



South Carolina Institute of  
Medicine & Public Health

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# Foundations for Success Taskforce

*Taskforce Meeting #3  
April 30, 2026*

# About IMPH



[www.imph.org](http://www.imph.org)



[@SC\\_IMP](#)



[@SC.IMPH](#)



[@South Carolina Institute of Medicine  
and Public Health](#)

## Our Mission

Our mission is to collectively inform policy to improve health and health care.

We serve as an independent, nonprofit organization working to collectively inform policy to improve health and health care in South Carolina. IMPH provides nonpartisan, evidence-based information to guide policymakers in making impactful health policy decisions.

We strive to be the leading and trusted nonpartisan resource for evidence-based information on South Carolina's most critical population health issues.

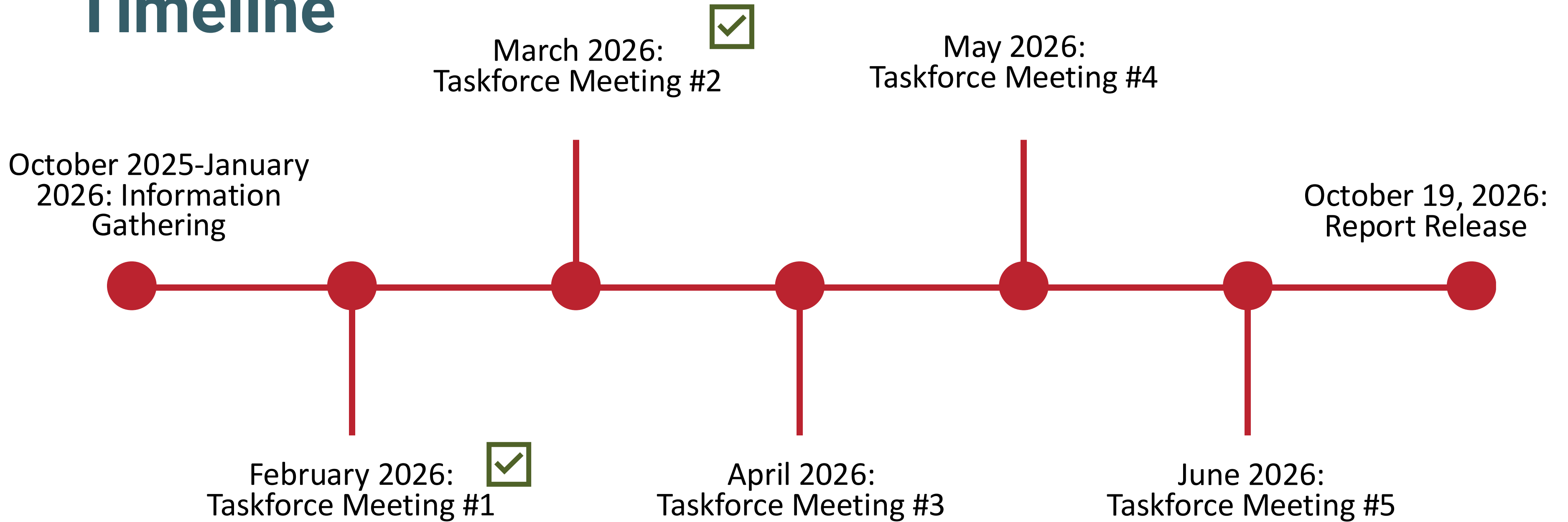


**Welcome**

***Taryn M. Farrell, MPH***  
***Research & Policy Manager, IMPH***



# Timeline



# Goals of Taskforce

- The Taskforce process will produce an action plan including:
  1. Detailed recommendations comprised of action steps across 1-year, 3-year, and 5-year implementation timelines;
  2. Identified facilitators and support for successful implementation; and
  3. Key champions for implementation
- IMPH will serve as a facilitator of this process
- All decisions regarding the action plan and its contents will be made by the Taskforce members



# Taskforce Guiding Principles

**Consensus:** Even though the decision may not be the first choice, everyone can live with and support the decision. Consensus does not mean unanimous agreement.

