured schedules and more supports than child care centers have, and that union regulations could affect Consultants' ability to meet with teachers. A Consultant also reported that staff in smaller programs—such as family child care programs and programs in rural communities—may be less familiar with local resources and referral processes, compared with staff in programs like Head Start who may have more access to trainings and external supports.

**Consultants had not delivered many ECCP® services in rural communities, and evaluation participants identified several challenges with implementing ECCP® in remote areas.** Consultants who participated in the evaluation generally provided services in relatively populated areas, but several evaluation participants acknowledged that ECCP® service delivery will be more challenging in Maine's less densely populated regions unless some

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adaptations are made. They shared that the geographic size of some counties would mean very long travel times for Consultants to provide in-person services. One interviewee described how a Consultant (no longer with ECCP® at the time of evaluation data collection) had cases in a rural region that required a 3-hour commute one way. In addition to the travel burden, this distance meant the Consultant was not as familiar with local resources and referral sources as are Consultants who live in the communities where they work.

Moreover, evaluation participants suggested that, in addition to travel challenges, Consultants could have a “harder sell” to rural providers, who may have a different culture and not be as accustomed to external consultants entering their programs. One participant suggested that the long travel times combined with the particular challenges of gaining buy-in from rural providers meant Consultants serving rural areas could experience more stress and burnout than their peers working in regions with larger populations do.

Several interviewees discussed how workforce shortages are an issue throughout the state, and likely most concerning in rural locations. In interviews, state partners reported that OCFS has not yet been able to hire a Consultant in the western part of Maine and that it is especially difficult in rural areas to fill specialty service positions (e.g., Consultants are required to be licensed mental health professionals). Likewise, rural providers are experiencing significant workforce shortages and may lack capacity and resources to participate in ECCP® services even if they are available to them.

## Identification and Enrollment of Children With Social-Emotional or Behavioral Issues

Maine’s ECCP® aims to serve children with social-emotional or behavioral issues who are at risk of suspension or expulsion and, by extension, the teachers who support those children. This section describes (1) the efforts of ECCP® Consultants to identify and recruit teachers and children in the target population for Core Classroom or Child-Specific services, (2) specific strategies for identifying and enrolling children in the child welfare system, and (3) the ECCP® referral process and ability of Consultants to manage and meet the model expectations for caseloads.

### Outreach and Recruitment

**State leaders engaged in continuous and wide-ranging outreach to systems that serve children with social-emotional and behavioral issues.** In interviews, state partners reported that OCFS leaders had led early efforts to build awareness and interest in ECCP® by connecting with leaders across Maine’s larger early childhood system. State partners concurred that OCFS staff navigated the launch of ECCP® well, using a phased approach to implementation with care about the fact that the pilot would necessarily have limited reach (i.e., not serve all who would like to be served). The state partners reported that state leadership

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was intentional about communicating at the state and then regional levels—for example, having candid conversations about the rationale for selecting ECCP® for statewide implementation instead of other interventions already happening in the state. As Consultants began recruiting programs and children for services, having state- and regional-level advocates was instrumental in getting buy-in from local providers. As one state partner observed, there was “*tremendous support from state stakeholders.*” (See also the Facilitators and Barriers to Implementation section below.)

Additionally, evaluation participants discussed challenges in reaching some important representatives, including family child care providers, public school representatives, and constituents in rural communities. Although participants felt it was reasonable to begin by getting buy-in from leaders in Maine’s early childhood system, they also felt the legislative requirement to serve children up to age 8 will necessitate a concerted effort to build stronger partnerships with the public schools.

**Recruiting programs and individual children for ECCP® services was a major and somewhat unanticipated task for Consultants, who varied in the marketing skills and professional networks they brought to the job.** A significant part of Consultants’ initial work was recruiting local programs and individual children for ECCP® services. With support from their supervisors and OCFS, Consultants engaged in local outreach efforts such as email blasts, mail-outs, and social media, as well as leveraging personal connections, to raise awareness of ECCP® and generate cases. They contacted a wide range of local providers, including pediatrician’s offices, family child care providers, public schools, the YMCA, and local case management agencies. They also sometimes participated in one-off trainings (e.g., for a local community of practice) and Zoom presentations to build relationships and demonstrate their commitment to local collaboration. In an interview, one home agency supervisor summarized the significant marketing efforts of Consultants:

*“Consultants are doing mailings, they’re doing carrier pigeons, everything they possibly can to get the word out, holding Zoom meet and greets, holding community collaborative meetings that they’re hosting and creating, just to try to get buy-in from all these different centers, directors, key players, stakeholders.”*

In interviews, Consultants and home agency supervisors reported that they had not anticipated as much emphasis on outreach and marketing. Some felt they did not have the skills needed to market a new intervention, while others felt their deep roots and experience within their communities gave them a large network to start with. It was also helpful that the ABH and OCFS ECCP® supervisors identified and shared contact information of licensed early childhood players in each county. One interviewee reported that both supervisors have been “*very, very helpful in coming up with these lists and helping make brochures.*” Consultants appreciated the preprinted marketing materials (e.g., ECCP® brochures) available from OCFS.

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As with ECCP® implementation, evaluation participants noted that recruitment was easiest in densely populated areas because there were more programs to approach and because staff in these programs were more likely to be connected to community resources and were used to being approached about additional supports or interventions. In more rural areas, program directors were less likely to know the Consultants and less likely to have heard of the ECCP® model. Moreover, Consultants in more rural settings needed to spend more time traveling to provide services, leaving less time overall for recruitment activities.

Generally, there was consensus that, once a program came on board, it became easier to recruit others in the region because participants gave positive endorsements of ECCP®. As one interviewee stated,

*“I think from the gate we did not realize that marketing was going to be such a challenge and buy-in from the start would be such a challenge. Now that we’re out there, people know who we are and we’ve got that, we’ve got some trust built in the communities ... Once we got out there and we got in a couple of centers, it was awesome.”*

One interviewee reported that Consultants sometimes generated repeat business from satisfied programs when there was a behavioral need in a different classroom or when new children were identified for Child-Specific services. Home agency supervisors concurred that ECCP® participation had improved the ability of program staff to identify children in need of screening and assessment for behavioral challenges, which could lead to more referrals. Evaluation participants across all levels of implementation discussed the value of word-of-mouth endorsements in Maine, where *“everyone knows everyone.”*

## Identifying Children in the Child Welfare System

**OCFS responded to low referrals for children in state custody by building an internal process to identify and connect eligible children to ECCP® services.** Most children in Maine’s child welfare system are under age 5, and state partners reported in interviews that there is a vested interest in ensuring these children have the high-quality supports they need. Accordingly, Maine’s ECCP® proponents have made significant efforts to reach this population. During initial implementation, Consultants did not receive many referrals from child welfare caseworkers, although providers occasionally made referrals for children in state custody. Similarly, most evaluation participants were not aware of having worked with children in the child welfare system as part of their ECCP® involvement through fall 2022. (EIS data indicate that 46 children in the child welfare system were served by ECCP®, most through Core Classroom services.)

Beginning in September 2022, OCFS documented and implemented a standard operating procedure (SOP) to systematically identify children in state custody who may be eligible for ECCP® services. This SOP entailed having a clinical resource specialist from Children’s

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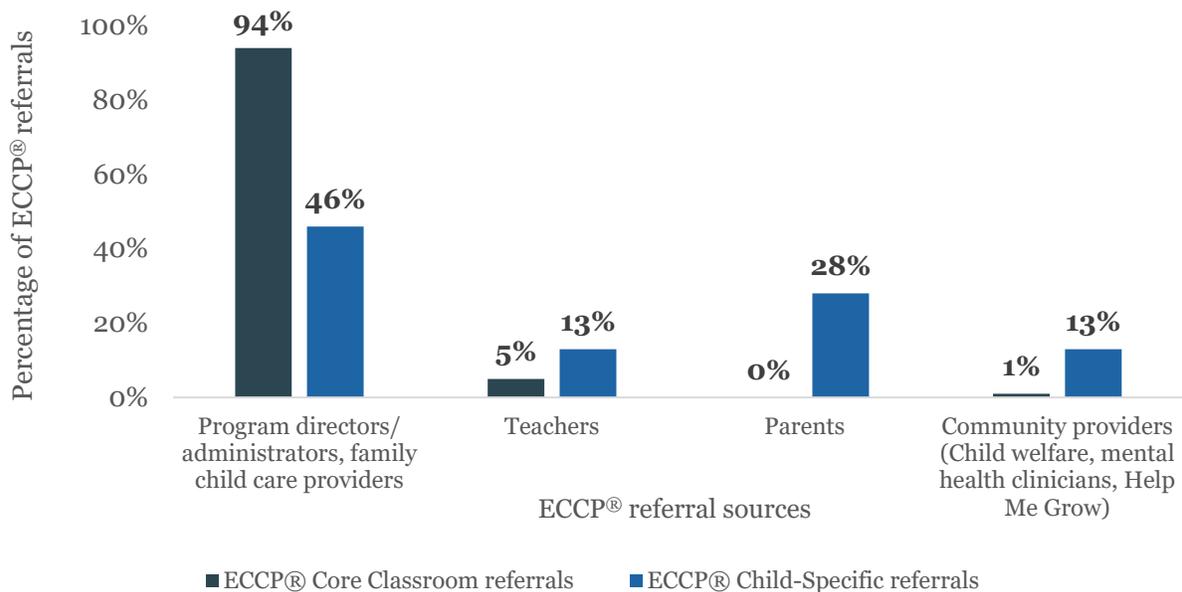
Behavioral Health Services (CBHS) at OCFS review weekly reports of children in custody in the geographic areas and age ranges currently served by ECCP®. In consultation with the OCFS ECCP® program manager, the clinical resource specialist reviewed records of at least 10 children weekly, using screen-out criteria to identify those who might be eligible. For each identified child, the clinical resource specialist contacted the Department caseworker to discuss the suitability of ECCP® services for the child and to connect the caseworker with a Consultant. The SOP includes a protocol for repeated contact with the caseworker in the event of a nonresponse.

This procedure resulted in 107 children in Department’s custody being considered for ECCP® eligibility. Of these, 44 children were screened out because caseworkers reported no need for ECCP® services, and 52 children were ineligible for other reasons (e.g., already receiving mental health services, needing a higher level of care, not being enrolled in an early care and education program). By the end of December 2022, six children had received recommendations for referral to ECCP®, and another child had already received ECCP® services (data provided by OCFS). State partners reported that, by shifting initial responsibility to a clinical resource specialist and away from busy caseworkers, this procedure had generated more referrals in the first weeks of implementation than there had been in the previous year.

## Referrals and Caseload Management

As of November 2021, Consultants have the capacity to track ECCP® referrals using a waitlist/call log function in EIS. Since then, across all Consultants, there have been 142 referrals for Core Classroom services (42% of all referrals), 187 referrals for Child-Specific services (54% of referrals), and 15 Family Child Care Provider referrals (4% of referrals; data from EIS). Exhibit 9 shows the percentages of referrals from various sources for all Core Classroom and Child-Specific services since November 2021. In evaluation surveys, Consultants differed in the level of confidence they had to manage referrals using the waitlist/call log function in EIS, with their confidence ranging from *not at all confident* to *extremely confident*.

**Exhibit 9. EIS Data on Sources of ECCP® Referrals, January 2021–December 2022**



**Evaluation participants suggested that it would be helpful for ECCP® to be better integrated into a state referral process that includes all statewide programs and services.** During the initial rollout, some interviewees stated that ECCP® participants did not have access to an explicit referral process that enables triaging across all available state services. A state partner shared that there was a desire to build a single-point-of-entry process for referrals to all state services that support young children, including ECCP®, but OCFS was required to launch ECCP® before this could happen.

In discussing the service agencies whose offerings have similarities to ECCP®, participants most often mentioned Child Development Services (CDS), Maine’s early intervention agency, and Maine Roads to Quality (MRTQ), which is the professional development network for early care and education programs and provides training, technical assistance, and consultation to the early childhood workforce.

Some evaluation participants expressed that children were being directed to ECCP® Child-Specific services without enough consideration of the appropriateness of the referral. This may be because ECCP® is a new program seeking to expand, whereas the state’s long-standing clinical services are overburdened with long waitlists, particularly for individualized services for young children.

State partners reported concerns about current approaches to referrals. Specifically, they pointed to:

- Confusion among providers about whether to refer to MRTQ, CDS, or ECCP®
- The relatively low number of ECCP® referrals that have come through MRTQ

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- Early care and education providers potentially seeking services based on personal preferences instead of systematic triaging
  - Lack of planning around how MRTQ and ECCP® can co-exist

Evaluation data also revealed that participants lack a shared understanding of ECCP® eligibility criteria, especially as Child-Specific services relate to early intervention services. Some participants reported that children receiving early intervention services are automatically ineligible for ECCP® services, whereas others said children can receive both services as long as the early intervention services are not for behavioral issues.

State partners indicated the importance of drawing on MRTQ resources and considering the states' range of services to support the early childhood workforce, and some acknowledged that the partnership between MRTQ and ECCP® is still evolving. State partners also expressed interest in better leveraging MRTQ expertise and resources on program quality, which is not an area of expertise for mental health clinicians and can often be linked to behavioral issues in the classroom. Interviewees also reported that more Child-Specific services going to ECCP® should first be considered for CDS but acknowledged that CDS did not have capacity to take on cases without a long wait.

The State Partnership Team has begun laying the groundwork for an improved referral process. Some state partners discussed plans to engage with Maine's new Help Me Grow program (<https://helpmegrownational.org/>), which supports early childhood systems-building by identifying and coordinating available services and simplifying the referral process for providers and families. Some state partners discussed having developed a formal protocol with a triage algorithm to promote shared understanding and collaboration between MRTQ and ECCP®. State partners discussed piloting this protocol over the previous year and holding quarterly meetings to assess how it was working. However, the status of this work was not clear from interviews.

**Consultants appreciated supervisor support in managing and triaging referrals.** On the survey, all Consultants reported that supervision from their ECCP® supervisor around triaging referrals and determining eligibility for ECCP® services was *very* or *extremely helpful*. They also reported discussing eligibility and identifying new referral sources with their home agency supervisors, although the frequency of these discussions varied. In terms of triaging services on individual Consultants' caseloads, Consultants ask their ECCP® supervisor for assistance when trying to triage some services (e.g., to decide if a Child-Specific referral meets ECCP® eligibility criteria or to determine the order of service referrals). One interviewee described the process saying that the Consultant enters all referral information into EIS and that these data are then available to the two ECCP® supervisors for review as needed in cases where the Consultant is unsure if the referral is appropriate for ECCP® services. Consultants and home agency supervisors did not mention the pilot protocol discussed by state partners or outline specific criteria for determining eligibility. They also did not refer to consultations with MRTQ,

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CDS, or representatives from other agencies in determining eligibility for Core Classroom or Child-Specific services. Some Consultants mentioned having concerns about where to send children deemed ineligible for Child-Specific ECCP® services and about children and teachers in need who are placed on a long ECCP® waitlist.

**Consultants increased their caseloads and waitlists over the course of the evaluation period but averaged fewer open cases than targeted by ECCP® model.**

The ABH supervisor reported the ECCP® model specifies that Consultants serve 23 to 25 individual children and 11 classrooms annually. This specification corresponds to having three Core Classroom classrooms or family child care programs and up to five Child-Specific services at a time and holding no more than eight direct service visits in a week. Also, Consultants are expected to maintain a waitlist so there are no lags in their service provision.

Evaluation participants reported that Consultants had relatively low caseloads until the stipend was announced in October 2022. As discussed in the Outreach and Recruitment section above, the earliest phase of ECCP® implementation required significant time from Consultants for outreach and marketing to build their caseloads. Consultants' caseloads were also influenced by their previously established connections. For example, one interviewed Consultant did most of her work in public schools because she had connections there, while another had just started contacting public schools at the end of the second year of implementation. Some Consultants reported difficulty in expanding or maintaining expected caseloads in summer, especially those who relied on connections with the public schools to generate cases.

At the time of the evaluation survey, which coincided with the stipend award announcement in fall 2022, Consultants were providing 2.33 Core Classroom services (ranging from one to three services) and 2.83 Child-Specific services (ranging from one to four services), on average. These numbers were a little lower than model expectations for both service types. In interviews, most Consultants felt their current caseloads were manageable; however, there was a suggestion that five concurrent Child-Specific services, especially if not nested, could be difficult to achieve. (None of the six Consultants had five open Child-Specific services at the time of the evaluation survey.) As an interviewee pointed out, some children only attend their programs on certain days or for limited hours, so ECCP® observations and classroom visits for Child-Specific services can be especially challenging to schedule. Moreover, some Head Start and public prekindergarten programs only operate until 2:00 pm, further limiting available hours for required ECCP® activities. Another suggestion was that two Family Child Care Provider services could be considered equivalent to three Core Classroom services, because staff in family child care programs often require more consultative time to achieve their objectives than staff in (better resourced) center-based programs.

Among evaluation participants, opinions about the effects of the COVID-19 pandemic on referrals to ECCP® services varied. Some reported that the pandemic had no effect on referrals, and others reported that school closures or restrictions on visitors made it harder to generate interest in ECCP®, as did the cancelation of events designed for sharing information about

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community resources (e.g., in-person fairs). A state partner indicated that the effects of the pandemic likely decreased the incidental word-of-mouth communication that would typically happen with the launch of a new program. Likewise, staff shortages in some programs during the pandemic may have meant there was not enough capacity to implement ECCP®. Some evaluation participants acknowledged that pandemic-related closures and other issues were likely worse in the first year of implementation (2021) than in the second.

**The state stipend for participation in Core Classroom services resulted in a large uptick in requests for ECCP® services.** During data collection for this evaluation, the governor announced the stipend for participation in ECCP® Core Classroom services. In interviews, evaluation participants perceived this as an indication of the high priority the state placed on children’s mental health and on supporting and listening to providers. As one state leader stated, *“By using the ARPA dollars for the incentives to incentivize ECCP®, I think it just shows where our priority is and that we’re listening to providers who are saying that sometimes they’re having trouble managing the children’s behaviors.”*

Evaluation participants at all levels of implementation noted the immediate effect of the stipend on interest in ECCP® services. Some Consultants reported having low caseloads until the stipend was announced and then having a large influx of referrals. Another evaluation participant mentioned getting referrals directly as a result of the Maine Association for the Education of Young Children (MaineAEYC) spreading the word about the stipend through emails and social media. Another interviewee reported that some providers heard about ECCP® only after the stipend was announced.

However, some evaluation participants expressed concerns about unintended effects of using financial incentives to recruit programs. A state partner reported having discussions with state leaders about the potential opportunities and risks of the stipend. For some Consultants, the rapid increase in interest following the stipend announcement was difficult to manage because of the quantity of intake calls. Each call can take 20 minutes, after which a Consultant needs to enter the referral data into EIS.

**Some Consultants discussed the pacing of their service provision as a particular challenge, including being able to maintain the expected number of cases on a waitlist without causing teachers to have to wait a long time before getting services.** On the survey, Consultants indicated varying levels of confidence in their ability to assess scheduling and pacing of ECCP® services on their caseload, ranging from *not at all confident* to *extremely confident*. Consultants reported a similar range of confidence in managing referrals using the waitlist/call log function in EIS. In interviews, Consultants and supervisors communicated that Consultants were sometimes concerned about the ramifications of having light caseloads. One interviewee remarked that it was *“helpful to know and understand”* that caseloads will fluctuate and that especially busy times will be followed by less busy times. Likewise, participants also expressed concern that, as ECCP® expands across the

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state, some areas will have long waitlists and other areas will not have enough cases. As one Consultant put it,

*“I always feel bad when I’m talking to people about services, and I’m like, ‘Well, my best guess is two, three months at this point.’ If I get any more referrals for Core Classrooms, I’m probably going to be telling them more like 6 months.”*

**Providing nested services created efficiencies for Consultant caseloads.** Interviewees discussed having Child-Specific services nested in Core Classroom services—that is, having children who receive Child-Specific services be in a classroom simultaneously receiving Core Classroom services. The interviewees reported that this nesting allowed Consultants to have fuller caseloads and gave teachers more access to consultation. Consultants concurred that caseloads would not be manageable if the expected five Child-Specific services were all stand-alone services. One interviewee suggested that, realistically, to get to the target of five Child-Specific services, three of those services would need to be nested.

Interviewees also reported efficiencies around scheduling and paperwork if a child receiving services is nested in a Core Classroom service. According to one interviewee,

*“I feel like because we have [the Child-Specific case] open, and we have all the signed paperwork and permissions from the parents, we’re able to be a little bit more creative with like, ‘Oh this is a good opportunity right now. This is happening in the classroom with this child, so why don’t you try this [strategy] and see how this goes?’”*

## Facilitators and Barriers to Implementation

All evaluation surveys (Consultant, teacher, and parent) included items on respondents’ perceptions of various facilitators and barriers to ECCP® implementation. Respondents rated the extent to which they believed various conditions facilitated or were “helpful factors” in early ECCP® implementation or were barriers, or “challenges” to implementation.<sup>13</sup> The survey items included different possible facilitators and barriers depending on the respondent’s role in ECCP® (see Appendices B1, B2, and B3).

Other facilitators and barriers emerged from analyses of open-ended items from the interviews (Consultants, state partners, home agency and model-specific supervisors and technical assistance providers, and early care and education directors) and focus groups (parents and teachers). Evaluation participants did not always agree about facilitators and barriers (e.g., some thought that the extent to which ECCP® fit Maine’s unique needs and strengths was a facilitator;

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<sup>13</sup> The surveys asked, “To what extent have the following been challenges or helpful to ECCP® implementation?” Participants rated items on a 5-point scale ranging from *very much a challenge* to *very helpful*.

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others thought it was a barrier). Exhibit 10 presents the highest rated facilitator and barriers across all survey respondents.

## **ECCP® in Maine’s Early Childhood System**

### **Highly coordinated interagency and cross-agency communication generated awareness and buy-in among key players at the state, regional, and local levels.**

Interviewees expressed that ECCP® leaders were intentional and systematic in their communications with representatives across Maine’s larger early childhood system as well as with ECCP® experts. One interviewee noted that having Maine’s child welfare, children’s behavioral health, and early care and education agencies all falling under OCFS leadership was helpful in making sure the right groups were consulted during the initial implementation. ECCP® leaders also made a concerted effort to engage leaders from other state agencies. OCFS formalized these communications by convening the ECCP® State Partnership Team before program launch and throughout the evaluation period. One state partner described using a stakeholder mapping tool in early discussions of the team and noted that Maine was well positioned for a cross-agency effort because of so many long-standing and positive cross-agency relationships. These efforts created good will among state leaders and, in one case, were instructive of how to handle engagement in general. Another state partner related,

*“It’s really been a pleasure, my ability to help with the implementation of this program. I definitely use the model that’s been used, or even how [the OCFS ECCP® program manager] facilitates the partnership meeting, I’m always taking some of those strategies and approaches and trying to utilize those in my own work. So, in many ways, I view it as a model for how we could all do better with stakeholder engagement.”*

The coordinated communication across stakeholders facilitated multiple cross-agency dissemination efforts, including sending information about ECCP® through listservs, holding webinars, and hosting exhibit tables at conferences. The OCFS ECCP® program manager attended in-person or virtual meetings with many groups across the state to share information about ECCP®, including meeting with each CDS early intervention team in the state. Having so many agencies aware of and contributing to the launch of ECCP® played an important role in the initial implementation of the program and building widespread buy-in across stakeholders. This high level of involvement and buy-in from state and regional advocates was in turn critical for identifying local champions who were not affiliated with ECCP® and helped create buy-in from local providers. One state partner reflected:

*“You have to have a lot of champions on a lot of levels to get the funding, to sustain the funding, to get the community support to problem-solve the challenges that inevitably come up. And a lot of that is already in place in Maine.”*

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**The ECCP® model fills a gap in Maine’s larger early childhood system and could become more impactful with some strategic adaptations to fit Maine’s context.** SPT

interviewees expressed that ECCP® plays an important role in addressing children’s social-emotional and behavioral issues at a time when needs are high and existing service agencies are overburdened. The dual focus of ECCP® on supporting teachers with overall classroom management and with individual children and their families has the potential to have wide-ranging effects in the long term, as teachers generalize ECCP® strategies to new classrooms of children. As one state leader remarked,

*“There are a lot of programs and a lot of options that go and work directly with children, but the piece where families and caregivers are involved and they learn strategies and they’re part of the process, I think this really enhanced what we can offer in our state versus just working with the child out of context.”*

One state partner shared that Maine’s eligibility criteria for CDS early intervention services are very stringent and that many children with social-emotional and behavioral issues do not qualify. ECCP® offers an alternative service for these children and their parents.

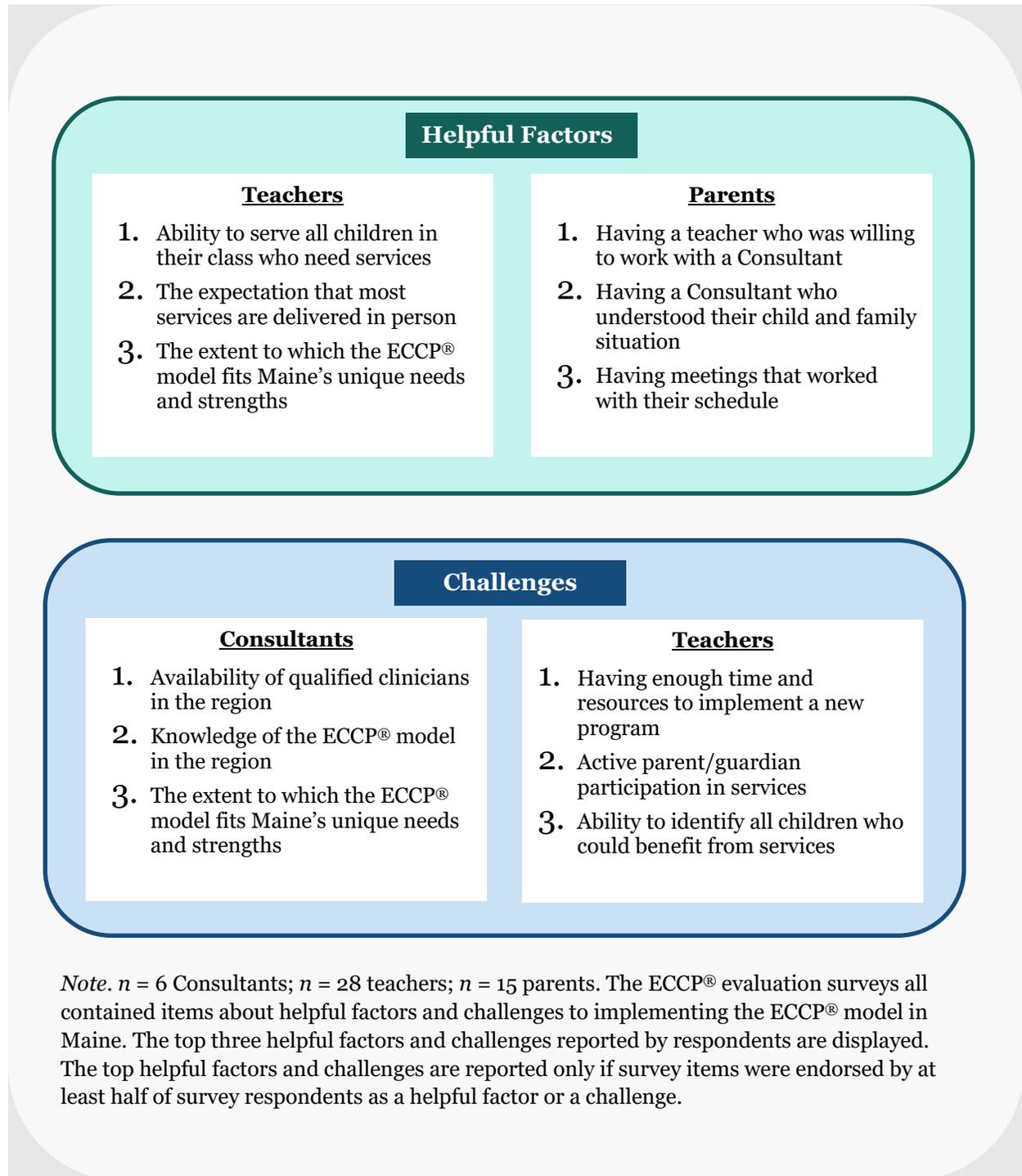
Even though ECCP® is a manualized, evidence-based model, evaluation participants articulated a need to make some additions and adaptations to realize the model’s full potential in Maine. As described in the Referrals and Caseload Management section above, participants had ideas about how to better connect and align ECCP® with other components of the state system, such as formalizing the referral protocol to ensure participants at all levels buy into and implement consistently. Some interviewees also noted that ECCP® could be better integrated with Maine’s quality rating system, such as by leveraging MRTQ staff expertise and existing data on classroom quality when triaging referrals to Core Classroom services, and with Maine’s early intervention and early childhood special education services.

Early care and education programs in Maine’s rural communities, including family child care programs, may be particularly under-resourced and in need of support around children’s social-emotional and behavioral issues. Accordingly, it will be important to identify and explore and implement any needed adaptations, that do not change the model fidelity, to ensure ECCP® most effectively reaches programs and families in the state’s remote areas. This identification process could include considerations of caseload expectations relative to Consultants’ travel needs or making some concessions about virtual versus in-person activities.

**Hiring and retaining qualified Consultants was a challenge, particularly in rural areas.** Some interviewees felt this challenge was exacerbated by workforce shortages due to the COVID-19 pandemic, while others indicated that finding early childhood providers in Maine’s rural areas was always a challenge. OCFS’s practice that Consultants be licensed mental health professionals may have limited the potential applicant pool, especially in more rural areas. During the pilot, the Department decided not to relax this requirement to ensure Consultants would have the requisite credentials and experience to provide high-quality services. (ECCP®

supervisors and a trainer indicated that the current Consultants were well qualified and effective at their jobs.) As Maine expands its pool of qualified, experienced Consultants, it might be helpful to solicit Consultants' input in attracting and supporting rural job candidates.

**Exhibit 10. Helpful Factors and Challenges to ECCP® Implementation in Maine, January 2021–December 2022**



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## Recruitment and Buy-In of ECCP® Service Recipients

**Recruiting programs and families for ECCP® services was a significant challenge for Consultants, whose efforts resulted in goodwill about the program.** As described in the Identification and Enrollment of Children section above, Consultants had to engage in more recruitment efforts than anticipated, and it took more time than expected to build their caseloads. According to one home agency supervisor, *“Our biggest challenge was just the unfamiliarity of starting a new program, trying to get the word out to a brand-new resource to local teachers and early educators so that we would get buy in.”* Some evaluation participants acknowledged the likely effect of the COVID-19 pandemic on these efforts, as many child care providers had limited bandwidth to take on new programs and services. On the survey, teachers reported that the biggest challenge to ECCP® implementation was having enough time and resources to implement a new program; 36% of teachers (10 of 28) reported this aspect as *somewhat* or *very much* of a challenge.

Despite these initial challenges, interviewees generally felt that Consultants made good progress in spreading the word about ECCP®, building their caseloads, and establishing a solid reputation over the course of the pilot. According to one interviewee,

*“In all the work that I’ve done in this field, this program is by far the one I’m most passionate about. I think that it’s so needed for the state and has been really, really received well, at least from my experience. People just want it. I think that our program is exploding, not just because of the incentive. That probably helped. But people are, now that some providers have experienced the program, I think we’re also seeing the explosion in referrals because of word of mouth.”*

When it came to recruitment, a few Consultants noted the benefits of having long-standing and deep local connections from their previous employment (see the Outreach and Recruitment section).

**Buy-in from early care and education program directors was essential to building Consultant caseloads and to ensuring teachers had the supports they needed to participate in consultation.** Evaluation data revealed the critical role of program directors in providing the necessary conditions for effective ECCP® implementation. In interviews, Consultants mentioned that recruitment was difficult in programs where the directors were overburdened and stressed, because directors lay the groundwork and set the tone for teacher and family participation. For example, one Consultant described how several teachers in a program had expressed interest in Child-Specific services but had not received them because the director did not have the capacity to connect with families to initiate those services. Conversely, teachers whose program directors had time and energy to generate family buy-in and who offered dedicated space and time for ECCP® services (especially providing classroom coverage so Consultants and teachers could consult outside of the classroom) generally reported having

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positive experiences. Director buy-in was a theme in the teacher focus group, where participants reiterated the critical role of their directors in creating conditions that enabled teachers to learn and adapt new classroom practices.

**Some parents may lack bandwidth to meet the expectations of the Child-Specific services.** Several Consultants noted that it was sometimes difficult to connect with families of children who could most benefit from Child-Specific services and that some families were not able to commit to ECCP® activities. On the survey, teachers reported that the second biggest challenge of implementation was active parent participation in Child-Specific services; 32% of teachers (9 of 28) reported this aspect as *somewhat* or *very much* of a challenge. In an open-ended response, one teacher wrote,

*“The problem we ran into was commitment from family members. It is a huge commitment on their part and not just us, so they have to be willing. I found that the families have good intentions, but for whatever reason they may not follow through.”*

An interviewee noted that sometimes the parents whose children most needed ECCP® supports were the least likely to be able to participate. Some also acknowledged the high levels of stress for parents with children with social-emotional and behavioral issues, particularly during the COVID-19 pandemic. One evaluation participant suggested it would be helpful to have a clear referral process so that children eligible for Child-Specific services whose parents choose not to receive ECCP® services can have access to other types of supports. MRTQ may be able to support the program with technical assistance around inclusion practices, individualized teaching strategies, developmentally appropriate practice, or other areas of quality improvement.

## Effects of COVID-19

**Although ECCP® service recipients generally concurred that the COVID-19 pandemic did not have a marked effect on service outcomes, the pandemic likely contributed to difficulties in hiring qualified ECCP® staff and attracting programs and parents.** State partners pointed out that hiring staff for an intervention rooted in in-person consultation was a challenge during the pandemic (although one indicated ECCP® could offer an appealing opportunity for mental health professionals tired of a long shutdown and wanting in-person work). Evaluation participants overall also agreed that Maine’s service providers and families had heightened stress levels during the pandemic and that many likely lacked bandwidth to take on optional activities and responsibilities. Thus, effects of the pandemic may account in part for Consultants having lower caseloads, particularly during the early phases of implementation in 2021, when there was widespread concern about infection rates.

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## Early Impressions of ECCP® Services

This evaluation was intended to assess the early implementation of Maine’s ECCP®. Therefore, it does not include data on outcomes for children or teachers as a result of ECCP® services. This section presents early impressions of ECCP® implementation from participants in the early phases of implementation.

### ECCP® Structure and Components

**Program directors and teachers who received ECCP® services appreciated the structure of the program.** Early care and education program directors reported that the expectations and schedule for ECCP® was clearly laid out and well structured. One program director *“appreciated just looking at the time frame and the appointments or scheduled sessions for the visits and for the meetings.”* The director felt the schedule was *“well organized”* and *“kept everybody on a good time frame and ... aware of that time frame and what was involved.”*

**Program directors and teachers particularly appreciated the classroom observation component of the Core Classroom services and the home-school connection aspect of the Child-Specific services.** Several directors and teachers perceived the classroom observation as a particularly valuable part of ECCP® implementation because it allowed the Consultant to gain a more comprehensive understanding of the children’s behaviors in the classroom context. Ninety-four percent of teacher survey respondents (16 of 17) who had received Core Classroom services reported that having the Consultant conduct observations and assessments and discussing the results of screenings, observations, and assessments were *very helpful* or *extremely helpful* toward the goal of supporting their overall classroom environment. As one program director related, *“I loved the time that [the Consultant] was able to share with us in the classroom. That’s priceless for us ... It’s impossible to describe effectively [students’ behavioral] challenges without people seeing it.”*

Program directors and teachers also especially appreciated the home-school component of ECCP®. One program director stated,

*“Over the years, we’re seeing children who just really require additional strategies and consultation. We thought this was ideal for one of our children in the program. The fact that it involved the children and it was in their families, so it was a school-home program, was ideal because that’s kind of our philosophy, too.”*

Ninety-two percent of teacher survey respondents who had received Child-Specific services (11 of 12) reported that meeting together with the Consultant and parent was *very helpful* or *extremely helpful* toward the goal of supporting the child.

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**Evaluation participants reported that teachers and children received the greatest benefits when Child-Specific services were nested within Core Classroom services.**

Consultants reported that, with nested services, the teacher gets more classroom time with and access to the Consultant, who in turn has more opportunities to observe, model, and coach.<sup>14</sup> Teachers and children in classrooms receiving Core Classroom services have time to become comfortable with the Consultant, and because Core Classroom and Child-Specific strategies align, Consultants providing nested services can help teachers implement classwide strategies while also making specific modifications for a child receiving Child-Specific services. One Consultant reflected that from a programmatic perspective,

*“You’re not having to take extra time outside of the classroom or to get coverage or anything like that, because a lot of the time that you’re going to spend for a Child-Specific with a nested situation, you’re already going to be spending that time in the Core Classroom service. So, I think it’s a little bit easier on the center and the teacher to find coverage for meetings and things like that.”*

Nested services also benefit Consultants by creating efficiencies for their caseloads (see the Referrals and Caseload Management section above). One interviewee described the benefits of a nested service for a teacher and child who was exhibiting aggressive behavior in class:

*“His family had not agreed to CDS services at all, so he was on the point of expulsion. He made some really nice turnarounds, mostly because we were able to observe him at home, or in school, and kind of translate some of the strategies, and also help with the whole classroom structure. And [we] noticed that he was kind of going off when the classroom got a little too busy or felt chaotic to him. That that was when he would escalate ... [Having the Consultant] there persistently over time, and helping him bridge gaps with other kids, and making sure that the strategies were still working (or did we need to tweak them?) ... was really, really helpful.”*

In establishing a formal process for triaging referrals, the Department could consider prioritizing cases that could be nested.

## Relationship-Building and Engagement

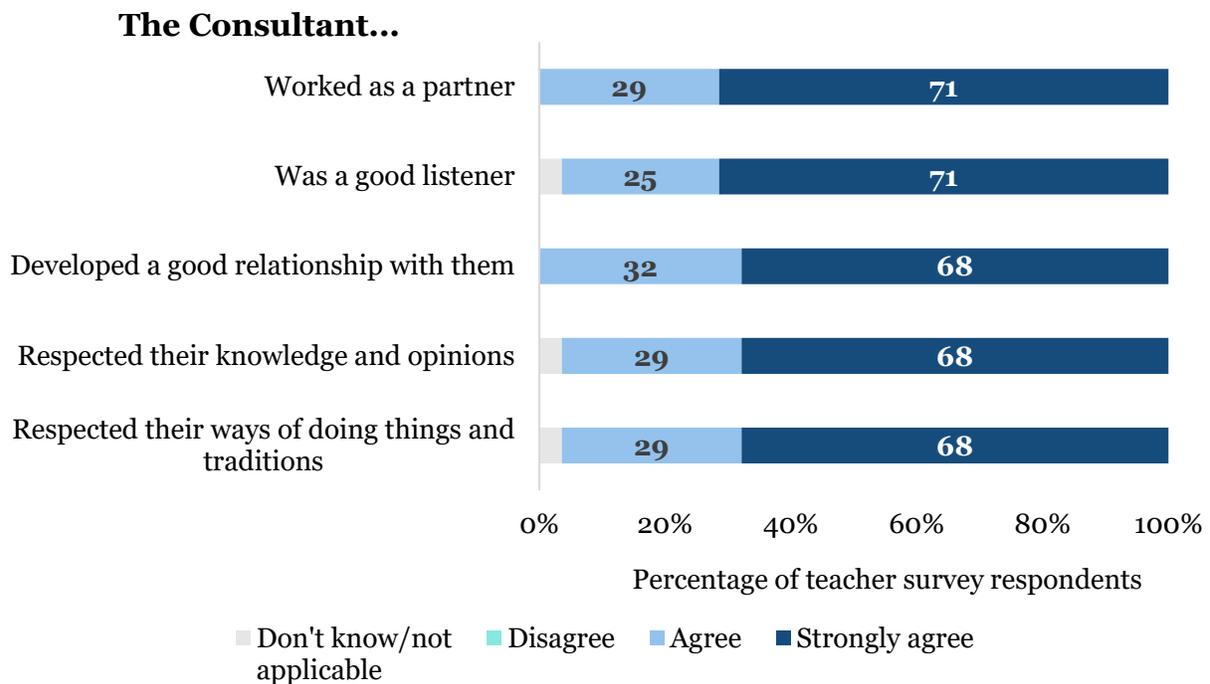
**Consultants built strong working relationships with teachers.** The ECCP® model requires Consultants to be skilled in building strong relationships as a foundation for effective consultation. All teacher survey respondents (28 of 28) reported they *agreed* or *strongly agreed* that they had a good relationship with their Consultant. Large majorities of teachers further *agreed* or *strongly agreed* that the Consultant worked collaboratively with them—for example,

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<sup>14</sup> Core Classroom services last 14 weeks, whereas stand-alone Child-Specific services last 6 weeks, and interviewees reported having only one or two classroom visits for Child-Specific services—sometimes not enough time to adequately observe the behavior of concern.

the Consultant worked as a partner, respected the teacher’s knowledge and opinions or ways of doing things and traditions, was a good listener, or viewed their role as a collaborator rather than an expert (Exhibit 11). Nearly all teachers (93%; 26 of 28) *agreed* or *strongly agreed* that they would request services from their Consultant again. A few teachers provided additional input in open-ended survey items. One wrote that their Consultant “*was very helpful to [them] in an extremely stressful time when [they were] understaffed and having to deal with lots of children with different needs.*” Another teacher wrote that their Consultant “*was an incredible help, a calming presence, and had such a gentle way of suggesting ideas.*”

**Exhibit 11. Teachers’ Reported Relationship With Their Consultant, January 2021–December 2022**



Note. n = 28.