**Inclusivity:** Effective collaboration requires transparency and inclusiveness, equality among all participants and active participation from all partners.

**Impact:** Effective collaboration requires acknowledging capacity and scaling interventions to realistic goals.

**Strategic Alignment:** Effective collaboration requires all participants to disclose when our own interests are in conflict with those of the taskforce.

**Respect:** Effective collaboration requires mutual trust and respect for organizational boundaries, continuity in communication and interaction and a distinction between policy analysis and political commentary.





SOUTH CAROLINA  
Infant Mental Health  
ASSOCIATION

# The IECMH Continuum in Action: HIGHER EDUCATION, CONSULTATION PRACTICE, AND OUTCOME EVALUATION

Presented by:

Margaret Bellamy, MSW, LCSW

Mackenzie Soniak, PsyD

# Today's Agenda

- Describe the IECMH continuum of services and how it supports infants, young children, families, and providers
- Highlight strategies for educating students and training the IECMH workforce through higher education and professional development
- Examine the role of Infant and Early Childhood Mental Health Consultation (IECMHC) in preventing and addressing Pre-K expulsion



SOUTH CAROLINA  
**Infant Mental Health**  
ASSOCIATION

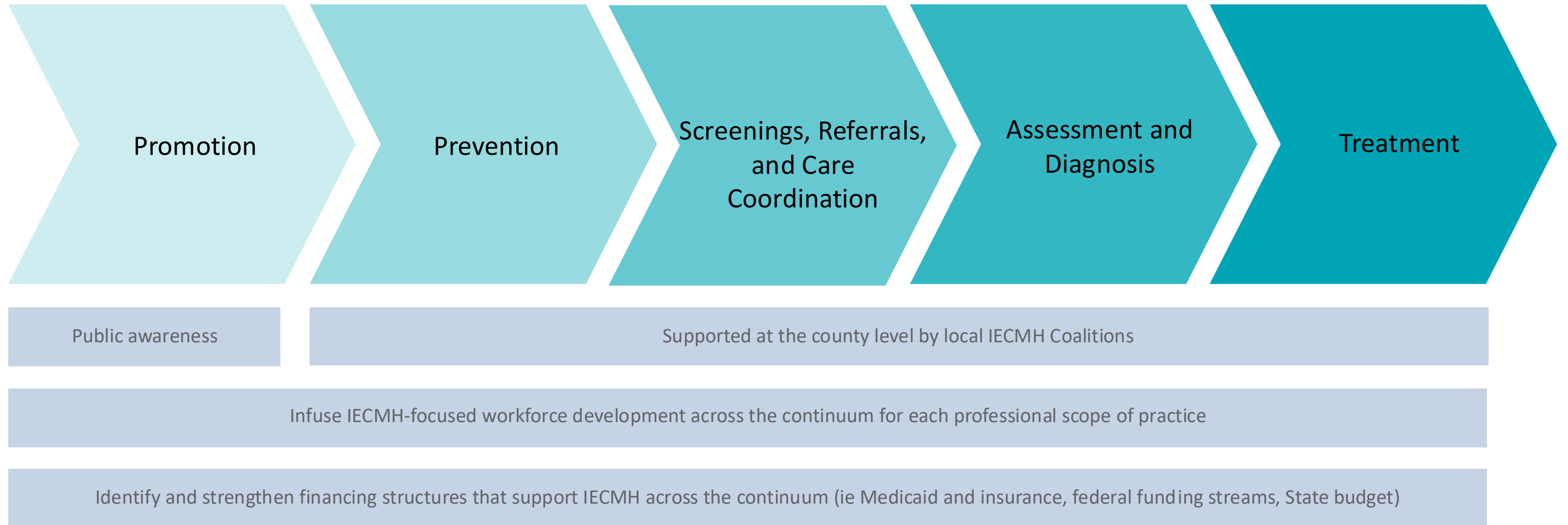


**PROMOTING NURTURING RELATIONSHIPS**

Resources, policies and practices to foster healthy social-emotional development and well-being.