**Teachers who received ECCP® services generally had high levels of buy-in and engagement, but some needed clarification about reasonable expectations for consultation.** Teachers in programs in which consultation was a routine practice tended especially to have high buy-in. One interviewed program director reported that teachers in her program were used to engaging in consultation and, as a result, were very open about their limitations and challenges in the classroom. On the other hand, one home agency supervisor noted that teachers who were not as familiar with consultation relationships sometimes had misconceptions about the Consultant role—particularly teachers who were experiencing high

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levels of stress and had more limited capacity to take on new programs or initiatives. The supervisor reflected that teachers who are particularly overburdened and stressed:

*“may be looking for too much from the program because they’re swamped. And so once [the Consultant gets] involved and they realize it’s not going to be a panacea, it’s not going to be a clinician actually in their classroom getting their kids all in shape so that it’s more manageable for them, then the interest kind of wanes a little bit.”*

One Consultant discussed needing to clarify her consultant role to teachers with whom she had worked previously as a clinician. Additionally, the types and levels of support teachers received from their program director and the availability and capacity of families in their program affected the teachers’ ability to meaningfully engage in ECCP® services and their perceptions of whether ECCP® met their needs and the needs of their students.

## Improvements to Practice

**Teachers who received ECCP® services learned relevant and useful skills and strategies from their Consultants.** Exhibit 12 presents teachers’ responses to survey items about their Consultants’ skills, knowledge, and activities. All teacher survey respondents (28 of 28) reported that their consultant helped them learn how to support the children in their classroom and offered useful information. Most teachers also *agreed* or *strongly agreed* that the Consultant offered consultation that was relevant to the teachers’ situation—for example, the Consultant fit well into the classroom/program environment, helped find ways to apply content to specific situations, had knowledge of children and families like those in the classroom, or had ideas that seemed relevant and worth trying. One interviewed director whose program was receiving Child-Specific services for three children appreciated that the Consultant provided differentiated recommendations, as the three children were all displaying different behavioral challenges.

Ninety-four percent of teacher survey respondents (16 of 17) who had received Core Classroom services further reported that talking one-on-one with the Consultant during classroom visits was *very helpful* or *extremely helpful* toward the goal of supporting their overall classroom environment. In the teacher focus group, participants especially appreciated Consultants sharing new resources and modeling specific strategies during their visits. According to an agency supervisor,

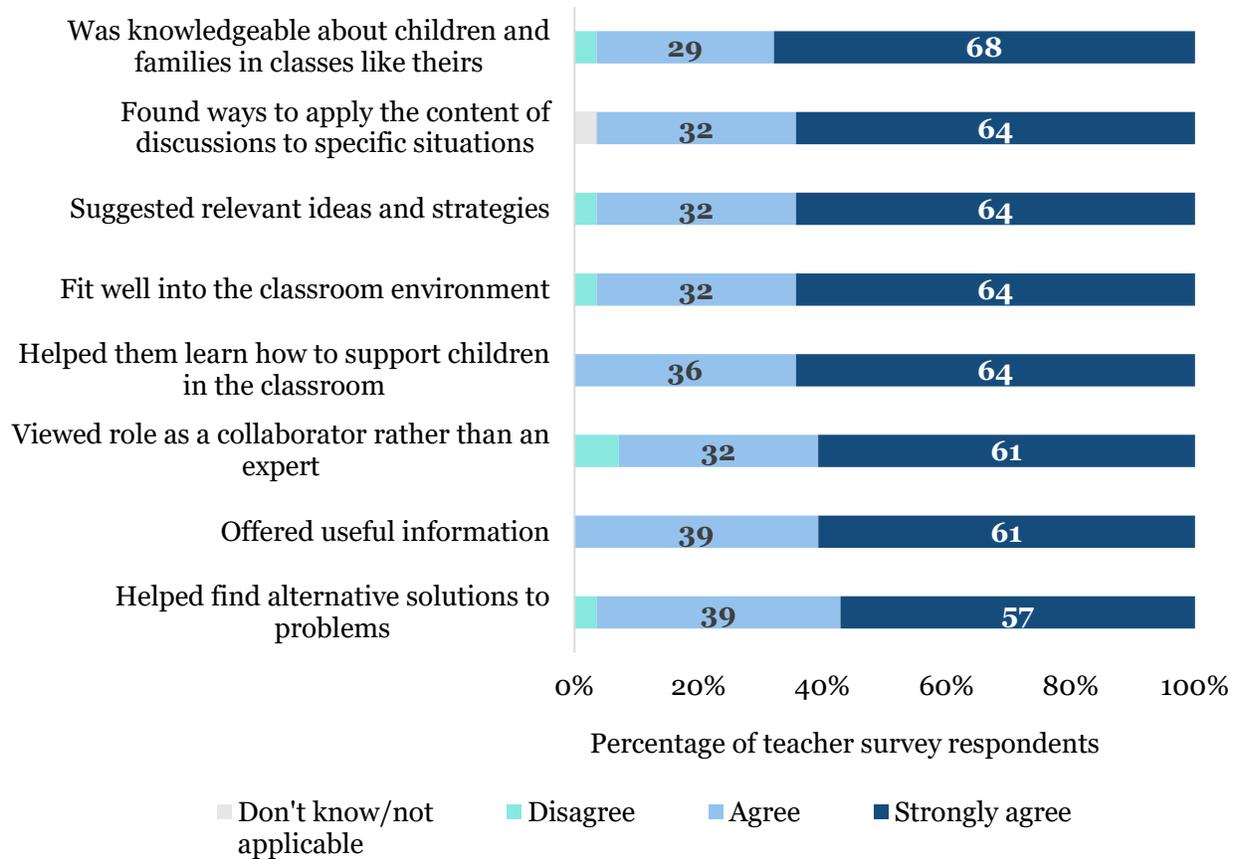
*“Teachers were very, very thankful, very complimentary to the services that were provided in the classroom, but also in the trainings that the Consultant did for the teachers. [The Consultant] did a few different trainings that had great participation and went over very well. So their knowledge base in the classroom as well as just their knowledge base as a general whole really improved from that, from what we got from feedback.”*

Almost all teachers (96%, 27 of 28) reported they *agreed* or *strongly agreed* that, after receiving ECCP® services, they could help children in their class learn skills they need to cope with adversity in their lives and could respond effectively if their class became disruptive and noisy.

Eighty-two percent (23 of 28) teacher survey respondents reported that ECCP® services were *very* or *extremely* worthwhile in helping them support children in their class with their social-emotional and behavioral development. On a satisfaction survey completed at the 1-month follow-up session, 99% of teachers who received Core Classroom services (70 of 71) and 96% of teachers who received Child-Specific services (68 of 71) *agreed* or *strongly agreed* they would request ECCP® services in the future if the need arose (data from EIS). A teacher reported on the survey that ECCP® was “*a huge benefit to our program. Even though we do a lot of individualization, this program really was child ... and resilience focused. It was awesome.*”

**Exhibit 12. Teachers’ Reported Perceptions of Consultant Activities, January 2021–December 2022**

**The Consultant...**



Note. n = 28.

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**Evaluation participants observed improvements in teachers’ classroom management skills following ECCP® services.**<sup>15</sup> On the survey, all teachers (28 of 28) *somewhat agreed* or *very much agreed* that, following ECCP® services, they were doing a better job of managing children’s difficult behavior and they had an improved understanding of children’s social-emotional development. All teachers (28 of 28) likewise reported they were more likely to respond appropriately and effectively to children in distress and were more likely to try to understand the meaning of children’s behavior. Many teachers (79%, 22 of 28) reported *quite a bit* or *a great deal* of improvement in their ability to plan effective classroom modifications and interventions and in their ability to use practices to promote social-emotional competence in the classroom.

Most program director interviewees echoed that the teachers in their programs who received ECCP® services had learned new strategies and skills that they continued to use beyond the completion of the services. One program director reflected,

*“I think the Consultant came in with a wealth of knowledge and ideas ... for strategies to help build a positive, nurturing, compassionate community for everyone that the children got very excited about. Those activities we’re even continuing now. I mean, her preschool Core Classroom ... was almost a year ago, and we’re still implementing her ideas on building that stronger community and just kind of doing little different twists on it to get them excited.”*

Another director noted that, after participating in Child-Specific services, a teacher was better equipped to respond to challenging behaviors when they arose, which resulted in a calmer classroom environment and had a positive effect on the child receiving services.

However, one director felt the Core Classroom services were less useful to teachers in her program because the teachers were highly experienced educators who had already completed extensive training on strategies for supporting children with social-emotional challenges. This director suggested that receipt of ECCP® services could be prioritized for programs with teachers who have relatively little classroom experience or access to other social-emotional training.

**Parents who received ECCP® services reported gaining useful strategies, guidance, and tips.** All parent survey respondents (17 of 17) *agreed* or *strongly agreed* that their Consultant helped them learn how to support their child, offered useful information, showed respect for their traditions and values, and valued their input about their child and family

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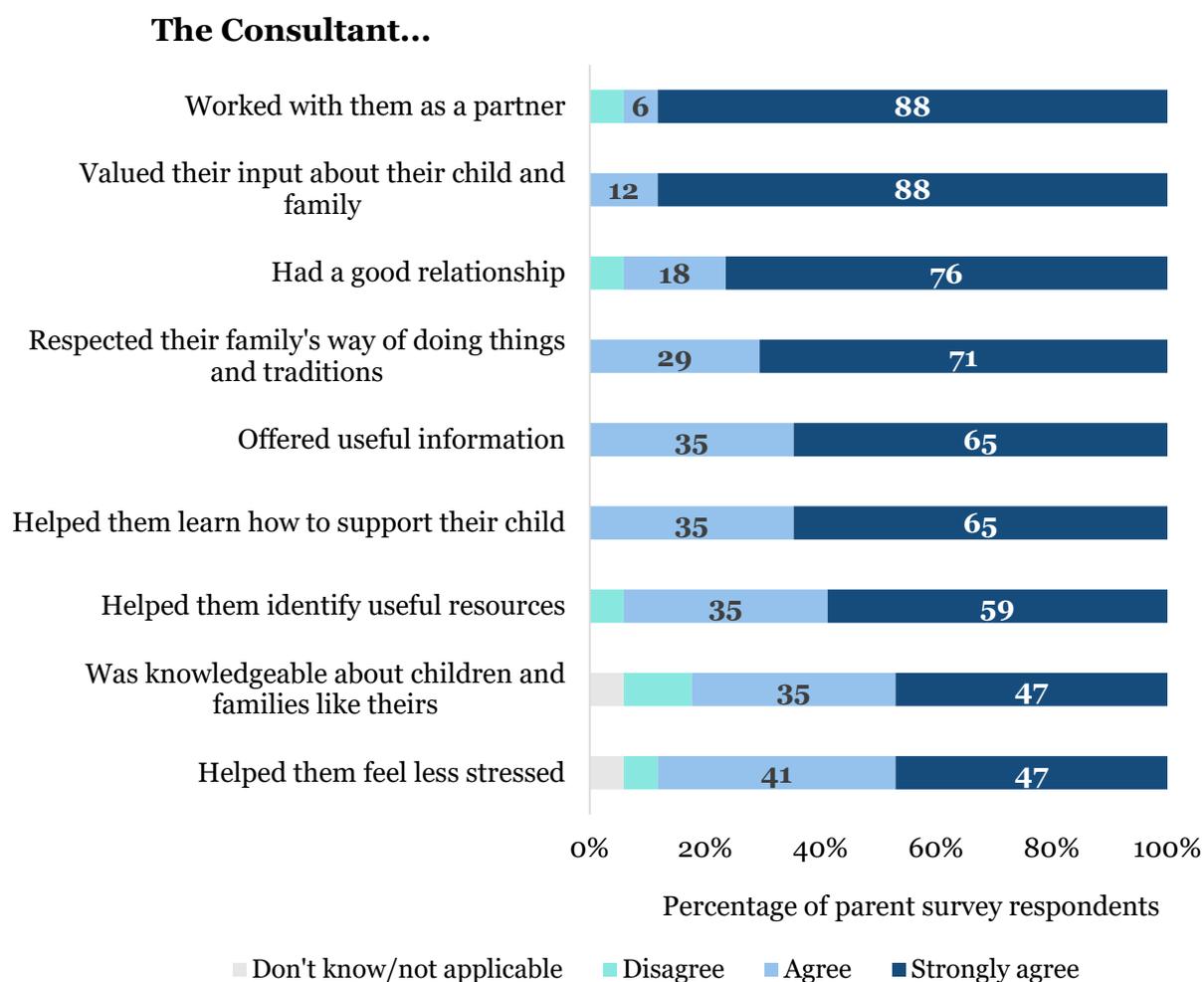
<sup>15</sup> Studies of early childhood mental health consultation interventions often include measures of teachers’ confidence or self-efficacy, as researchers have hypothesized that consultation is effective in part because it increases these constructs (e.g., Hepburn et al., 2013). This evaluation included some measures of teacher confidence and self-advocacy adapted from outcome evaluations of other early childhood mental health consultation interventions. However, given the goals and schedule of this evaluation, it was not possible to collect pre- and post-data. Therefore, these findings should be interpreted with caution and do not demonstrate that ECCP® services affected teacher confidence or self-efficacy. Instead, these data provide a snapshot of the confidence and self-efficacy of a sample of Maine teachers after receiving ECCP® services.

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(Exhibit 13). One parent focus group participant reflected that ECCP® “*incorporates the strengths of the child ... [and] having some form of an asset-based mindset helps the way people work with the child.*” Parent focus group participants also noted that, in talking about difficult behavioral issues, the Consultant showed compassion and understanding. This feedback is another indication of the Consultant’s strong relationship-building skills.

Parent focus group participants also reported that their Consultant shared strategies on how parents could self-regulate when interacting with their child and how to teach their child age-appropriate self-regulation strategies. The Consultants also provided helpful information on child development so that parents had a better understanding of the behaviors their child might display and the most appropriate way to respond. Parents particularly appreciated guidance and tips that were explicitly related to their child’s behavior, which gave parents confidence to try new strategies and assess which were most effective. One parent reported they were already familiar with the strategies presented by the Consultant, but the Consultant helped the child’s family focus on a few specific approaches that worked best. Seventy-five percent of parent survey respondents (12 of 16) reported that receiving ECCP® services improved their ability to support their child when they are emotionally upset *quite a bit* or *a great deal*. In addition, 80% of parent survey respondents (12 of 15) reported they *somewhat agreed* or *strongly agreed* that, after receiving ECCP® services, they were less likely to become upset when their child did not do something they asked them to do and that they were more likely to listen to their child’s feelings and try to understand them. Ninety-three percent of parent survey respondents (14 of 15) said that ECCP® services were *very* or *extremely* worthwhile in supporting their child with their social-emotional and behavioral development.

**Exhibit 13. Parents' Reported Relationship With Their Consultant and Their Perceptions of Consultant Activities, January 2021–December 2022**



Note. n = 17.

**Teachers and parents reported that ECCP® consultation contributed to stronger and more positive family-school engagement and communication.** Ninety-two percent of teacher survey respondents who completed Core Classroom services (11 of 12) *somewhat agreed* or *strongly agreed* that, after receiving ECCP® services, they found it easier to work together with a child’s parent, they were more likely to communicate, and they were more likely to understand one another. Ninety-two percent of these respondents (11 of 12) also *somewhat agreed* or *strongly agreed* they were more likely to ask the parent for suggestions, to ask the parent for their opinion on their child’s progress, and to have similar expectations for the child. One teacher focus group participant noted it was “*much easier to talk with the parents about the concerns that [they] had after it became more normalized conversation.*”

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Similarly, a majority of parent survey respondents (88%, 14 of 16) *agreed or strongly agreed* it was easier to work together with their child’s teacher after receiving ECCP® services. Eighty-one percent (13 of 16) *agreed or strongly agreed* that, after ECCP® services, they were more likely to have similar expectations for their child and that, if there was a problem, their teacher was more likely to help solve it. In addition, about half of surveyed parents (53%, 9 of 16) reported that, after ECCP® services, they more often talked with the teacher about how their child was getting along with other children, their child’s difficulties in the program, and activities to practice at home. On a satisfaction survey administered at the 1-month follow-up call, 97% of parents reported their Consultant was *helpful or very helpful* in bringing together the caregivers and family members on behalf of their child’s social and emotional needs (data from EIS). A parent focus group respondent reflected that their Consultant helped build a “team” of adults supporting their child.

## Preliminary Evidence of Impact

**Evaluation participants reported the ECCP® program had a positive and lasting impact in classrooms and on individual children.** There was a belief among many state partners that ECCP® has positive effects on recipients. One state partner reflected it was important to recognize that ECCP® is not a “*magic pill*” that automatically fixes the problem. As discussed earlier in this section, some teachers had overinflated expectations about what Consultants could achieve in a time-limited intervention. Teacher satisfaction data from 1-month follow-up show that 99% of teachers who received Core Classroom services (70 of 71) *agreed or strongly agreed* the Consultant had addressed initial social-emotional concerns. Also, 96% of teachers receiving Child-Specific services (68 of 71) *agreed or strongly agreed* with the same statement (data from EIS).

Evaluation participants noted the positive impacts of ECCP® services on teachers’ classroom management, particularly through teachers’ own behavior changes. A parent focus group participant noticed that their child’s teacher had mastered strategies for regulating their own behavior, which in turn had a positive effect on classwide behavior. A teacher focus group participant echoed this sentiment: “*I just feel like we are calmer [after receiving ECCP® services]. So the kids are calmer, you know?*” An interviewed program director concurred that ECCP® services helped teachers learn coping skills for themselves as well as for the children they serve. Additionally, some state partners shared anecdotal information about teachers transferring the skills they learned from Child-Specific services to support whole classrooms and other children needing individualized support.

Evaluation participants also recognized the particular benefit of ECCP® services to individual children with social-emotional and behavioral issues. On the survey, 67% of teachers who had received Child-Specific services (8 of 12) reported the services were *very helpful* or *extremely helpful* for the individual child or children in their classroom who received them. Further, on the satisfaction survey completed at the 1-month follow-up, 82% of parents who participated in

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ECCP® services (59 of 72) reported their child was doing *better than prior* to receiving ECCP® services (data from EIS).