# IECMH System for Action Framework



# How Early Childhood Needs Are Often Framed

Mental Health

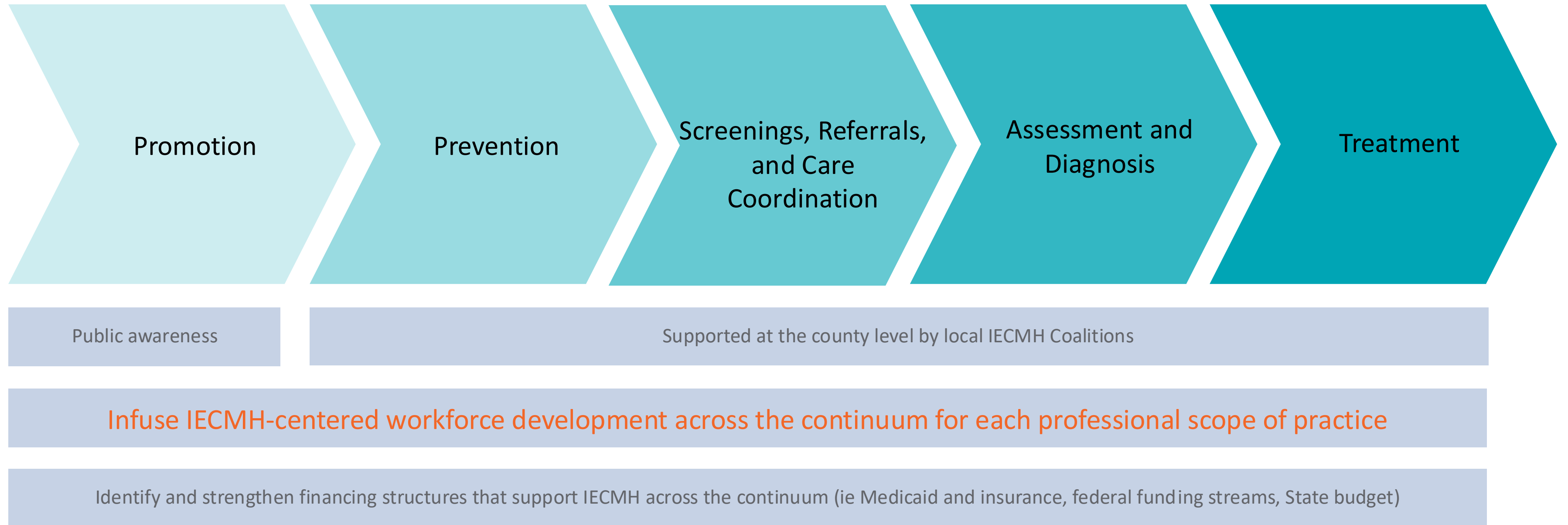
Developmental Delay



# Two Lanes on the Same Road



# IECMH System for Action Framework



# IECMH Competency Guidelines & Endorsement®

## “The Cake”

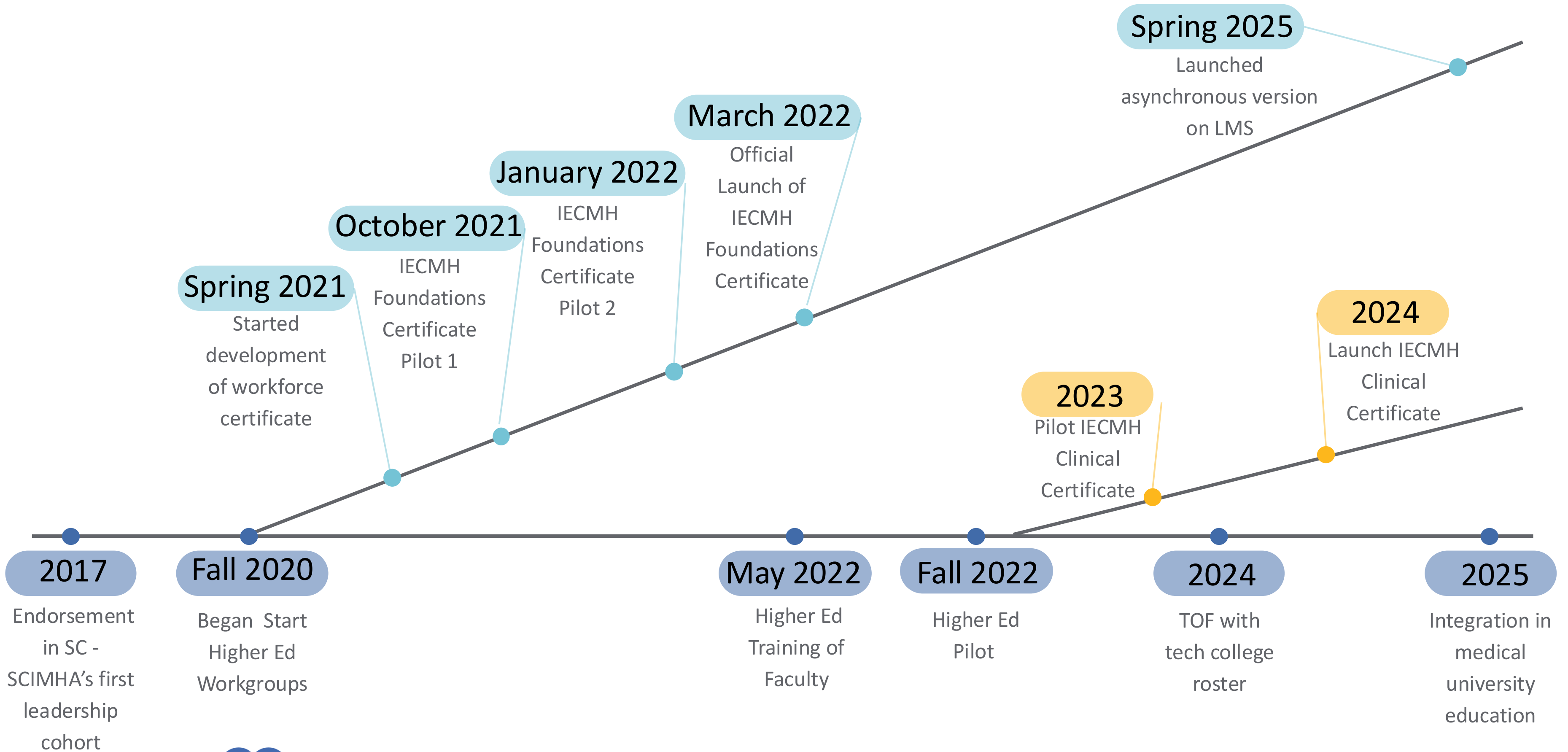
**The Infant and Early Childhood Mental Health Competency Guidelines** is an infant/young child centered relational framework that outlines the knowledge and skills necessary to develop a specialization in IECMH



## “The Icing”

**Endorsement** is an internationally recognized credential that formally documents the development of the IECMH Competencies.