**Preliminary data on suspensions and expulsions of children in programs receiving ECCP® services are promising.** As reported in the Maine ECCP® State Fiscal Year 2023 Quarter 1 Report, 99% of children who had received Child-Specific services between January 1, 2021, and September 30, 2022, had not been suspended or expelled 1 month after completing services (data from EIS). Many children receiving Child-Specific Services were identified at time of referral by a parent/caregiver or teacher as being at risk for suspension or expulsion. The 6- and 12-month follow-up meetings (not addressed in this evaluation) can offer additional data points for tracking longer term placement outcomes of children receiving ECCP® services.

On the teacher survey administered for this evaluation, 61% of respondents (17 of 28) felt it was *very* or *extremely* likely that ECCP® implementation in Maine will reduce the likelihood that children with challenging behaviors who receive ECCP® services are suspended or expelled, or otherwise lose their child care placement.

Qualitative evaluation data also reveal that participants at multiple levels of ECCP® implementation feel that ECCP® has potential to reduce suspensions and expulsions of young children from their early care and education settings. In interviews, the supervisors of all participating mental health agencies reported that reduced exclusionary discipline is very likely as a result of ECCP®, and some state partners shared anecdotal evidence suggesting that other providers agree.

## Cost of Implementation

**Note:** The information in this Cost of Implementation section was contributed by Maine’s Office of Child and Family Services and was not a part of the ECCP® pilot evaluation conducted by the research team at SRI International.

OCFS utilized an innovative funding mix of federal and state dollars for the initial pilot of ECCP®, including Community Mental Health Services Block Grant (MHBG) funds, Child Care and Development Fund (CCDF), and state General Funds. CCDF Coronavirus Response and Relief Supplemental Appropriations (CRRSA) dollars were used to expand services from five to eight counties in May 2021. CCDF American Rescue Plan Act (ARPA) funds supported program evaluation as well as \$5,000 stipends for licensed child care programs that successfully complete ECCP® Core Classroom or Family Child Care Provider services. OCFS is awarding these stipends in recognition of provider investment in quality improvement through IECMHC (Exhibit 14).

Funds for statewide expansion of Maine ECCP® were appropriated through legislation passed by the 130th Maine Legislature and became available in January 2023. These funds include state General Funds and federal CCDF funds, including a sizable allocation from the state Liquor Operation Revenue Fund in recognition of ECCP®’s role in behavioral health prevention. This funding will support sustainable infrastructure including additional state staff for program management, funding for provider contracts, data system investments, evaluation, and training/technical assistance from the ECCP® model developers and national IECMHC experts.

### Exhibit 14. Maine ECCP® Funding and Spending Categories, State Fiscal Years 2020–2025

Category	CCDF	CCDF ARPA	MHBG	General Funds	CRRSA	Total
Provider contracts	\$2,168,089	\$440,150	\$143,886	\$1,589,328	\$396,731	\$4,738,184
Training and technical assistance	\$406,310	\$287,000	\$521,097	\$241,047	\$12,000	\$1,467,454
Provider stipends	—	\$1,455,000	—	—	—	\$1,455,000
State staffing and operations	\$512,500	—	—	\$512,500	—	\$1,025,000
Evaluation	—	\$249,955	—	—	—	\$249,955
Marketing	—	\$50,000	—	—	—	\$50,000
Resources and materials	\$25,000	—	—	—	—	\$25,000
Travel	\$5,000	—	—	\$5,000	—	\$10,000
<b>TOTAL</b>	<b>\$3,116,899</b>	<b>\$2,482,105</b>	<b>\$664,983</b>	<b>\$2,347,875</b>	<b>\$408,731</b>	<b>\$9,020,593</b>

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## Recommendations

Various recommendations for improving Maine’s ECCP® implementation appear throughout this report. This section presents some key, overarching recommendations for the Department to consider as ECCP® implementation expands across the state.

**Consider possible additions and adaptations to the ECCP® model to address key Maine-specific features of implementation.** Delivering services in Maine’s more rural settings will likely be logistically challenging and expensive because of travel costs and the potential need for more outreach in areas where there are fewer stakeholders to market ECCP®. Many providers in rural areas may especially need ECCP® services because of a lack of other local supports. Given that Maine’s ECCP® model allows for just one or two Consultants to serve a given county, an assessment of local needs relative to available local services may help the Department determine how to best allocate ECCP® resources in more remote regions.<sup>16</sup> The Department could consider incorporating the distance to other services into ECCP® eligibility criteria for programs and families in rural regions.

Additionally, Maine’s pilot ECCP® implementation is unique in that it took place entirely during the COVID-19 pandemic. Public health conditions required the use of virtual platforms for Consultant training, supervision, and some ECCP® services. The evaluation data are mixed in terms of participants’ preferences for virtual versus in-person activities, and there is good rationale for implementing ECCP® activities in person as it is a relational model. Nevertheless, the preponderance of evaluation data suggest that, even with the need for some virtual activities, Maine’s ECCP® Consultants were qualified and well trained, generally felt they had the needed supervisory support, and provided services that satisfied early care and education program directors, teachers, and parents. Given challenges of scaling ECCP® across Maine’s vast geography, it may be practical and feasible to continue to offer some trainings and meetings virtually (to the extent that programs and families have access to and comfort with the internet). Creating implementation plans that include a virtual visit option, for example, may alleviate delays in service provision, decrease the need to reduce caseloads for ECCP® Consultants, improve Consultants’ stress levels, and reduce travel costs.

Finally, to the study team’s knowledge, Maine’s ECCP® is the first large-scale implementation of the model to serve children ages 6–8. Thus, the Department has an opportunity to determine how the model works in classrooms and afterschool settings serving children in this age range and to gauge its effectiveness in supporting these children’s teachers and parents to manage social-emotional and behavioral issues. The Department could consider dedicating resources to a small pilot to determine any unique issues and needed tweaks for services to teachers and families of older children. This effort could yield highly valuable information for the state, ABH, and the larger mental health consultation field. Further, preliminary data from ECCP® services

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<sup>16</sup> Some counties will have a single designated Consultant, some will have two designated Consultants, and some will share a Consultant with another county.

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for children ages 6–8 could help the Department identify specific strategies for collaborating with Maine’s public school system, including gaining buy-in from and building relationships with state and local administrators as well as elementary school teachers. The data could also help the Department identify potential needs for additional training—for example, supervisors and Consultants may need specialized training on typical and atypical social-emotional development of children in this age range. The Department could consider seeking state or national technical assistance related to using a consultative model in public schools, or it could identify other resources in the state to assist with serving this population of children, teachers, and families.

**Continue to flesh out a streamlined, equitable referral process and gain buy in and understanding of the process from the field.** The Department has begun to formalize a referral process for ECCP® services through a pilot protocol that includes an algorithm for triaging referrals in collaboration with MRTQ. This process might include (if it does not already) developing clear instructions around eligibility criteria for all state services (differentiating Core Classroom and Child-Specific for ECCP® referrals) and points of contact for different services. The Department could consider the different resources and services that might be available to children in elementary schools and whether the process and eligibility criteria should differ for children ages 6–8.

As the referral process continues to be formalized, the Department could use the evaluation findings in this report to help set priorities and identify efficiencies when defining criteria and prioritizing cases. For example, Core Classroom services may be most beneficial in programs with fewer resources, staff with less experience in the field, or high levels of staff turnover—factors that could be considered in triaging. Likewise, the Department could leverage any available data on program quality when considering Core Classroom services and identify opportunities and processes for co-consultation with regionally based MRTQ staff. The findings suggest that, when possible, nesting a Child-Specific service in a Core Classroom service may provide the most benefit to teachers and children, so perhaps those teachers and children would receive high priority in triaging. For Child-Specific services, the Department might give priority to children who are not receiving other services for social-emotional or behavioral issues and assess parent capacity and desire to participate.

As the Department continues to clearly define a referral process in collaboration with MRTQ, it could consider including ECCP® service providers in the development of an SOP or seek their feedback before finalizing a process. Likewise, the Department could begin to consider how to measure and track fidelity to the referral process once it is in place, who will decide when to make updates to the SOP, and how to train supervisors and ECCP® Consultants to use the protocol.

**Consider ways to maximize the reach of ECCP® strategies in programs and communities, especially how to provide actionable information to teachers who cannot access ECCP® services.** There is high demand among Maine’s early care and

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education teachers for support in managing classroom behaviors, and ECCP® Consultants acknowledged they could not reach all teachers who wanted and needed services. They also reported being approached during service visits by teachers not receiving services with specific questions and concerns. As ECCP® expands and providers continue to access the ARPA stipend awards, teachers in some regions may have long waits for Core Classroom services, and others may be deemed ineligible. The Department could more systematically leverage the program and community training component of ECCP® to offer some basic supports to teachers who do not receive ECCP® services. These trainings could be recorded for program directors to share with new program staff as they onboard (or for ECCP® Consultants to share with teachers while they are on waitlists) and could help to market the model to program directors and others. Also, ECCP® Consultants could partner with participating teachers in the design and administration of the trainings (as teacher time allows), giving teachers opportunities to share their knowledge with peers. The Department could consider building the expectation into Maine's ECCP® model that teachers who receive Core Classroom services formally share some new skills and strategies with other providers in their program or community.

**Formalize opportunities for ECCP® staff who have the same role to support and learn from one another.** Consultants and home agency supervisors reported a desire for more opportunities to collaborate with their peers, as their roles do not provide much access to others doing the same kind of work for ECCP®. As the number of Consultants increases to 16, the Department could support Consultant and home agency supervisor communities of practice, which can be a safe place for participants to share ideas, develop camaraderie, and support one another outside of ECCP® trainings and supervision. The Department has already begun implementing a peer mentoring program like the one used with Connecticut Consultants and plans to provide this program to all new hires. As new home agency supervisors onboard, they too could be connected to a current home agency supervisor for mentoring.

**Consider expanding the State Partnership Team or offering other opportunities for new stakeholders and ECCP® providers to share their perspectives and learn about state-level activities.** OCFS has convened an enthusiastic group of ECCP® proponents to support a successful program launch. As the program scales up, additional voices will likely be needed at the table. In particular, the Department could continue to build relationships with representatives from the Maine Department of Education, including representatives in special education (IDEA Part B) and early childhood special education (Part B 619). The evaluation did not yield a lot of data on family child care programs participating in ECCP®, but interviewees noted the particular challenges of serving these programs that may not be well connected to community and state systems. Inviting some representatives from family child care settings could provide the Department with important input about how ECCP® fits into those hard-to-reach programs and might facilitate referrals. Other groups state partners mentioned that may have helpful input and connections include the Maine Association for Infant Mental Health, Children's Licensing and Investigation Unit, and public health programs that have a home-

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visiting component (e.g., nursing, WIC). It could be helpful for the State Partnership Team to have some contact with ECCP<sup>®</sup> providers (e.g., Consultants and home agency supervisors) to gather some direct feedback from the field, inform them of state-level priorities and plans, and share some ECCP<sup>®</sup> data to highlight areas for growth and celebrate successes.

**Consider including parents in outreach activities and as advisors.** Getting parent buy-in was a significant challenge in early ECCP<sup>®</sup> implementation, yet parents who received ECCP<sup>®</sup> services tended to give the most positive evaluation feedback. The Department could work with ECCP<sup>®</sup> Consultants or program staff to identify a cadre of satisfied parents across the pilot regions who could serve as champions of ECCP<sup>®</sup> and reach out to other parents in their communities (by providing testimonials, accompanying Consultants at local events to spread the word, etc.). Likewise, parents who have had experience with Child-Specific services could be helpful informants to state-level decisions as the ECCP<sup>®</sup> model continues to expand and leaders grapple with how to reach and serve the target population most effectively.

**Consider developing data sharing processes and procedures for participants at all levels of ECCP<sup>®</sup> implementation.** The ECCP<sup>®</sup> developer, ABH, and Maine's state leaders recognize the importance of using data to track implementation and outcomes, and the ECCP<sup>®</sup> model has built-in expectations and resources for data compilation and reporting. As Maine's model becomes more integrated into various state systems, the Department could expand the use of ECCP<sup>®</sup> data to keep key players informed and to build a culture around data-informed decision-making at all levels of implementation. For example, the Department could consider providing access to EIS data or regularly sharing data reports with home agency supervisors. Parent focus group participants also suggested they would like to understand how ECCP<sup>®</sup> Consultants used the intake data parents provided. As numbers of cases grow and more EIS data become available (especially outcomes data and longitudinal follow-up), the Department could share key findings with stakeholder agencies and prospective programs and families.

**Consider adapting the ECCP<sup>®</sup> logic model to include Maine-specific components and resources and include fidelity thresholds and measures of quality at multiple levels of implementation.** The Department could develop an expanded, Maine-specific ECCP<sup>®</sup> logic model to guide future evaluation and ensure a shared understanding of the responsibilities and activities across implementation levels. For example, the logic model could be built out to specify inputs, outputs, and expected outcomes (short-, medium-, and long-term) for the activities of ECCP<sup>®</sup> supervisors, home agency supervisors, and program directors, as well as the activities and resources that state entities bring to implementation (e.g., involvement in the referral process). Ideally, adapting the logic model would include discussions about adapting fidelity measures with established thresholds at each level of implementation. Thus, if expected outcomes are not realized, the Department will have data to be able to identify where in implementation breakdowns have occurred (e.g., Was there inconsistency in supervision across Consultants? Or were program directors not able to free up enough teacher time for consultation?). Also, as the Department continues to track implementation, it might consider

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adding measures of implementation quality. Measures of quality will enable the Department to determine not only *that* implementation activities happened but *how well* they were executed. The logic model could also document the contextual features of the state in which implementation occurs (e.g., rural character, state early childhood and education systems).

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## Study Limitations

The data collected for this evaluation provide a snapshot of ECCP® activities as reported in fall 2022 and do not establish causation between ECCP® activities and any outcomes. Moreover, the data in this study are primarily from self-reports of participants in ECCP® pilot sites and are not generalizable to other ECCP® participants or other regions in Maine. In particular, the pilot sites represent some of Maine’s more densely populated regions and likely differ from the state’s rural areas in meaningful ways.

Survey data should be interpreted with caution because of small sample sizes, although the Consultant survey data include all six Consultants who were providing ECCP® services at the time of the evaluation. Despite the study team’s efforts to capture diversity across interviewed early care and education program directors, resources allowed for interviews of only four directors out of the more than 90 served during the evaluation period. Also, it is not possible to ascertain how representative teacher and parent evaluation participants were of the population of teachers and parents receiving ECCP® services or of teachers and parents in the pilot regions. Parent focus group participants noted that they were likely a self-selecting group because most parents in their children’s programs had opted not to receive ECCP® services.

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# Appendix A: Evaluation Questions and Sub-Questions

## Evaluation Questions

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The evaluation questions are framed around the six evaluation goals. Each of the six evaluation questions, listed below, includes several sub-questions to be answered by the evaluation data. Additional questions may emerge during the Department's preparation for the statewide scale-up in January 2023 and as pilot implementation progresses. The evaluation team will work with the Department to incorporate those questions into the data collection instruments.

- (1) How well did Maine implement the ECCP® model with fidelity?
  - a) Did ECCP® Consultants meet benchmarks for frequency, timing, and dosage of consultation sessions with providers/teachers receiving *Core Classroom* services and with providers/teachers and families receiving *Child-Specific* services?
  - b) Did ECCP® supervisors meet benchmarks for frequency of supervision sessions with ECCP® Consultants?
  - c) Did ECCP® Consultants complete Pre- and Post-Assessments and Action Plans in the expected timeline?
  - d) Did ECCP® Consultants provide social-emotional trainings and social-emotional resources to teachers/providers? To other stakeholders in the community?
  - e) How satisfied were providers/teachers with the services they received from ECCP® Consultants?
  - f) To what extent did teachers implement ECCP® action plans?
  - g) How satisfied were parents and guardians with *Child-Specific* services?
- (2) To what extent was Maine's ECCP® pilot delivered to children with social-emotional or behavioral issues?
  - a) How many children did ECCP® Consultants serve through *Child-Specific* services? What proportion of children served were ages 0–5? What proportion were ages 6–8?
  - b) How many children from the child welfare system received *Child-Specific* services? How many children receiving ECCP® services entered the child welfare system after receiving ECCP® services?
  - c) How did the number of *Child-Specific* referrals to ECCP® services vary across the pilot sites? How effective was the referral process in the pilot sites?
  - d) What types of programs did the children referred for *Child-Specific* services attend (e.g., public preK, Head Start, family child care, public school)?

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- (3) How effective was training of ECCP® consultants in enabling them to deliver the ECCP® model with fidelity?
- a) Did Consultants receive training and supervision with the intended intensity, timing, and content? What were the challenges and facilitators to providing training and supervision as intended?
  - b) How satisfied were Consultants with the training they received on the ECCP® model?
  - c) How satisfied were Consultants with the supervision they received on the ECCP® model?
  - d) To what extent did training and supervision address Maine-specific resources and issues?
- (4) What staffing levels, administrative support, and ongoing training/TA are needed to successfully establish and sustain the Maine ECCP® model statewide?
- a) How did demand for *Core Classroom* and *Child-Specific* services vary across pilot sites and types of settings?
  - b) What challenges did pilot sites have in hiring Consultants and managing caseloads?
  - c) To what extent was there buy-in for Maine's ECCP® model among referral agencies, public schools, center- and home-based child care programs, state agencies, and other stakeholders?
  - d) What were the experiences and challenges of supervisors at participating mental health agencies?
  - e) What training and TA needs for Consultants and supervisors emerged during implementation?
- (5) How did the COVID-19 pandemic affect the implementation of ECCP® in Maine, including any adaptations to service delivery?
- a) How did COVID-related delays (e.g., in the initiation of services) and closures affect the training and supervision of ECCP® Consultants, including the ability of newly trained Consultants to shadow more experienced Consultants?
  - b) How frequent were COVID-related closures and delays and how did they affect the delivery of Consultation services in pilot sites?
  - c) What strategies did ECCP® supervisors and Consultants use to continue offering ECCP® services during COVID?
  - d) What were the effects of the COVID-19 pandemic on indicators of ECCP® practice fidelity?
  - e) How did COVID-19 affect referrals for ECCP® services?

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- (6) What were the costs and benefits of implementing the ECCP® in Maine's pilot sites?
- a) What were the personnel costs (i.e., labor hours spent on consultation, training, and other ECCP® activities)?
  - b) What were the costs for ECCP® materials?
  - c) How did COVID-19 affect the cost of implementing the ECCP®?

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# Appendix B: Survey Protocols

## Appendix B1: ECCP® Consultant Survey

[Note – Consent form to appear on first page of survey.]

Thank you for taking the time to complete this survey. The information will help us better understand your experiences with the Maine Early Childhood Consultation Partnership (ECCP®) program. Your responses will be kept confidential and will only be reported in the aggregate (i.e., combined with the responses of others).

### About your ECCP® Consultation services

1. In what month and year did you begin offering ECCP® services to teachers/providers?

\_\_\_\_\_

2. How many ECCP® services have you completed?

a. # of completed *Child-Specific* services \_\_\_\_\_

b. # of completed *Core Classroom* services \_\_\_\_\_

c. # of completed *Family Child Care Provider* services \_\_\_\_\_

3. How many *Core Classroom* services are you currently providing? \_\_\_\_\_

4. How many *Child-Specific* services are you currently providing? \_\_\_\_\_

5. In which types of settings have you provided ECCP® services? [Check all that apply.]

Child care center

Head Start

Public Pre-K

Family child care setting or “home day care”

Elementary school (NOT including public Pre-K)

Afterschool program

Other setting

[If other setting] Please describe \_\_\_\_\_

### ECCP® Training

6. The next questions are about the ECCP® training you received. How helpful were the following training topics in preparing you to implement the ECCP® model?

	<b>Not at all helpful</b>	<b>Somewhat helpful</b>	<b>Very helpful</b>	<b>Extremely helpful</b>	<b>NA/Did not receive training on this topic</b>
a. Overview of the ECCP® model					
b. Orientation to infant and early childhood mental health consultation (IECMHC)					
c. Information on consultation delivery strategies					
d. Information on how to use the ECCP® Information System (EIS)					
e. <i>Core Classroom</i> services overview					
f. <i>Core Classroom</i> assessment tools					
g. <i>Child-specific</i> services overview					
h. <i>Child-specific</i> assessment tools					
i. Classroom Assessment Scoring System (CLASS) training					
j. Family Child Care Program Service Overview					
k. Information about referrals, recruitment, and waitlists					

7. Overall, how would you describe the quality of the content of the ECCP® training?

- Poor
- Fair
- Good
- Excellent

8. Overall, how would you describe the quality of the **delivery** of the ECCP® training?

- Poor
- Fair
- Good
- Excellent

9. Overall, how would you describe the relevance of the ECCP® training as it pertains to your work with teachers/providers in your region?

- Not at all relevant
- Somewhat relevant

- 
- Very relevant
  - Extremely relevant
  - Don't know

a. *[If not at all or somewhat relevant]* How could the training have been more relevant to your work with teachers/providers in your region?

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10. Overall, how would you rate the usefulness of the ECCP® training as it pertains to your work with teachers/providers in the region?

- Not at all useful
- Somewhat useful
- Very useful
- Extremely useful
- Don't know

a. *[If not at all or somewhat useful]* How could the training have been more useful for your work with teachers/providers in your region?

---

11. How prepared did you feel to provide ECCP® services after the ECCP® training?

- Not at all prepared
- Somewhat prepared
- Well prepared
- Very well prepared
- Not sure/Don't know

12. Is there additional training that would have been helpful?

- Yes
- No

*[If yes]* What additional training would have been helpful?

---

## Supervision

13. These questions are about **supervision you receive from your current ECCP® supervisor**. For each of the following topics, please rate how helpful the supervision from your ECCP® supervisor has been as you provided ECCP® services. If you and your ECCP® supervisor have not discussed a topic, select “We have not discussed this topic.”

	<b>Not at all helpful</b>	<b>Somewhat helpful</b>	<b>Very helpful</b>	<b>Extremely helpful</b>	<b>We have not discussed this topic</b>
a. Discussing issues related to early childhood development and mental health					
b. Building strong relationships with site directors, teachers/providers, and families					
c. Conducting high-quality observations of child behavior					
d. Using and interpreting ECCP®'s Child-Specific screening and assessment tools					
e. Using and interpreting Classroom Assessment Scoring System (CLASS) tools					
f. Observing and assessing children and their environments					
g. Developing ECCP® action plans					
h. Sharing assessment and screening results with teachers/providers and families					
i. Discussing resources and opportunities for community engagement					
j. Adjusting the ECCP® model to meet local/regional needs					
k. Discussing professional standards (e.g., maintaining confidentiality, ethics, and practice standards)					
l. Assessing scheduling and pacing of ECCP® services on your caseload					
m. Triaging referrals and determining eligibility for ECCP® services					
n. Addressing questions and concerns that you have about ECCP® implementation					

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14. Are there other topics you regularly address during supervision sessions with your **ECCP® supervisor**?

- Yes
- No

a. *[If yes]* Please describe. \_\_\_\_\_

15. How do you feel about the amount of supervision you received from your **ECCP® supervisor** during the **first year** of your participation in ECCP®?

- I would have liked a lot more supervision
- I would have liked a little more supervision
- The amount of supervision I received was just right
- I would have liked a little less supervision
- I would have liked a lot less supervision

16. If you have participated in ECCP® for more than one year, how do you feel about the current amount of supervision you receive from your **ECCP® supervisor**?

- I would like a lot more supervision
- I would like a little more supervision
- The amount of supervision I receive is just right
- I would like a little less supervision
- I would like a lot less supervision
- I have not yet started my second year on ECCP®

17. To what extent is the **ECCP® supervision** you receive relevant for serving the **teachers/providers** in your region?

- Not at all relevant
- Somewhat relevant
- Very relevant
- Extremely relevant
- Don't know

a. *[If not at all or somewhat relevant]* How could the ECCP® supervision be more relevant to your work with teachers/providers in your region?

\_\_\_\_\_

18. To what extent is the **ECCP® supervision** you receive relevant for serving the **children and families** in your region?

- Not at all relevant

- Somewhat relevant
- Very relevant
- Extremely relevant
- Don't know

a. *[If not at all or somewhat relevant]* How could the ECCP® supervision be more relevant to your work with children and families in your region?

\_\_\_\_\_

19. Overall, how helpful is the supervision you receive from your **ECCP® supervisor** for implementing ECCP® services?

- Not at all helpful
- Somewhat helpful
- Very helpful
- Extremely helpful
- Don't know

20. The next questions are about **supervision you receive from your home agency**. Please rate how often the supervision from your **home agency supervisor** includes the following topics. If you and your home agency supervisor have not discussed a topic, select “We have not discussed this topic.”

	<b>We discuss this during some sessions</b>	<b>We discuss this during most sessions</b>	<b>We discuss this during all sessions</b>	<b>We have not discussed this topic</b>
a. Discussing administrative policies and practices (e.g., time and attendance, agency policies, performance review)				
b. Managing my ECCP® caseload				
c. Triaging referrals and determining eligibility for ECCP® services				
d. Identifying new referral sources				
e. Identifying possible community partners				
f. Adjusting ECCP® services due to implications of COVID-19				
g. Discussing issues related to early childhood development and mental health				
h. Building strong relationships with site directors, teachers/providers, and families				
i. Conducting high-quality observations of child behavior				

	<b>We discuss this during some sessions</b>	<b>We discuss this during most sessions</b>	<b>We discuss this during all sessions</b>	<b>We have not discussed this topic</b>
j. Discussing professional standards (e.g., maintaining confidentiality, ethical and practice standards)				
k. Adjusting the ECCP® model to meet local/regional needs				
l. Addressing my ECCP® model-specific questions and concerns				

21. Are there other topics you regularly address during supervision sessions with your **home agency supervisor**?

- Yes
- No

a. *[If yes]* Please describe. \_\_\_\_\_

22. How do you feel about the amount of supervision you receive from your **home agency supervisor**?

- I would like a lot less supervision
- I would like a little less supervision
- The amount of supervision I receive is just right
- I would like a little more supervision
- I would like a lot more supervision

23. Overall, how helpful is the supervision you receive from your **home agency supervisor** for managing the administrative aspects of your role as an ECCP® Consultant?

- Not at all helpful
- Somewhat helpful
- Very helpful
- Extremely helpful
- Don't know

a. *[If not at all or somewhat helpful]* How could the **supervision from your home agency** be more helpful for managing the administrative aspects of your job?

\_\_\_\_\_

24. To what extent do you feel that the supervision you receive from your home agency aligns with the support you receive from your ECCP® supervisor?

- Does not align at all
- Somewhat aligns

- Very much aligns
- Aligns perfectly
- Don't know/Not sure

a. *[If not at all or somewhat aligned]* How could the supervision from your home agency supervisor and ECCP® supervisor be better aligned?

---

### Providing ECCP® services

25. As an ECCP® Consultant, how confident do you feel in your ability to do the following?

	<b>Not at all confident</b>	<b>Somewhat confident</b>	<b>Very confident</b>	<b>Extremely confident</b>	<b>Not applicable</b>
a. Build positive and effective relationships with participating teachers/providers					
b. Provide consultation to teachers/providers for ECCP® <i>Core Classroom</i> services					
c. Provide consultation to teachers/providers for ECCP® <i>Child-Specific</i> services					
d. Work with families of children receiving <i>Child-Specific</i> services					
e. Provide consultation in family child care settings					
f. Conduct CLASS assessments					
g. Interpret CLASS assessment results					
h. Conduct classroom/program observations					
i. Conduct home observations					
j. Develop ECCP® Action Plans					
k. Provide feedback to teachers/providers on classroom implementation of ECCP® Action Plans					
l. Record information in the EIS					
m. Assess scheduling and pacing of ECCP® services on your caseload					
n. Triage referrals and determining eligibility for ECCP® services					

	<b>Not at all confident</b>	<b>Somewhat confident</b>	<b>Very confident</b>	<b>Extremely confident</b>	<b>Not applicable</b>
o. Manage referrals using the call log/wait list function in the EIS					
p. Help teachers/providers identify opportunities for referrals to families					
q. Understand and respond to the unique needs of the communities you serve					
r. Collaborate with other programs in your community					

26. How easy or difficult is it to get assistance with inputting data into the ECCP® Information System (EIS)?

- Very difficult
- Somewhat difficult
- Somewhat easy
- Very easy
- Have not needed assistance/not applicable

27. Have you conducted trainings for staff at sites where you are providing *Core Classroom* services?

- Yes
- No

28. Have you provided staff at sites where you are providing ECCP® services with resources for addressing children’s social-emotional and/or behavioral issues?

- Yes
- No

a. [*If yes*] What resource(s) have you shared?

---

29. Have you led any community-based trainings or other community-based events to any provider in the region as part of the ECCP® services you have provided?

- Yes
- No

a. [*If yes*] Briefly describe the topic(s) of the community-based training(s) or event(s).

---

30. Do teachers/providers contact you outside of scheduled ECCP® services to ask questions or get support?

Yes

No

a. [If yes] About how often do teachers/providers contact you outside of scheduled ECCP® services to ask questions or get support?

Never

Once a month or so

Weekly

Daily

### Adjustments to the ECCP® model

31. Did you make any of the following adjustments to the ECCP® model and if so, how important were these adjustments?

	Yes, these adjustments were very important	Yes, these adjustments were somewhat important	Yes, but these adjustments were not important	I did not make these adjustments
a. Held training and/or meeting virtually (e.g., via Zoom) instead of in-person				
b. Used an interpreter for verbal communication with parents				
c. Had written communication translated into a language other than English when communicating with parents				
d. Provided more consultation sessions with teachers/providers than the ECCP® model calls for				
e. Provided fewer consultation sessions with teachers/providers than the ECCP® model calls for				
f. Participated in more consultation sessions with a parent/guardian than the ECCP® <i>Child-Specific</i> service calls for				
g. Participated in fewer consultation sessions with a parent/guardian than the ECCP® <i>Child-Specific</i> service calls for				
h. Used outside resources to complement ECCP® resources (e.g., guidance on service provision during COVID-19)				
i. Other (please describe)				

## Impact of ECCP® implementation

32. Thinking about the **Core Classroom services** you provided, to what extent were the following activities helpful for the teachers/providers you supported with ECCP® services?

Activity	Little or no help to staff in most classrooms	Somewhat helpful to staff in most classrooms	Very helpful to staff in most classrooms	Extremely helpful to staff in most classrooms	Did not conduct this activity with staff in most classrooms
a. Talking one-on-one with teachers during classroom visits					
b. Conducting observations and assessments					
c. Sharing and discussing results of screenings, observations, and assessments with teachers/providers					
d. Developing Action Plans with teachers/providers					
e. Having 1-month follow-up meetings to assess progress and address needs					
f. Conducting staff training(s) at schools/centers					
g. Working with classroom staff to identify children needing individual assessment and intervention					
h. Making recommendations to teachers/providers for referrals					

Thinking about the **Child-Specific services** you provided, to what extent were the following service components helpful to the teachers/providers you supported with ECCP® *Child-Specific* services?

Activity	Not at all helpful	Somewhat helpful	Very helpful	Extremely helpful	Did not participate in this service component
a. Meeting with parents/guardians to better understand the child's strengths and challenges					
b. Reviewing and discussing the results from standardized social-					

<b>Activity</b>	<b>Not at all helpful</b>	<b>Somewhat helpful</b>	<b>Very helpful</b>	<b>Extremely helpful</b>	<b>Did not participate in this service component</b>
emotional screening tools (e.g., CBCL, CTRF, Piccolo) conducted at the beginning of ECCP® services					
c. Having 1-month follow-up meetings and 6-month follow-up phone calls to assess progress and address needs					
d. Contributing to the development of an individualized ECCP® Action Plan for the child					
e. Participating in weekly support visits with the ECCP® Consultant					
f. Using ECCP® Tips for Tots					
g. Learning about referrals and receiving referral assistance for community services					
h. Reviewing and discussing standardized screening tools conducted at the end of ECCP® services to assess progress					
i. Receiving follow-up support from the ECCP® Consultant to monitor progress					

33. To what extent do you think teachers/providers to whom you provided consultation implement ECCP® Action Plans in the classroom?

- They do not implement Action Plans as intended.
- They implement some parts of Action Plans as intended.
- They implement Action Plans fully as intended.
- Don't know/Not sure

34. Please rate the extent to which you believe the ECCP® service has led to improvements in the following areas in classrooms/programs in which you provided ECCP® services.

	<b>No improvement</b>	<b>A little improvement</b>	<b>Quite a bit of improvement</b>	<b>A great deal of improvement</b>	<b>Don't know/Not applicable</b>
a. The classroom environment					

	<b>No improvement</b>	<b>A little improvement</b>	<b>Quite a bit of improvement</b>	<b>A great deal of improvement</b>	<b>Don't know/Not applicable</b>
b. Teacher/provider practices to promote social-emotional competence in the classroom					
c. Children's behavior in the class as a whole					
d. Teacher/provider ability to identify children in need of screening or assessment for behavioral challenges					
e. Teacher/provider ability to support individual children with social-emotional and behavioral challenges					
f. Teacher/provider ability to support families of children with social-emotional and behavioral challenges					
g. Teacher/Provider ability to make referrals for resources outside the classroom					
h. Family buy-in for referrals for behavioral health and other services					
i. Teacher/provider ability to plan effective classroom modifications and interventions					
j. Teacher/provider stress levels					

35. How likely is it that ECCP® implementation in Maine will reduce the likelihood that children with challenging behaviors who receive ECCP® services will be suspended, expelled, or otherwise lose their child care placement?

- Extremely likely
- Very likely
- Somewhat likely
- Not at all likely
- Don't know/Not sure

---

## Effects of COVID on ECCP® implementation

36. Which of the following implications of COVID-19 **impacted you directly** when you were providing ECCP® services? [Check all that apply.]

- ECCP® training delayed due to COVID-19
- Supervision session postponed due to COVID-19
- ECCP® consultation session moved online instead of in person due to COVID-19
- Provider setting (including Family Child Care Provider setting) did not allow or limited numbers of in-person visitors during COVID-19
- Provider setting (including Family Child Care Provider setting) temporarily closed due to COVID-19
- Observation in classroom postponed due to COVID-19
- Observation at Family Child Care setting postponed due to COVID-19
- Consultation session postponed due to COVID-19
- Core Classroom service ended early due to COVID-19
- Family Child Care Provider service ended early due to COVID-19
- Child-Specific service ended early due to COVID-19
- Family opted out of Child-Specific services due to concerns related to COVID-19
- Community activities or events addressing children’s social-emotional competence were delayed due to COVID-19
- Community activities or events addressing children’s social-emotional competence were canceled due to COVID-19
- Other (Please describe) \_\_\_\_\_

37. Did you participate in meetings with teachers/providers on the phone or through videoconferencing rather than in-person due to COVID-19?

- Yes
- No
- a. [If yes] Do you feel that sessions with teachers/providers on the phone or online were as effective as in-person sessions?
  - Yes
  - No
  - Don’t know/Not sure

38. Did you participate in meetings with families receiving *Child-Specific* services on the phone or through videoconferencing rather than in-person due to COVID-19?

- Yes
- No

a. [If yes] Do you feel that sessions with teachers/providers on the phone or online were as effective as in-person sessions?

- Yes
- No
- Don't know/Not sure

39. Did you provide resources, such as information about parenting young children or how to find other services and supports during the pandemic?

- Yes
- No

a. [If yes] What resource(s) did you provide? \_\_\_\_\_

40. Do you believe that the COVID-19 pandemic affected the number of referrals for ECCP® services?

- Yes
- No

a. [If yes] How so? (e.g., more referrals, fewer referrals, changes to the referral process due to COVID-19) \_\_\_\_\_

### Challenges and facilitators

41. To what extent have the following been a challenge or helpful to ECCP® implementation?

	Very much a challenge	Somewhat of a challenge	Not a challenge or helpful	Somewhat helpful	Very helpful	Don't know/Not applicable
a. Availability of qualified clinicians in the region to serve as ECCP® Consultants						
b. Knowledge of the ECCP® model in the region						
c. The geographic size of the region I serve						
d. The number of children in need relative to the availability of ECCP® services in the region						
e. Buy-in from local school administrators						
f. Buy-in from local center directors						
g. Buy-in from local teachers/providers						

	Very much a challenge	Somewhat of a challenge	Not a challenge or helpful	Somewhat helpful	Very helpful	Don't know/Not applicable
h. Buy-in from local families						
i. Buy-in from child welfare caseworkers						
j. Building relationships in tribal communities						
k. Extent to which the ECCP® fits in to existing school system structures and practices						
l. Existing partnerships between Head Start and Pre-k programs						
m. Having enough time and resources to implement a new program						
n. Extent to which the ECCP® does the same things as other programs in the community						
o. Ability to <i>identify</i> all children in the region who could benefit from ECCP® services						
p. Ability to serve all children in the region who could benefit from ECCP® services						
q. The expectation that most ECCP® services are delivered in person						
r. The extent to which the ECCP® model fits Maine's unique needs and strengths						
s. Active parent/guardian participation in individualized ECCP® <i>Child-Specific</i> services						

42. Is there anything else you would like to tell us about your experience with the ECCP® model?

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### About you

43. How many years have you worked in the field of mental health? \_\_\_\_\_ years

44. How long have you worked in mental health in the region you currently serve (years and months)? \_\_\_\_\_

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45. What is the concentration of your highest degree?

Early childhood education

Education

Child development

Social work

Counseling

Other. Please describe: \_\_\_\_\_

46. Which racial/ethnic group(s) do you identify as?

American Indian or Alaska Native

Asian

Black or African American

Hispanic or Latino Origin

Native Hawaiian, or Other Pacific Islander

White

Biracial/multi-racial.

Please describe: \_\_\_\_\_

Other race/ethnicity.

Please describe: \_\_\_\_\_

Prefer not to say

**Thank you for your time and information!**

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## Appendix B2: Teacher/Provider Survey

[Note – Consent form to appear on first page of survey.]

Thank you for taking the time to complete this survey. The information will help us better understand your experiences with the Maine Early Childhood Consultation Partnership (ECCP®) program. Your responses will be kept confidential and will only be reported in the aggregate (i.e., combined with the responses of others).

### About your ECCP® Experience

1. Which of the following ECCP® services have you **completed**? “Completed” means that either you or your director attended a 1-month follow-up meeting with the ECCP® Consultant, either in person or remotely. [Check all that apply]
  - Core Classroom
  - Family Child Care Provider Service
  - Child-Specific
    - [If Child-Specific] How many Child-Specific ECCP® services have you **completed**? \_\_\_\_\_
  - Don't know/Not sure
  
2. Who made the referral for your classroom to participate in ECCP® Core Classroom services?
  - Center/program director
  - Center/program manager or owner
  - I made the referral
  - Another teacher or staff member at your center/program
  - Other (please specify) \_\_\_\_\_
  - I did not receive Core Classroom services
  - Don't know/Not sure
  
3. Who made referrals for ECCP® Child-Specific services? [Check all that apply]
  - Center/program director
  - Parent/guardian
  - I made the referral
  - Another teacher or staff member at your center/program
  - Other (please specify) \_\_\_\_\_
  - I did not receive Child-Specific services
  - Don't know/Not sure

## ECCP® Activities

[If respondent participated in ECCP® Core Classroom Services]

4. Thinking about the ECCP® **Core Classroom services** you received, to what extent were the following activities helpful toward the goal of supporting your overall classroom environment?

Activity	Little or no help	Somewhat helpful	Very helpful	Extremely helpful	Did not participate in this activity
a. Talking one-on-one with the ECCP® Consultant during classroom visits					
b. Having the ECCP® Consultant conduct observations and assessments					
c. Discussing results of screenings, observations, and assessments with the ECCP® Consultant					
d. Developing an Action Plan with the ECCP® Consultant					
e. Having 1-month follow-up meetings to assess progress and address needs					
f. Attending staff training(s) led by the ECCP® Consultant					
g. Working with the ECCP® Consultant to identify children needing individual assessment and intervention					
h. Having the ECCP® Consultant make recommendations for referrals					

5. Not including time you spent directly with the ECCP® Consultant, did you spend any other time to support these **Core Classroom** activities? For example, did you spend time independently preparing for consultation sessions or reviewing action plans on your own?