# IECMH Certificate Development Timeline

# Certificate Integration in Higher Education

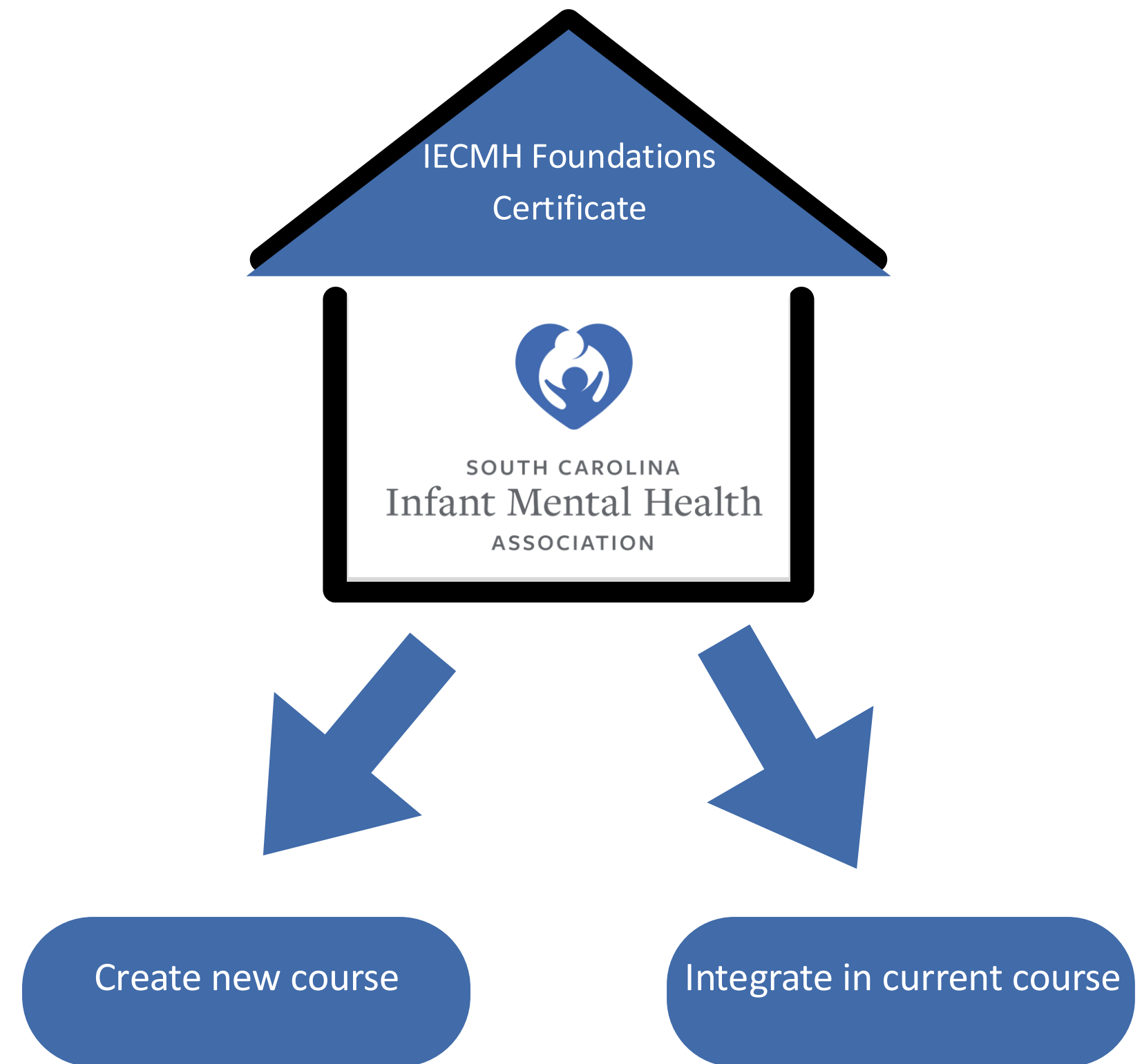
Faculty attend certificate training

Faculty attend Training of Faculty (TOF)