- Yes  
 No  
 Don't know/Not sure

- a. [If yes] About how many hours, overall, did you spend independently on activities to support *Core Classroom* services during the time you were receiving consultation for these services? \_\_\_\_\_ hours

6. The following questions ask about activities you carried out independently after the ECCP® Consultant stopped making regular visits to your classroom to provide **Core Classroom** services. For each statement, please select the response that best represents your experience.

	Every day	About twice a week	About once a week	About once a month	Less than once a month
a. I continue to use the Classroom Action Plan.					
b. I continue to use strategies and resources the ECCP® Consultant shared with me.					

*[If respondent participated in ECCP® Core Classroom Services]*

7. To what extent have you been able to implement the whole **Core Classroom** Services ECCP® Action Plan in your classroom?
- I did not implement the Action Plan.
  - I implemented some parts of the Action Plan.
  - I implemented the whole Action Plan.
  - Don't know

*[If respondent participated in ECCP® Child-Specific Services]*

If you completed *Child-Specific* services for more than one individual child, **please respond about the child for whom you had the most recent ECCP® Child-Specific consultation.**

8. Was this child enrolled in a classroom for which you also received *Core Classroom* services?
- Yes
  - No
  - Don't know/Not sure

9. Thinking about the **Child-Specific** services you received, how helpful were the following service components toward the goal of helping the individual child? Please select one response for each item.

Service Component	Not at all helpful	Somewhat helpful	Very helpful	Extremely helpful	Did not participate in this service component
a. Meeting together with the ECCP® Consultant and parent/guardian at the beginning of the service to					

Service Component	Not at all helpful	Somewhat helpful	Very helpful	Extremely helpful	Did not participate in this service component
better understand the child's strengths and challenges					
b. Reviewing and discussing the results from standardized social-emotional screenings tools (e.g., CBCL, CTRF, Piccolo) conducted at the beginning of ECCP® services					
c. Contributing to the development of an individualized ECCP® Action Plan for the child					
d. Participating in weekly support visits with the ECCP® Consultant					
e. Using ECCP® Tips for Tots					
f. Learning about referrals and receiving referral assistance for community services					
g. Reviewing and discussing standardized screening tools conducted at the end of ECCP® services to assess progress					
h. Receiving follow-up support from the ECCP® Consultant to monitor progress					

10. Not including time you spent directly with the ECCP® Consultant or with families, did you spend any other time to support these **Child-Specific** services? For example, did you spend time independently preparing for consultation sessions or reviewing action plans on your own?

- Yes
- No
- Don't know/Not sure

a. [If yes] About how many hours, overall, did you spend independently on activities to support **Child-Specific** services during the time you were receiving ECCP® Consultation for these services? \_\_\_\_\_ hours

11. To what extent were you able to implement the whole **Child-Specific** Services ECCP® Action Plan as developed for the individual child?

- I did not implement the Action Plan.

- 
- I implemented some parts of the Action Plan.
  - I implemented the whole Action Plan.
  - Don't know

12. Did you ever contact the ECCP® Consultant outside of scheduled ECCP® activities to ask questions or get support?

- Yes
- No

a. [If yes] About how often did you contact the ECCP® Consultant outside of scheduled ECCP® activities to ask questions or get support?

- Never
- Once a month or so
- Weekly
- Daily

b. [If yes] Did you seek this additional support for *Core Classroom* services, *Child-Specific services*, or both?

- Core Classroom* services
- Child-Specific services*
- Both types of services
- Don't know/Not sure

c. [If yes] How helpful was the ECCP® Consultant when you contacted them outside of scheduled ECCP® activities?

- Not at all helpful
- Somewhat helpful
- Very helpful
- Extremely helpful

13. Since January 2021, did you participate in any trainings on social-emotional topics conducted by an ECCP® Consultant?

- Yes
- No

a. [If yes] Briefly describe the topic of the training you attended:

---

[If yes] Please rate:

- 
- b. The overall **quality** of the content of the training
- Poor
  - Fair
  - Good
  - Excellent
- c. The overall **quality of the delivery** of the training
- Poor
  - Fair
  - Good
  - Excellent
- d. The overall **relevance** of the training as it pertains to your work
- Not at all relevant
  - Somewhat relevant
  - Very relevant
  - Extremely relevant
- e. The overall **usefulness** of the training as it pertains to your work
- Not at all useful
  - Somewhat useful
  - Very useful
  - Extremely useful

*[Only if respondent participated in Child-Specific services]*

14. Overall, how helpful was the ECCP® model for the individual child or children in your classroom identified for ECCP® *Child-Specific* services?

- Not at all helpful
- Somewhat helpful
- Very helpful
- Extremely helpful

15. What percentage of children in your class do you think would benefit from individualized ECCP® *Child-Specific* services? \_\_\_\_\_ %

### **Adjustments to the ECCP® model**

16. Did you make any of the following adjustments to the ECCP® service delivery and if so, how important were these adjustments?

	Yes, these adjustments were very important	Yes, these adjustments were somewhat important	Yes, but these adjustments were <i>not</i> important	I did not make these adjustments
a. Held training and/or meeting virtually (e.g., via Zoom) instead of in-person				
b. Used an interpreter when speaking with parents				
c. Had written information translated into a language other than English for parents				
d. Used outside resources to complement ECCP® resources (e.g., guidance on service provision during COVID-19)				
e. Other (please describe)				

### ECCP® Consultant-teacher relationship

17. These questions are about your experiences with the **ECCP® Consultant who provided ECCP® services**. Please rate the extent to which you agree or disagree with each statement below.

	Strongly disagree	Disagree	Agree	Strongly agree	Don't know/Not applicable
a. I developed a good relationship with the ECCP® Consultant.					
b. I felt like the ECCP® Consultant really respected my knowledge and opinions.					
c. The ECCP® Consultant worked as a partner with me.					
d. The ECCP® Consultant helped me learn how to support the children in my classroom/program.					
e. The ECCP® Consultant helped me feel less stress.					
f. The ECCP® Consultant was knowledgeable about children and families like those in my classroom/program.					
g. The ECCP® Consultant showed respect for my way of doing things, and my traditions and values.					
h. The ECCP® Consultant offered useful information.					
i. The ECCP® Consultant's ideas about new strategies					

	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly agree</b>	<b>Don't know/Not applicable</b>
seemed relevant and worth trying for the children in my classroom/program.					
j. The ECCP® Consultant helped me find alternative solutions to problems.					
k. The ECCP® Consultant was a good listener.					
l. The ECCP® Consultant fit well into my classroom/program environment.					
m. The ECCP® Consultant viewed his or her role as a collaborator rather than an expert.					
n. The ECCP® Consultant helped me find ways to apply the content of our discussions to specific situations.					
o. I would request services from this ECCP® Consultant again.					
p. Overall, I am satisfied with the services provided by the ECCP® Consultant.					

*[The next questions are only for respondents who have completed Child-Specific services.]*

### **Teacher-parent relationships**

18. These questions are about your experiences with the parent/guardian of the child who participated in **ECCP® Child-Specific Services**. If you completed individualized *Child-Specific* services for more than one child, **please respond about the child for whom you had the most recent ECCP® Child-Specific consultation.**

Think about your **experiences with the parent/guardian of the child who participated in ECCP® Child-Specific Services before** they received these services and your experiences with this parent/guardian **after** they received these services. How often did you do the following?

How often did you do the following?	More often before receiving ECCP® services	About the same before and after receiving ECCP® services	More often after receiving ECCP® services	Did not do this before or after receiving ECCP® services	Don't know/Not applicable
a. I talked to the child's parent/guardian about how their child was getting along with other children in the class/program					
b. I talked with the child's parent/guardian about their child's difficulties in the classroom/program					
c. I talked with the child's parent/guardian about activities to practice at home					
d. I talked to the child's parent/guardian about their child's accomplishments					
e. I talked to the child's parent/guardian about their child's daily routine					
f. I scheduled meetings with the parent/guardian to talk about problems or to gain information					
g. I sent the parent/guardian reports about the child's behavior					
h. I sent the parent/guardian reports about the child's progress					
i. I communicated with the child's parent/guardian via phone calls, Zoom, text messages, or email					

19. If you completed *Child-Specific* services for more than one child, please respond about the child for whom you had the most recent ECCP® *Child-Specific* consultation.

Thinking about your **experiences with the parents/guardians before** you received ECCP® services and your experiences with the parents/guardians **after** you received services, how much do you agree with the following statements?

After participating in ECCP® <i>Child-Specific</i> services...	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree	Don't know/Not applicable
a. I found it easier for us to work together.					
b. It was easier for us to communicate.					

<b>After participating in ECCP® Child-Specific services...</b>	<b>Strongly disagree</b>	<b>Somewhat disagree</b>	<b>Somewhat agree</b>	<b>Strongly agree</b>	<b>Don't know/Not applicable</b>
c. When there was a problem, the parent/guardian was more likely to help solve it.					
d. When things weren't going well it took less time to work them out.					
e. We were more likely to understand each other.					
f. We were more likely to agree about who should do what regarding the child.					
g. We were more likely to have similar expectations of the child.					
h. I was more likely to ask the parent/guardian for their opinion about the child's progress.					
i. I was more likely to ask the parent/guardian for suggestions.					

## Teacher Efficacy

20. Mark the column that indicates how you feel about each statement compared to before you began participating in the Maine ECCP® program.

<b>After receiving ECCP® consultation...</b>	<b>Not at all</b>	<b>Somewhat</b>	<b>Very much</b>	<b>Don't know/Not applicable</b>
a. I have an improved understanding of children's social and emotional development.				
b. I am more likely to try to understand the meaning of children's behavior.				
c. I am doing a better job of managing children's difficult behavior.				
d. I am more likely to respond appropriately and effectively to children in distress.				
e. I am more likely to communicate regularly with parents about their children's strengths and needs.				
f. I have a more positive attitude about working together with parents.				
g. I know more about how to refer a child and family to mental health services.				
h. I feel more understood and supported.				

<b>After receiving ECCP® consultation...</b>	<b>Not at all</b>	<b>Somewhat</b>	<b>Very much</b>	<b>Don't know/Not applicable</b>
i. I feel more competent and confident in my ability to respond to behavior that worries me.				
j. This school/center/program/school is doing a better job of welcoming parents as partners.				
k. There has been an observable, positive difference in the classroom climate.				

21. For the following questions, think of yourself in your role as a teacher/provider. Please rate the extent to which you agree with the statements that follow. Provide one answer for each row.

	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neutral</b>	<b>Agree</b>	<b>Strongly Agree</b>
a. If I keep trying, I can find some way to reach even the most challenging child.					
b. I can help my children learn skills that they need to cope with adversity in their lives.					
c. There are some children in my classroom that I simply cannot have any influence on.					
d. If some children in my class are not doing as well as others, I believe that I should change my way of working with them.					
e. As a teacher/provider, I can't really do much, because the way a child develops depends mostly on what goes on at home.					
f. I can imagine myself teaching young children for several more years.					
g. If a child in my class became disruptive and noisy, I feel pretty sure that I'd know how to respond effectively.					
h. I have enough training to deal with almost any classroom/program situation.					
i. On a typical day, I feel a sense of accomplishment as a teacher/provider.					

22. How stressful has your job been in the past two weeks?

- Not at all stressful
- A little stressful
- Moderately stressful
- Very Stressful
- Extremely stressful
- Don't know/Not applicable

**Impact of ECCP® implementation**

23. Please rate the extent to which you believe the ECCP® service has led to improvements in the following areas in your classroom/program.

	<b>No improvement</b>	<b>A little improvement</b>	<b>Quite a bit of improvement</b>	<b>A great deal of improvement</b>	<b>Don't know/Not applicable</b>
a. The classroom environment					
b. The practices I use to promote social-emotional competence in the classroom					
c. Children's behavior in the class as a whole.					
d. My ability to identify children in need of screening or assessment for behavioral challenges					
e. My ability to support individual children with social-emotional and behavioral challenges					
f. My ability to support families of children with social-emotional and behavioral challenges					
g. My ability to make referrals for resources outside the classroom					
h. Family buy-in for referrals for behavioral health and other services					
i. My ability to plan effective classroom modifications and interventions					
j. My stress level					

24. How likely is it that ECCP® implementation in Maine will reduce the likelihood that children with challenging behaviors who receive ECCP® services will be suspended, expelled, or otherwise lose their child care placement?

- Extremely likely
- Very likely
- Somewhat likely
- Not at all likely
- Don't know/Not sure

### Effects of COVID-19

25. Which of the following implications of COVID-19 impacted you directly when you were receiving ECCP® services? [*Check all that apply*]

- Your center/program did not allow or limited the number of in-person visitors during COVID-19
- Your center/program closed temporarily due to COVID-19
- Your center/program ended services early due to COVID-19.
- Classroom observation *postponed* due to COVID-19
- Consultation session *postponed* due to COVID-19
- ECCP® consultation session moved to phone or online instead of in person due to COVID-19
- Other (Please describe) \_\_\_\_\_

### Challenges and facilitators

26. To what extent have the following been challenges or helpful to ECCP® implementation?

	Very much a challenge	Somewhat of a challenge	Not a challenge or helpful	Somewhat helpful	Very helpful	Don't know/Not applicable
a. Buy-in from local school administrators						
b. Buy-in from local center directors						
c. Buy-in from local teachers/providers						
d. Buy-in from local families						
e. Buy-in from child welfare caseworkers						
f. Building relationships in tribal communities						
g. Extent to which the ECCP® fits in to existing school						

	Very much a challenge	Somewhat of a challenge	Not a challenge or helpful	Somewhat helpful	Very helpful	Don't know/Not applicable
system structures and practices						
h. Having enough time and resources to implement a new program						
i. Extent to which the ECCP® does the same things as other programs in the community						
j. Ability to <i>identify</i> all children in the region who could benefit from ECCP® services						
k. Ability to <i>serve</i> all children in your classroom who could benefit from ECCP® services						
l. The expectation that most ECCP® services are delivered in person						
m. The extent to which the ECCP® model fits Maine's unique needs and strengths						
n. Active parent/guardian participation in individualized ECCP® <i>Child-Specific</i> services						

27. Overall, given the time and effort you spent on ECCP® services, how worthwhile was the ECCP® model in helping you support children in your class with their social-emotional and behavioral development?

- Not at all worthwhile
- A little worthwhile
- Very worthwhile
- Extremely worthwhile
- Don't know/not sure

28. Is there anything else you would like to tell us about your experience with the ECCP® model?

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### About you

29. Which best describes your work setting where you received ECCP® services?

- Public preschool
- Head Start

- 
- Elementary school
  - Afterschool program
  - Family child care setting
  - Other setting. *Please describe* \_\_\_\_\_

30. What is your highest level of education completed?

- High School or GED
- Some college
- Child Development Associate (CDA) credential
- Associate degree
- Bachelor's degree
- Master's degree or higher

31. What is the concentration of your highest degree?

- Early childhood education
- Education
- Child development
- Social work
- Other. Please describe: \_\_\_\_\_

32. How many years of experience do you have teaching and/or providing child care for young children? \_\_\_\_\_ Years

33. Which racial/ethnic group(s) do you identify as?

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino Origin
- Native Hawaiian, or Other Pacific Islander
- White
- Biracial/multi-racial.  
Please describe: \_\_\_\_\_
- Other race/ethnicity.  
Please describe: \_\_\_\_\_

**Thank you for your time and information!**

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## Appendix B3: Parent/Guardian Survey

[Note – Consent form to appear on first page of survey.]

Thank you for taking the time to complete this survey. The information will help us better understand your experiences with the Maine Early Childhood Consultation Partnership (ECCP®) program. Your responses will be kept confidential and will only be reported in the aggregate (i.e., combined with the responses of others).

### ECCP® services you received

1. What type of school or child care setting did your child attend while receiving ECCP® services?

- Child care center
- Head Start
  - Family child care setting or “home day care”
- Public Pre-K
- Public Elementary school (NOT including public Pre-K)
- Afterschool program
- Other setting.

[If other setting] Please describe \_\_\_\_\_

2. Where did the ECCP® Consultant provide services for you and your child? (Check all that apply)

- At my child’s school or child care setting
- At my child’s home
- Remotely through Zoom or another technology
- At another location. Please describe \_\_\_\_\_

3. Is your child still attending the same school or child care program that he or she attended while receiving ECCP® services?

- Yes
- No

a. [If No] Why is your child no longer attending the same school or child care program?

- My child is now too old for that school or program
- My family felt the school or program was not a good fit for my child
- The staff felt that school or program was not a good fit for my child
- Another reason. Please describe \_\_\_\_\_

4. Did the ECCP® Consultant or your child’s teacher or child care provider refer you to other services in the community that could help your child and/or your family?

Yes

No

a. [If yes] Did you pursue any of those services?

Yes

No

5. Did the ECCP® Consultant provide you and/or your family with any resources, tools, or written materials (such as tip sheets, visual schedules, articles) when you were receiving ECCP® services?

Yes

No

6. Did the ECCP® Consultant recommend any activities or events in your community for parents or families to attend?

Yes

No

a. [If yes] Did you attend any of the activities or events that your ECCP® Consultant recommended?

Yes

No

7. When did you **finish** receiving ECCP® services? \_\_\_\_\_ month \_\_\_\_\_ year

**Working with an ECCP® Consultant**

8. These questions are about your experiences with the ECCP® **Consultant** while you were receiving ECCP® services. How much do you agree with the following statements? Please select one answer per row.

	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly agree</b>	<b>Don't know/Not applicable</b>
a. The ECCP® Consultant worked as a partner with me.					
b. The ECCP® Consultant valued my input about my child and family.					

	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly agree</b>	<b>Don't know/Not applicable</b>
c. The ECCP® Consultant helped me learn how to support my child.					
d. The ECCP® Consultant helped me feel less stressed.					
e. The ECCP® Consultant was knowledgeable about children and families similar to mine.					
f. I had a good relationship with the ECCP® Consultant.					
g. The ECCP® Consultant showed respect for my family's way of doing things, and our traditions and values.					
h. The ECCP® Consultant offered useful information.					
i. The ECCP® Consultant helped me identify useful resources.					
j. I would request services from this ECCP® Consultant again.					
k. Overall, I am satisfied with the services provided by the ECCP® Consultant.					

### Working with your child's teacher/provider

9. These questions are about your experiences with your child's **teacher/child care provider**.

Think about your **experiences with your child's teacher/provider before** you received ECCP® services and your experiences with the same teacher/provider **after** you received ECCP® services. How often did you do the following?

<b>How often did you do the following?</b>	<b>More often before receiving ECCP® services</b>	<b>About the same before and after receiving ECCP® services</b>	<b>More often after receiving ECCP® services</b>	<b>Did not do this before or after receiving ECCP® services</b>	<b>Don't know/Not applicable</b>
a. I talked to my child's teacher/provider about how my child was getting along with other children in the class/program					

How often did you do the following?	More often before receiving ECCP® services	About the same before and after receiving ECCP® services	More often after receiving ECCP® services	Did not do this before or after receiving ECCP® services	Don't know/Not applicable
b. I talked with my child's teacher/provider about my child's difficulties in the classroom/program					
c. I talked with my child's teacher/provider about activities to practice at home					
d. I talked to my child's teacher/provider about my child's accomplishments					
e. I talked to my child's teacher/provider about my child's daily routine					
f. The teacher/provider and I wrote notes about my child or school activities					
g. I scheduled meetings with my child's teacher/provider to talk about problems or to gain information					
h. My child's teacher/provider sent me reports about my child's behavior					
i. My child's teacher/provider sent me reports about my child's progress					
j. I communicated with my child's teacher/provider via phone calls, Zoom, text messages, or email					
k. I talked with my child's teacher/provider about personal or family matters pertaining to my child					

10. Thinking about your experiences with your child's teacher/child care provider **before** you received ECCP® services and your experiences with the same teacher/child care provider **after** you received ECCP® services, how much do you agree with the following?

After participating in ECCP® services....	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree	Don't know/Not applicable
a. I found it easier for us to work together.					
b. It was easier for us to communicate.					
c. I had greater respect for my child's teacher/provider.					

<b>After participating in ECCP® services....</b>	<b>Strongly disagree</b>	<b>Somewhat disagree</b>	<b>Somewhat agree</b>	<b>Strongly agree</b>	<b>Don't know/Not applicable</b>
d. My child's teacher/provider had greater respect for me.					
e. When there was a problem, my child's teacher/provider was more likely to help to solve it.					
f. When things weren't going well it took less time to work them out.					
g. We were more likely to understand each other.					
h. We were more likely to agree about who should do what regarding my child.					
i. We were more likely to have similar expectations of my child.					
j. I was more likely to ask my child's teacher/provider their opinion about my child's progress.					
k. I was more likely to ask my child's teacher/provider for suggestions.					

### Impact of ECCP® services

11. These questions are about improvements that may have happened after you and your child participated in ECCP® services. How much improvement did you see in the following areas? Please select one answer per row.

<b>How much improvement did you see in...</b>	<b>None</b>	<b>A little</b>	<b>Quite a bit</b>	<b>A great deal</b>	<b>Don't know/Not applicable</b>
a. Your child's behavior in the classroom					
b. Your child's behavior at home					
c. Your relationship with your child					
d. Your child's relationship with their teacher/child care provider					
e. Your relationship with your child's teacher/child care provider					
f. Your ability to support your child when he or she is emotionally upset					

How much improvement did you see in...	None	A little	Quite a bit	A great deal	Don't know/Not applicable
g. Your use of skills or information learned from ECCP® services when new issues come up with your child					

## You and your child

12. These questions are about your experiences with your **child**. Thinking about your experiences with your child **before** you received ECCP® services and your experiences with your child **after** you received services, how much do you agree with the following statements?

After participating in ECCP® services...	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree	Don't know/Not applicable
a. I am less likely to become upset when my child doesn't do something I ask him/her to do.					
b. I am more likely to listen to my child's feelings and try to understand them.					
c. I am more likely to thank or praise my child.					
d. I am more likely to comfort my child when s/he seems scared, upset, or unsure.					
e. I am more likely to hold or touch my child in an affectionate way.					

## Effects of COVID-19

13. Which of the following happened **while you were receiving ECCP® services**? [*Check all that apply*]

- My child's school/provider setting temporarily closed due to COVID-19
- I kept my child home from school/the child care provider because my family was exposed to COVID-19 and/or had concerns about exposures to COVID-19
- ECCP® services for my child were delayed due to COVID-19
- I received fewer ECCP® services than planned due to COVID-19
- I chose not to participate in some ECCP® services or activities because I was concerned about COVID-19

- I participated in meetings with the ECCP® Consultant and/or my child's teacher/child care provider on the phone or through videoconferencing rather than in-person due to COVID-19.
- I received resources from the ECCP® Consultant, such as information about parenting young children or how to find other services and supports for my family during the pandemic.

### Challenges and facilitators

14. We are interested in how well the ECCP® model worked for parents and guardians and what might be improved. Thinking about your experience in the ECCP®, how challenging or helpful were the following?

	<b>Very much a challenge</b>	<b>Somewhat of a challenge</b>	<b>Not a challenge or helpful</b>	<b>Somewhat helpful</b>	<b>Very helpful</b>	<b>Don't know/Not applicable</b>
a. Getting my child referred for ECCP® services						
b. Having an ECCP® Consultant available to provide services when needed						
c. Having a teacher/provider who was willing to work with an ECCP® Consultant to help my child						
d. Having an ECCP® Consultant who understood my child and family situation						
e. Having an ECCP® Consultant who knows a lot about my community						
f. Having meetings that worked with my schedule						
g. Having enough time with the consultant to get what I needed						
h. Having a convenient location to meet with the ECCP® Consultant and teacher						

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15. Overall, given the time and effort you spent on ECCP® services, how worthwhile were the ECCP® services in helping you support your child with their social-emotional and behavioral development?

- Not at all worthwhile
- A little worthwhile
- Very worthwhile
- Extremely worthwhile
- Don't know/not sure

16. Is there anything else you would like to tell us about your experience with ECCP® services?

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### About your child

17. How old is your child? \_\_\_\_\_ Years \_\_\_\_\_ months

18. Which of the following best describes your child?

- Girl
- Boy
- Non-binary
- Prefer not to say

19. Which racial/ethnic group(s) does your child identify as?

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino Origin
- Native Hawaiian, or Other Pacific Islander
- White
- Biracial/multi-racial.  
*Please describe:* \_\_\_\_\_
- Other race/ethnicity.  
*Please describe:* \_\_\_\_\_
- Prefer not to say

20. Is your child currently in foster care?

- Yes
- No

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a. [*If yes*] Are you the child's resource (foster) parent?

Yes

No

**Thank you for your time and information!**

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# Appendix C: Interview Protocols

## Appendix C1: ECCP® Consultant Interview Protocol

### Introduction and Purpose of Interview

Thank you for your willingness to participate in this interview. As part of the evaluation of Maine’s Early Childhood Consultation Partnership implementation, we are talking with members of Maine’s ECCP® Statewide Implementation Team, ECCP® Consultants, early learning program administrators and directors, and supervisors of ECCP® consultants. We’d like to learn what worked well during the pilot implementation in addition to challenges and how people are overcoming them. Information about your experiences as an early adopter of the ECCP® program will be valuable for state planning and for other programs implementing the ECCP®.

This interview will take approximately 60 minutes. We might ask questions that do not apply to your role. If so, please just let us know and we will move on.

I’d like your permission to audio-record this conversation so that I can refer to it later if needed.

**Do I have your permission to record?** (*Allow response and begin recording if the informant grants permission*). **Thank you for your verbal permission to record.**

Because this conversation is part of a research study, I want to confirm your consent to participate. **Did you read the consent form that I sent to you in advance?** [*If not, send again and/or read it aloud.*]

Do you consent to participate in this conversation? [*Be sure answer is audible.*]

Okay, thank you. As a reminder, your participation is voluntary and confidential. Please feel free to stop me at any point if you have a question or if you wish to discontinue this interview.

Do you have any questions about the interview or the study before we begin? (*Allow time for response.*)

**I’d like to start with a few questions about your background.**

1. When did you start serving as an ECCP® Consultant?
2. How did you learn about the opportunity to become an ECCP® Consultant? (Probe: Did someone recruit you?)
3. What attracted or motivated you to accept a position as an ECCP® Consultant?

**The next questions are about the ECCP® training you received.**

4. What did you find most helpful about the ECCP® training and why?
5. What did you find least helpful about the ECCP® training and why?

- 
6. What additional topics, if any, do you wish the ECCP® training had covered to help make you better prepared to provide ECCP® services?
  7. In what ways, if any, do you think the ECCP® training you received could be adjusted to make ECCP® services more relevant to the children and families in your region?

**Now I have some questions about the supervision you have received from your agency and from the ECCP® supervisor.**

8. Have you had the same ECCP® supervisor since you began implementing ECCP® services? (If not, when did you change supervisors?)
9. Overall, how would you describe the effectiveness of the joint supervision model of working with both your employer agency supervisor and your ECCP® supervisor? (Probe: Collectively, do the two supervisors provide the support you need to do your job?)
10. Have you experienced any challenges with having two supervisors? (Probe: Please describe if there was ever confusion or complications about whom to contact for a specific question or concern, or if you ever received contradictory information from supervisors.)
11. What did you find most helpful about the supervision you received from your ECCP® supervisor and why? What did you find least helpful about the supervision you received from your ECCP® supervisor and why?
12. Please describe what your ideal amount of supervision would look like from the ECCP® supervisor in the first year and in subsequent years. (Probes: How frequently would you want to meet and for how long? And what topics would you want your ECCP® supervisor to focus on?)
13. Are there ways that the support you receive from your ECCP® supervisor could be more relevant in terms of the specific characteristics and needs of children and families in your region? What might that look like?
14. What, if any, additional support would you like from your home agency supervisor? (Probes: help with caseload management, identification of community partners and resources)
15. Thinking about resources provided by your home agency other than supervision, did you have adequate resources to perform tasks related to ECCP® services? (e.g. supplies and materials, timely reimbursements for travel, postage, office equipment including technology, etc.)

**Now I'd like to talk about resources needed to sustain the ECCP® program in Maine.**

16. What has your **typical** caseload looked like while serving as an ECCP® Consultant? (Probe for number of *Core Classroom*, *Family Child Care Provider Services*, and *Child-Specific Services* they are responsible for at a single time.)

- 
- How manageable does this caseload feel?
  - In the programs/schools you serve, are you aware of teachers/providers who could benefit from ECCP® services but are not receiving them? Do you ever provide informal support or guidance to those providers/teachers or to other staff in the programs/schools you serve?
17. In what types of programs/schools have you provided ECCP® services? (Probe for Head Start, Pre-K, elementary school, afterschool program, family child care or home day care)
- [If Consultant provided services in multiple types of programs] Did you notice any differences in teacher/provider needs based on the type of program?
  - [If Consultant provided services in multiple types of programs] Did you notice any differences in your ability to support teachers/providers based on the type of program? (Probe: Do you think the ECCP® model is equally relevant and effective across all of the settings you've provided services in?)
18. Have you provided *Child-Specific* services for children who were nested in classrooms receiving *Core Classroom*? If so, to what extent do you feel that having both types of services are beneficial to the teacher? To the individual child?
19. We are interested in the time you spend on ECCP® when you are not working with programs, teachers, and families directly. Do you spend time independently preparing for meetings, trainings, etc.? About how many total hours do you spend on these kinds of independent activities for a single *Core Classroom* or *Family Child Care Provider* service? What about for a single *Child-Specific* service?

**We are interested in the impact of COVID on ECCP® implementation.**

20. Please describe any disruptions to your ECCP® training and supervision due to COVID-19. What effects did they have on how prepared you felt to deliver ECCP® services?
21. Please describe any strategies or adjustments used to ensure you received the appropriate training and supervision despite challenges related to COVID-19. How effective were these strategies?
22. Please describe any disruptions to your ECCP® consultation services due to COVID-19.
- To what extent did COVID-related disruptions affect your ability to deliver ECCP® services as you were trained to do (e.g., completing observations and action plans, frequency and timing of consultation sessions, entering data into the EIS)?
  - What effects did COVID-related disruptions have on your ability to meet the needs of the teachers and families you serve?

- 
23. What types of strategies did you use to try and deliver ECCP® services as best you could despite COVID-19-related challenges? (Probe for use of technology (especially virtual visits), scheduling changes, changes to timing or content of consultation, handling of ECCP® data)
  24. Who made decisions and communicated with you about strategies to use in response to COVID-related disruptions in service delivery?
  25. In what ways, if any, do you think COVID-19 impacted the number and types of referrals for ECCP® services you received?

### **Wrap-up**

26. Is there anything else that you would like to share with us about your experiences as an ECCP® Consultant?

**Thank you very much for your time and information!**

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## Appendix C2: Maine ECCP® Program Manager Interview Protocol

### Introduction and Purpose of Interview

Thank you for taking the time to speak with me today. I'm part of the SRI team evaluating the implementation of the Maine Early Childhood Consultation Partnership (ECCP®) program and we're interviewing participants to learn more about their work with the program and their impressions of how it is going. This interview will take about 1 hour.

I'd like your permission to audio-record this conversation so that I can refer to it later if needed.

**Do I have your permission to record?** (*Allow response and begin recording if the informant grants permission*). **Thank you for your verbal permission to record.**

Because this conversation is part of a research study, I want to confirm your consent to participate. **Did you read the consent form that I sent to you in advance?** [*If not, send again and/or read it aloud.*]

**Do you consent to participate in this conversation?** [*Be sure answer is audible.*]

Okay, thank you. As a reminder, your participation is voluntary and confidential. Please feel free to stop me at any point if you have a question or if you wish to discontinue this interview.

Do you have any questions about the interview or the study before we begin? (*Allow time for response.*)

This interview will cover your roles as Maine's ECCP® program manager and as a supervisor to Maine's ECCP® Consultants. Let's start with your role as program manager.

**The first questions are about resources that support ECCP® implementation in Maine.**

1. I'd like to learn more about the State Partnership Team.
  - What is the role of the State Partnership Team?
  - How were members selected?
  - What types of decisions is the team tasked with and how are those decisions made?
  - Do you feel the current membership includes the needed stakeholders for effective and sustained ECCP® implementation?
2. In what ways have the agencies employing ECCP® Consultants supported ECCP® implementation so far? How much collaboration does your office have with these agencies now that implementation is well underway?
3. How have you worked with the existing agencies and organizations to ensure that needed referrals are made for ECCP® services?

- 
4. Are there state agencies or other partners not yet engaged in ECCP® implementation that would help with the identification of new Consultants, programs, and children and families across the state?

### **Buy-in for the ECCP® model**

5. How has the state tried to create buy-in among school or center administrators, teachers, parents, and the public for the ECCP® program? What was the impact of these efforts?
6. Are there some stakeholders who are not yet onboard with the ECCP® program? Who are these stakeholders?
7. How does the ECCP® program fit with any other initiatives in the state to address suspension and expulsion due to social-emotional or behavioral factors?
8. How does the ECCP® program fit with other initiatives Maine has underway (e.g., state standards, QRIS)?

### **Expansion and sustainability of Maine's ECCP® program**

The next questions are about considerations for expanding and sustaining ECCP® implementation.

9. What factors or considerations does OCFS need to prioritize with respect to identifying and hiring qualified ECCP® Consultants across the state?
10. What factors or considerations does OCFS need to prioritize with respect to training ECCP® Consultants as it plans for statewide expansion?
11. What types of factors or considerations does OCFS need to prioritize with respect to supervising ECCP® Consultants as it plans for statewide expansion?
12. What types of factors or considerations does OCFS need to prioritize with respect to ensuring programs and schools have the resources and infrastructure to participate in ECCP®?
13. What factors or considerations does OCFS need to prioritize for operational infrastructure to sustain the ECCP® model.

### **Effects of COVID-19 on implementation**

14. The next question is about how COVID-19 may have affected different aspects of ECCP® implementation. Some of these may not be relevant to your role. If that is the case, just tell me and we can skip that item. How, if at all, do you think launching and implementing the ECCP® during the COVID-19 pandemic affected:
  - The ability to identify and hire qualified Consultants
  - Provision and quality of training for ECCP® Consultants
  - Supervision of ECCP® Consultants

- 
- The ability to identify classrooms and children needing ECCP® services
  - Consultants' ability to implement the model with fidelity
  - The process of referring teachers and children for ECCP® services
  - The types of skills and support that providers/educators needed from Consultants
  - The ability to get buy-in for the ECCP® program from key stakeholders

## **Supervision**

The next questions are about your work with Consultants as their supervisor.

15. How many Consultants are you currently supervising?
  - About how much time or what percentage of your time do you personally spend providing supervision to ECCP® Consultants?
  - How frequently do you meet with each Consultant? How does the frequency of supervision sessions change over time as Consultants get more experience?
  - Typically, how long is each supervision session?
16. In what ways do you collaborate with the ABH ECCP® Program Manager when providing supervision and support to ECCP® Consultants? (Probes: Do you meet regularly about the supervision you provide? Do you discuss the progress of individual Consultants? Do you review any data together?)
17. Thinking about the current ECCP® Consultants in Maine, what do you see as their greatest strengths related to delivering ECCP® consultation? What are their areas for growth?
18. We understand that Maine's OCFS is considering hiring an individual to support Consultant supervision as the ECCP® expands. What do you envision for this new role and how might your role as a supervisor change?
19. Please describe the advantages and disadvantages of working directly with ECCP® Consultants while also serving as Maine's ECCP® program manager.

## **Facilitators and challenges to implementation**

The final questions are about the facilitators and challenges you have identified during the launch and implementation of the ECCP® program.

20. What have been the most important factors in supporting the implementation of the ECCP® program?
21. What challenges have you observed in the implementation of Maine's ECCP® program?
  - What solutions were identified for addressing those challenges?

- 
22. What initial concerns, if any, did you have before launching the ECCP® program? Do these concerns still remain now that you are implementing the ECCP® program?
  23. Do you have new concerns about the ECCP® program as you look toward scaling the program? How could those concerns be addressed?
  24. What parts of implementation have gone especially well?
  25. How could implementation be improved?
  26. Is there anything else that you would like to share with us about your experiences with Maine's ECCP® implementation?

**Thank you for your time and information!**

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## Appendix C3: ABH ECCP® Program Manager/ Supervisor Interview

Thank you for taking the time to speak with me today. I'm part of the SRI team evaluating the implementation of the Maine Early Childhood Consultation Partnership (ECCP®) program and we're interviewing program participants to learn more about their work with the program and their impressions of how it is going. This interview will take about 1 hour.

I'd like your permission to audio-record this conversation so that I can refer to it later if needed.

**Do I have your permission to record?** *(Allow response and begin recording if the informant grants permission).* **Thank you for your verbal permission to record.**

Because this conversation is part of a research study, I want to confirm your consent to participate. **Did you read the consent form that I sent to you in advance?** *[If not, send again and/or read it aloud.]*

**Do you consent to participate in this conversation?** *[Be sure answer is audible.]*

Okay, thank you. As a reminder, your participation is voluntary and confidential. Please feel free to stop me at any point if you have a question or if you wish to discontinue this interview.

Do you have any questions about the interview or the study before we begin? *(Allow time for response.)*

**I'd like to start with a few questions about your background.**

1. How long have you served as an Advanced Behavioral Health Program Manager/ECCP® model-specific supervisor?
2. What are your primary responsibilities in this position? Are you currently supporting the ECCP® model in both Maine and Connecticut?

**Now I'd like to talk about the ECCP® training in Maine.**

3. Overall, how do you think training of Maine's ECCP® Consultants went? Did you observe any differences in the professional development needs of Maine's Consultants compared with the Consultants you support in Connecticut?
4. What are your impressions of delivering ECCP® training remotely versus in-person? Do you think the method of delivery affected the outcome of the training in any way?
5. In what ways, if any, do you think the ECCP® training for Maine's Consultants could be adjusted to make it more relevant to the children and families in the regions served?

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**These next questions are about ECCP® supervision.**

6. For the Maine ECCP® program, we understand that you are the initial supervisor for all Maine ECCP® Consultants, and that Maine's ECCP® program manager later takes on supervision of some Consultants. How do you decide who supervises which Consultants?
  - How many Consultants are you currently supervising?
  - How frequently do you meet with each Consultant? How does the frequency of supervision sessions change over time as Consultants get more experience?
  - Typically, how long is each supervision session?
7. About how much time do you think Consultants spend *preparing* for consultation sessions, staff trainings, and community events?
8. How, if at all, does the content of your supervisory sessions change with regard to:
  - The type of service the Consultant is providing (*Core Classroom, Child-Specific, Family Care Provider Services*)?
  - The setting in which the Consultant is working (e.g., large public preschool, small private center)?
  - The local community in which the Consultant is working?
9. Thinking about your current supervisees in Maine, what do you see as their greatest strengths as ECCP® Consultants? What are their areas for growth?
10. In what ways do you collaborate with the Maine ECCP® Program Manager when providing supervision and support to ECCP® Consultants? (Probes: Do you meet regularly about the supervision you provide? Do you discuss the progress of individual Consultants? Do you review any data together?)
11. What is your role in terms of referrals to ECCP® services? Do you have any contact with regional or state agencies in regard to your role as an ECCP® Consultant supervisor?

**Now I'd like to talk about resources needed to sustain the ECCP® program in Maine.**

12. Please describe any facilitators or challenges Maine experienced in recruiting ECCP® Consultants with the required skills and background.
13. What is the recommended caseload for a fulltime ECCP® Consultant?
  - To what extent have Maine's ECCP® Consultants had manageable caseloads so far?
14. What do you think Maine's Office of Child and Families Services (OCFS) should prioritize with respect to training and supervising ECCP® Consultants as it plans for statewide expansion?

- 
15. What lessons have you learned from Connecticut's ECCP® model implementation and expansion that can inform how Maine's OCFS plans its statewide expansion?