SCIMHA provides TA to create or  
integrate the course

Faculty engage in fidelity checks

SCIMHA issues certificate



# IECMH consultation bridges workforce preparation into day-to-day practice





# SCIMHA'S PEAR Program

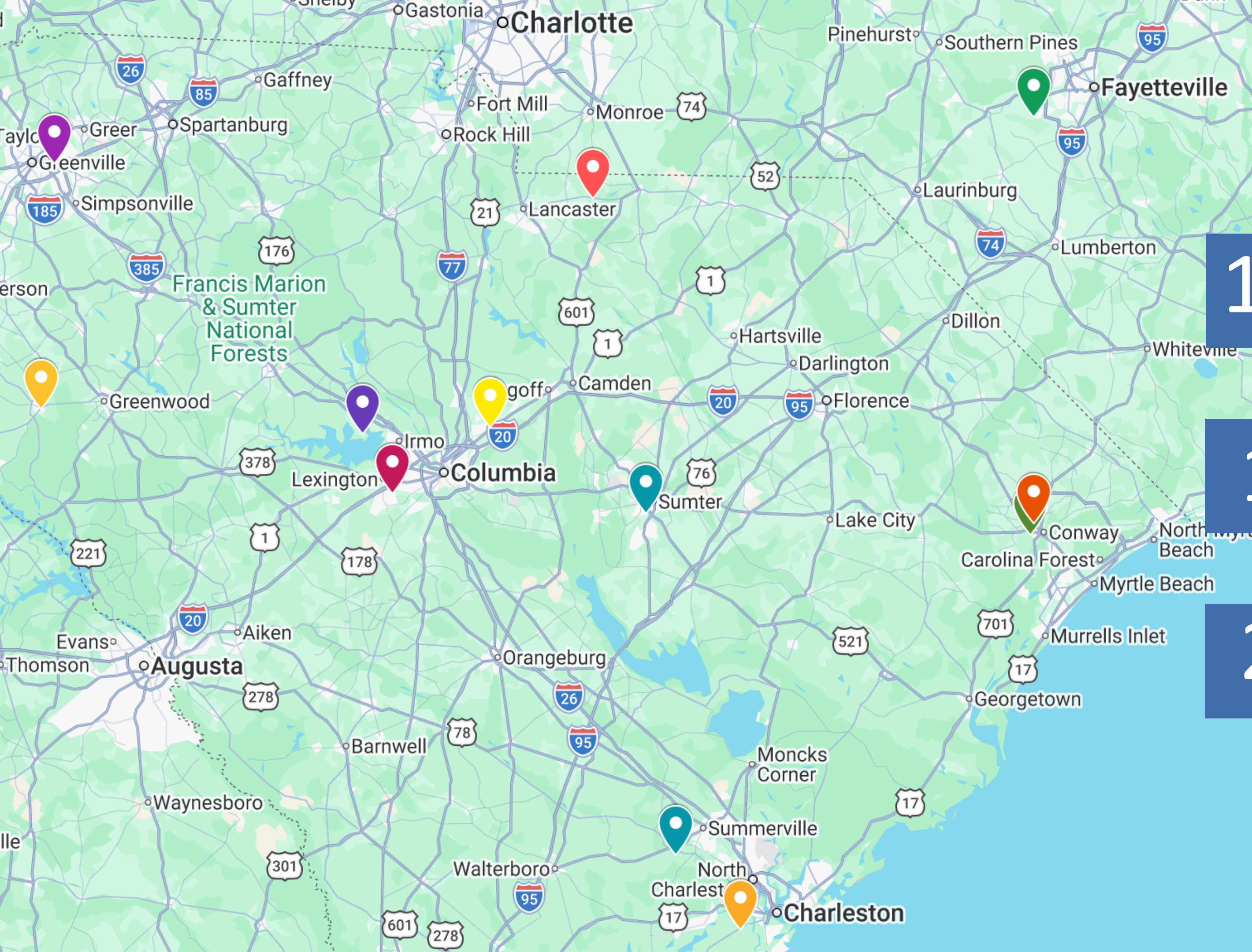
Partners for Early Attuned Relationships

# SCIMHA's PEAR Program

**10** Full-time Consultants

**1** Intake Coordinator

**2** Regional Supervisors





## Evaluation Partnership

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- This report represents data collected from 2023 through June 2025. Data collection is ongoing.
- The PEAR mental health consultants implement the data collection.
- Data is collected...
  - Upon partnering with a new ECE site (baseline or ‘time one’)
  - After 6 months of services ( ‘time two’)
  - After 12 months of services (‘time three’)



## Research Questions

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**Who participates in the PEAR program evaluation?**

**What is the impact of the PEAR program for children and the adults who care for them?**

**What is the role of race-ethnicity in the impact of PEAR?**

**What feedback exists for the PEAR program?**

# Research Question

## WHO PARTICIPATES IN THE PEAR PROGRAM EVALUATION?

- 01 Early Care and Education Sites
- 02 Directors and Administrators
- 03 Teachers and Child Care Providers
- 04 Classrooms (Teachers)
- 05 Children (Teachers)



# measurement TOOLS



01

## DIRECTOR SURVEYS

Demographics  
Self-efficacy  
Feedback  
Satisfaction

02

## TEACHER SURVEYS

Demographics  
Self-efficacy  
Wellbeing  
MHC relationship  
Feedback

03

## FOCUS CHILD SURVEYS

Demographics  
Exclusion Risk  
Emotional/Behavioral change  
Student/Teacher closeness