**We are interested in the impact of COVID on ECCP® implementation.**

16. Please describe the effects of COVID-19 on the **training and supervision** that Maine's ECCP® Consultants received.
17. Please describe any strategies or adjustments used to try and ensure Consultants received the appropriate training and supervision despite challenges related to COVID-19.
18. Please describe the effects of COVID-19 on the frequency and quality of **services** ECCP® Consultants were able to provide. (Probes: scheduling changes, cancelations)
19. Please describe the effects of COVID-19 on the frequency and quality of **services** ECCP® Consultants were able to provide. (Probe for scheduling changes.)
20. How did COVID-19 impact the ability for the Maine ECCP® program to be implemented in a manner that met pre-COVID ECCP® fidelity thresholds?

**Wrap-up**

21. Is there anything else that you would like to share with us about your experiences with Maine's ECCP® implementation?

**Thank you very much for your time and information!**

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## Appendix C4: State Partnership Team Interview Protocol

### Introduction and Purpose of Interview

Thank you for taking the time to speak with me today. I'm part of the SRI team evaluating the implementation of the Maine Early Childhood Consultation Partnership (ECCP®) program and we're interviewing participants to learn more about their work with the ECCP® and their impressions of how it is going. This interview will take about 1 hour.

I'd like your permission to audio-record this conversation so that I can refer to it later if needed.

**Do I have your permission to record?** (*Allow response and begin recording if the informant grants permission*). **Thank you for your verbal permission to record.**

Because this conversation is part of a research study, I want to confirm your consent to participate. **Did you read the consent form that I sent to you in advance?** [*If not, send again and/or read it aloud.*]

**Do you consent to participate in this conversation?** [*Be sure answer is audible.*]

Okay, thank you. As a reminder, your participation is voluntary and confidential. Please feel free to stop me at any point if you have a question or if you wish to discontinue this interview.

Do you have any questions about the interview or the study before we begin? (*Allow time for response.*)

**I'd like to start with a few questions about your role and how it relates to Maine's Early Childhood Consultation Partnership® implementation.**

1. Please describe your involvement with Maine's ECCP® implementation. (Probe: primarily an advisory role, helped to make decisions about ECCP® implementation, had hands-on involvement with Consultants or providers)
2. How would you describe the purpose and role of the Maine ECCP® State Partnership Team? How often do you meet? Does the Partnership Team have a decision-making role when it comes to ECCP® implementation?
3. About how much time do you personally spend supporting ECCP® implementation? (Probe for estimated hours per week during implementation.) How, if at all, has the amount of time you spend supporting ECCP® implementation changed between the launch in January 2021 and now?
4. Have you worked on the Connecticut ECCP® model and/or implementation of the ECCP® in Connecticut? (If no, skip to Q5) Not including differences caused by the COVID-19 pandemic, what differences, if any, have you noticed between the Connecticut and Maine models?

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Probe for:

- Differences in types of programs participating
  - Differences in characteristics of teachers/providers and/or families served
  - Availability and competencies of Consultants
  - Level and types of involvement of state agencies and community partners
- a. Not including adjustments made because of COVID-19, were any aspects of the Connecticut ECCP® model *not* included in the Maine implementation? Why were they not included?
  - b. Were any practices or activities *added* to increase the effectiveness or suitability of the ECCP® model for Maine’s participants? Please describe any additions or enhancements made to the original model.
5. Overall, how well do you think the ECCP® program fits into Maine’s larger early childhood system?

Probe for:

- Buy-in for the IECMHC approach from key stakeholders
- Alignment of the ECCP® within Maine’s referral system
- Compatibility of the ECCP® with Maine standards/QRIS
- Extent to which the ECCP® fills a void in professional development of educators
- Relevance of the ECCP® model to current priorities of state leaders

### **Effectiveness of the ECCP®**

6. Do you feel that the ECCP® has had a positive effect so far in the programs where it has been implemented? Why or why not?
7. To what extent do you think the ECCP® has reached the classrooms and children needing ECCP® services within the pilot communities? Is the demand for ECCP® services in those communities greater than the capacity of Consultants to provide ECCP® services?

### **The next questions are about the impact of the COVID-19 pandemic on ECCP® implementation in Maine.**

8. The next question is about how COVID-19 may have affected different aspects of ECCP® implementation. Some of these may not be relevant to your role. If that is the case, just tell me and we can skip that item. How, if at all, do you think launching and implementing the ECCP® during the COVID-19 pandemic affected:
  - The ability to identify and hire qualified Consultants
  - Provision and quality of training for ECCP® consultants
  - Supervision of ECCP® Consultants
  - The ability to identify classrooms and children needing ECCP® services

- 
- Consultants' ability to implement the model with fidelity
  - The process of referring teachers and children for ECCP® services
  - The types of skills and support that providers/educators needed from Consultants
  - The impact of COVID on child care providers' ability to fully participate in ECCP® services?
  - The impact of COVID on parents' ability to fully participate in ECCP® services?
9. Please describe any other ways that COVID affected ECCP® implementation in Maine.

### **Cross-systems collaboration**

10. How did agencies and community organizations collaborate during ECCP® implementation? Can you give an example of cross-agency collaboration and how it affected ECCP® implementation?
11. Are you aware of untapped resources or potential partners that could help support the expansion of the ECCP® statewide?

### **Perceived buy-in for the ECCP® model from various state-level stakeholders**

12. How did the state try to create buy-in among school or center administrators, teachers, parents, and the public for the ECCP® program? What was the impact of these efforts? How, if at all, did you or your agency participate in efforts to create buy-in?
13. Are there some stakeholders who are not yet onboard with the ECCP® program? Who are these stakeholders?

### **Challenges and Facilitators to Implementation**

14. What have been the most important factors in supporting the implementation of the Maine ECCP® program?
- a. Did you or your agency implement any strategies or practices that helped support the implementation of the ECCP® model?
15. What challenges have you observed in the implementation of Maine's ECCP® program?
16. What initial concerns, if any, did you have before launching the ECCP® program? Do these concerns still remain now that you are implementing the ECCP® program?
17. Do you have new concerns about the ECCP® as you look toward scaling the program? How could those concerns be addressed?
18. What parts of implementation have gone especially well?

- 
19. What recommendations do you have to improve the implementation of the ECCP® program in **Maine**?
  20. Is there anything else that you would like to share with us about your experiences with Maine's ECCP® implementation?

**Thank you for your time and information!**

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## Appendix C5: ECE Program Director Interview

### Introduction and Purpose of Interview

Thank you for taking the time to speak with me today. I'm part of the SRI team evaluating the implementation of the Maine Early Childhood Consultation Partnership (ECCP®) program and we're interviewing participants to learn more about their work with the ECCP® and their impressions of how it is going. This interview will take about 1 hour.

I'd like your permission to audio-record this conversation so that I can refer to it later if needed.

**Do I have your permission to record?** (*Allow response and begin recording if the informant grants permission*). **Thank you for your verbal permission to record.**

Because this conversation is part of a research study, I want to confirm your consent to participate. **Did you read the consent form that I sent to you in advance?** [*If not, send again and/or read it aloud.*]

**Do you consent to participate in this conversation?** [*Be sure answer is audible.*]

Okay, thank you. As a reminder, your participation is voluntary and confidential. Please feel free to stop me at any point if you have a question or if you wish to discontinue this interview.

Do you have any questions about the interview or the study before we begin? (*Allow time for response.*)

**I'd like to start with a few questions about your program and your background.**

1. Please share a little about your background. What is your current position? How long have you been in this position?
2. Please describe the program you direct.

(Note to interviewer: Please make sure to get the following:)

- a. Public or private
- b. Total number of children enrolled
- c. Total number of classrooms
- d. Total number of teaching staff
- e. Age range of children served

**Now let's talk about your involvement with the Early Childhood Consultation Partnership.**

3. How did you first hear about the ECCP®? What made you decide to participate?
4. Have your staff received *Core Classroom* ECCP® services, *Child-Specific* services, or both?
5. How many of your staff have received ECCP® consultation?

- 
6. [Only ask participants whose program received Core Classroom Services] Did your whole staff receive trainings or information from the ECCP® Consultant as part of Core Classroom services (e.g., trainings on social-emotional development)?

**Now I'd like to talk about the resources you've used to implement the ECCP® in your program.**

7. How did you free up staff time during the day to work with the ECCP® Consultant? (probe for use of substitutes, assistant teachers, other staff filling in classrooms, consultation/home visits during non-teaching hours).

[If used substitute teachers]: Did you hire substitutes for all ECCP® activities (i.e., for each consultation session, training, etc.), or did you use substitutes only some of the time? (Note to interviewer: Try to quantify hours that substitutes worked so teachers could receive services.)

8. Where did Consultants and teachers/providers meet? Did you have sufficient space onsite for consultation?
9. Did you purchase any supplies or materials specifically for your program's participation in the ECCP®? If so, what supplies or materials did you purchase?

**[Ask Q10–14 if program received *Core Classroom* services or *Family Child Care Provider Services*. If program did not receive *Core Classroom* or *FCCP* services, skip to Q15] These next questions are about the most recently completed [*Core Classroom/Family Child Care Provider*] service in your program.**

10. About how much time did you personally spend supporting the ECCP® *Core Classroom/Family Child Care Provider* service? Please include time spent in discussion with the ECCP® Consultant, communications with your staff about implementing the ECCP®, and other activities you personally took part in? (Probe for estimate of total hours over the course of a *Core Classroom/Family Child Care Provider* service.)
11. Was the amount of time teachers spent on ECCP® services about what you expected, or did they spend more or less time on ECCP® activities than expected?

[If no] Overall, about how much more/less time did teachers spend on *Core Classroom/Family Child Care Provider* services than expected?  
\_\_\_\_\_ # hours across the duration of the *Core Classroom/Family Child Care Provider* service

12. Were any children in this classroom involved in child protective services or in the state child welfare system? How many?
13. How effective were the *Core Classroom/Family Child Care Provider* services in supporting providers/teachers to address social-emotional and behavioral issues in the classroom? What percentage of teachers in your program do you think would benefit from these services?

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**[If teachers in the program received *Child-Specific* services] These next questions are about ECCP® *Child-Specific* services.**

14. How many children in your program have received *Child-Specific* ECCP® services? Were any of these children involved in child protective services or in the state child welfare system? How many?
15. Thinking about the most recently completed *Child-Specific* service, about how much time did you personally spend supporting that service? Please include time spent in discussion with the ECCP® Consultant, communications with your staff or the family about ECCP® consultation, and other activities you personally took part in? (Probe for estimate of total hours over the course of the *Child-Specific* service.)
16. Was the amount of time the teacher spent on *Child-Specific* ECCP® services about what you expected, or did they spend more or less time on *Child-Specific* ECCP® activities than expected?  
  
[If no] Overall, about how much more/less time did the teacher spend on *Child-Specific* services than expected? \_\_\_\_\_ # hours across the duration of the *Child-Specific* service
17. What percentage of children in your program do you think could benefit from *Child-Specific* ECCP® services (i.e., what percentage demonstrate social-emotional or behavioral challenges and could be at risk for suspension/expulsion)?
18. How effective were the *Child-Specific* ECCP® services in supporting teachers in your program to address the social-emotional and behavioral needs of individual children identified for ECCP® services?

**We are interested in the impact of COVID on ECCP® implementation.**

19. Please describe the ways that COVID affected ECCP® services in your program/center.

**The final questions are about your perceptions of ECCP® services and recommendations you may have.**

20. Overall, how did your program/center's participation in the ECCP® program affect your staff's ability to :
  - Identify children at risk of suspension/expulsion due to social-emotional or behavioral factors?
  - Plan modifications and interventions to address social-emotional or behavioral issues in the classroom?
  - Improve children's prospects for successful inclusion into classroom activities and opportunities for positive interactions with their peers?
  - Make referrals for resources available in the community?

- 
21. Did you experience any challenges as an administrator implementing the ECCP® that we have not yet talked about?
  22. Do you have any recommendations for improving ECCP® services?

**Thank you very much for your time and information!**

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# Appendix D: Focus Group Protocols

## Appendix D1: Provider/Teacher Focus Group Protocol

### Introduction/Welcome

Thank you for taking the time to speak with us today. Your input is very important, and we appreciate your participation and contribution. [Introduce moderator and note taker/co-moderator.] We are from SRI Education (a non-profit research organization) and we are supporting the Maine Office of Child and Family Services (OCFS) to evaluate the implementation of the Maine Early Childhood Consultation Partnership (or ECCP®) program. The purpose of this focus group is to gather feedback from educators and child care providers who received services through the ECCP® program and their impressions of how it is going. This focus group will take about 1 hour and every person who participates in this group will receive a \$25 Visa gift card.

We will record this conversation so that we can refer to it later if needed. If you do not wish to be recorded, you may leave the group.

Because this conversation is part of a research study, I want to confirm your consent to participate. **Did everyone read the consent form that I sent to you in advance?** [*If not, send again and/or read it aloud.*]

**Does everyone consent to participate in this conversation?** [*Be sure answer is audible.*]

Okay, thank you. As a reminder, your participation is voluntary and confidential. This focus group is not intended to evaluate your abilities, and your name and school/center name will not be shared with OCFS staff or included in any reports. Please feel free to stop me at any point if you have a question or if you no longer wish to be part of this focus group.

Do you have any questions about the focus group or the study before we begin? (*Allow time for response.*)

Now let's take a few minutes to introduce ourselves. Please share your name, feel free to just use your first name or whatever name you prefer. Please also tell us the type of school or program you worked for when you participated in ECCP® services and whether you received services to support your whole class or program, services to support an individual child, or both. [Lead moderator will facilitate introductions among group members.]

### Questions/Prompts

1. Let's start with how you first learned about ECCP® services. Please share with us about your experience with the ECCP® referral process. (Probes: How did you learn about the ECCP®? Did you personally seek out services for support in your classroom or refer any individual children for *Child-Specific* services? Did an

- 
- ECCP® consultant reach out to you to introduce you to the program? How long did you have to wait for consultation?)
2. To what extent would you say that you had all the resources you needed to fully access ECCP® services? (Probes: amount of time spent with the Consultant, classroom coverage, level of understanding of social-emotional content covered in consultation sessions, ability to ask questions and get information quickly)
    - a. What additional resources would have been helpful to you when you were receiving ECCP® consultation?
  3. Please share your experiences in the development and implementation of an Action Plan. (Probes: Did you feel you had equal responsibility and participation in the development of the Action Plan, along with the consultant and family/caregiver? How easy or difficult was it to implement the Action Plan? How relevant was the Consultant's guidance to your needs around managing social-emotional and behavioral issues? How helpful was the Action Plan to you?)
  4. What skills did you learn through the ECCP® services?
    - a. To what extent do you continue to use skills learned from the consultation?
    - b. Have you applied skills you learned through ECCP® services to new issues or behaviors that have arisen in your classroom? Can you give an example?
  5. How has participation in Maine's ECCP® services led to changes in your classroom management?
  6. How, if at all, have your relationships and interactions with children in your classroom changed after your participation in ECCP® services?
  7. How, if at all, has participation in ECCP® services changed your relationship with the families of the children in your classroom? (Probes: types and topics of communication with families, extent to which family initiates communication versus teacher) Do you think families who have received Child-Specific services are likely to follow up on referrals for services?
  8. How, if at all, has participation in ECCP® services changed your relationship with your coworkers? (Probes: types and topics of communication with other staff, shared ECCP® practices with other staff?)
  9. To what extent has your ability to identify and support children at risk of suspension/expulsion due to social-emotional factors increased? What about your ability to effectively include all children in your classroom in all learning opportunities?
  10. In your opinion, what is the best or most helpful part about your participation in ECCP® services?
  11. How did issues related to COVID affect the ECCP® services you were receiving? (Probes: canceled/delayed training or supervision, canceled/delayed services because of school/program closure or illness, issues with technology, restrictions preventing face-to-face meetings)

- 
- a. How much do you think these issues related to COVID affected the quality of the ECCP® services and what you were able to get from them?
  12. What, if any, challenges, did you experience when accessing or participating in ECCP® services? (Probes: availability of consultant, understanding of family and child needs, Consultant familiarity with local community and available services, scheduling)
  13. Is there anything the ECCP® could do differently to have a greater positive impact on the social and emotional well-being of young children in Maine? If you could change one thing about the way this project operated, what would it be?
  14. Is there anything else that we didn't cover that you think is important for us to capture about your experiences in the ECCP® program?

### **Closing**

This is the end of our focus group. We would like to thank you for your participation.

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## Appendix D2: Parent/Guardian Focus Group Protocol

### Introduction/Welcome

Thank you for taking the time to speak with us today. Your input is very important, and we appreciate your participation and contribution. [Introduce moderator and note taker/co-moderator.] We are from SRI Education (a non-profit research organization) and we are supporting the Maine Office of Child and Family Services (OCFS) to evaluate the implementation of the Maine Early Childhood Consultation Partnership (or ECCP®) program. The purpose of this focus group is to gather feedback from parents and families whose children received services through the ECCP® program and their impressions of how it is going. This focus group will take about 1 hour and every person who participates in this group will receive a \$25 Visa gift card.

We will record this conversation so that we can refer to it later if needed. If you do not wish to be recorded, you may leave the group.

Because this conversation is part of a research study, I want to confirm your consent to participate. **Did everyone read the consent form that I sent to you in advance?** [*If not, send again and/or read it aloud.*]

**Does everyone consent to participate in this conversation?** [*Be sure answer is audible.*]

Okay, thank you. As a reminder, your participation is voluntary and confidential. This focus group is not intended to evaluate your abilities or seek information regarding your child's specific behaviors or issues, and your name and your child's name will not be shared with OCFS staff or included in any reports. The focus is on your experience with and perceptions of the ECCP® services you received. Please feel free to stop me at any point if you have a question or if you no longer wish to be part of this focus group.

Do you have any questions about the focus group or the study before we begin? (*Allow time for response.*)

Now let's take a few minutes to introduce ourselves. Please share your name and the age of your child. Feel free to just use your first name or whatever name you prefer. [Lead moderator will facilitate introductions among group members.]

### Questions/Prompts

1. Let's start with how you first learned about ECCP® services. Please share with us about your experience with the referral process and how you and your child got involved with ECCP® services. (Probes: How did you find out about ECCP® services? Who referred your child for ECCP® services? What stood out to you about the process of enrolling in ECCP® services?)

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2. Please share your experiences (OR share your most memorable experience) with the **ECCP® Consultant** while you were receiving ECCP® services. (Probes: How many times did you meet with your child’s teacher and the Consultant? What did you discuss? How well did the Consultant understand your child’s needs?)
  3. Did the Consultant or your child’s teacher share any resources or refer you to additional services that could support your child or family? Did you follow up with any of those recommendations? How helpful were they?
  4. What new knowledge or skills did you learn through the ECCP® services that you can use to parent your child?
    - a. Have you applied new knowledge or skills you learned through ECCP® services to any new issues or behaviors that have come up with your child? Can you give an example?
  5. To what extent were the ECCP® consultation sessions consistent with your family values and culture? Were there aspects of the services that didn’t seem to apply to your family?
  6. In your opinion, what was the best or most helpful part about the ECCP® services your family received?
  7. What challenges or difficulties, did you experience when participating in ECCP® services? (Probes: availability of Consultant, teacher/provider willingness to work with the Consultant, understanding of child and family needs, Consultant familiarity with the local community and available services, scheduling challenges, convenient location for meetings)
  8. How did issues related to COVID affect the ECCP® services you and your child were receiving? (Probes: canceled/delayed services because of school/program closure or illness, issues with technology, restrictions preventing face-to-face meetings)
    - a. How much do you think these issues related to COVID affected the quality of the ECCP® services and what you were able to get from them?
  9. How, if at all, has your child’s behavior changed as a result of the ECCP® services your family received?
  10. How have your relationship and interactions with your child changed after participating in ECCP® services?
  11. How, if at all, did participating in ECCP® services change your relationship with your child’s teacher/provider? (Emphasize that we are talking about the teacher who participated in ECCP® services with the parent.) (Probes: types and topics of communication with teacher/provider, extent to which you initiate communication versus the teacher)
  12. Please share a success story from your participation in ECCP® services.

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13. Is there anything else that we didn't cover that you think is important for us to capture about your experiences in the ECCP® program?

### **Closing**

This is the end of our focus group. We would like to thank you for your participation.

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