# WHO IS IN OUR SAMPLE?



129 ECE PROGRAMS

84 DIRECTORS/ADMINISTRATORS

78 TEACHERS/ECE PROVIDERS

127 FOCUS CHILDREN



# The PEAR Program Reduces Expulsion and Exclusion Risk

Site-Wide Suspension Risk

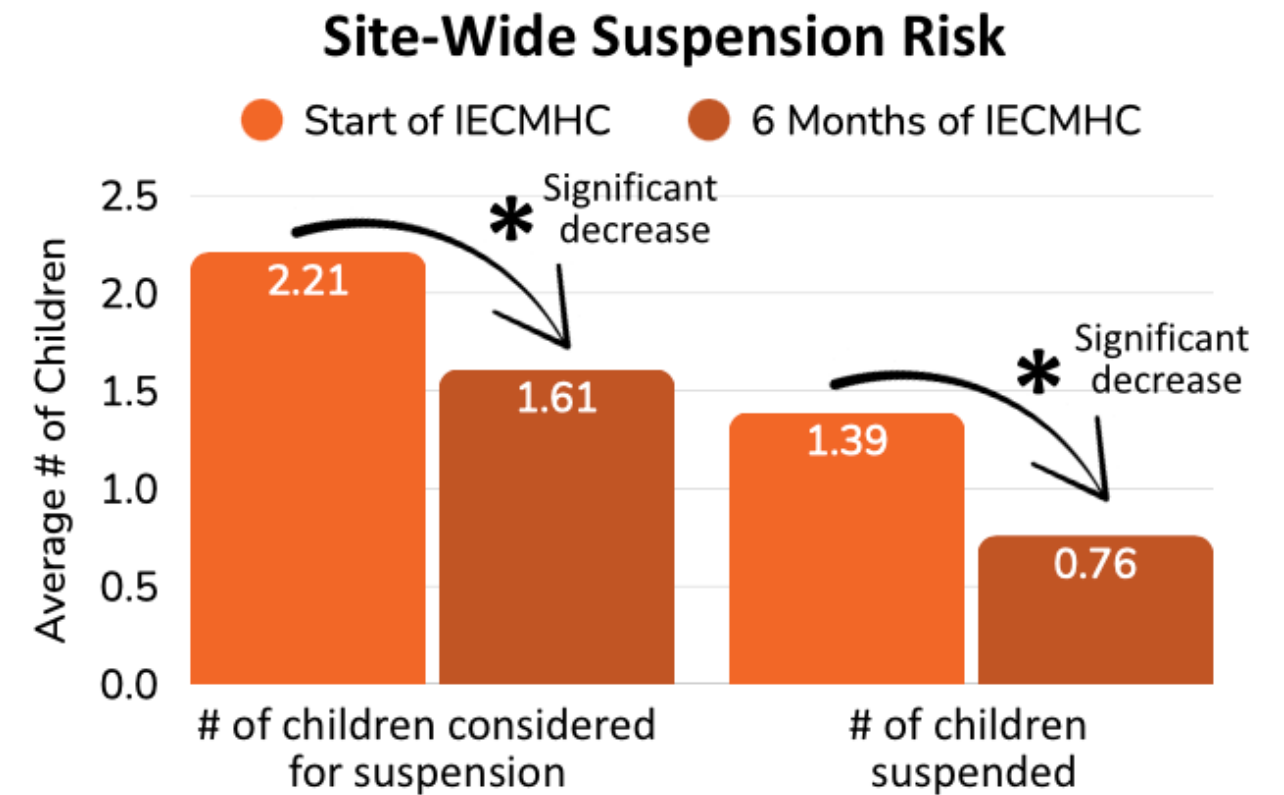
Research Question  
**WHAT IS THE IMPACT  
OF THE PEAR  
PROGRAM?**



# Research Question

## WHAT IS THE IMPACT OF THE PEAR PROGRAM?

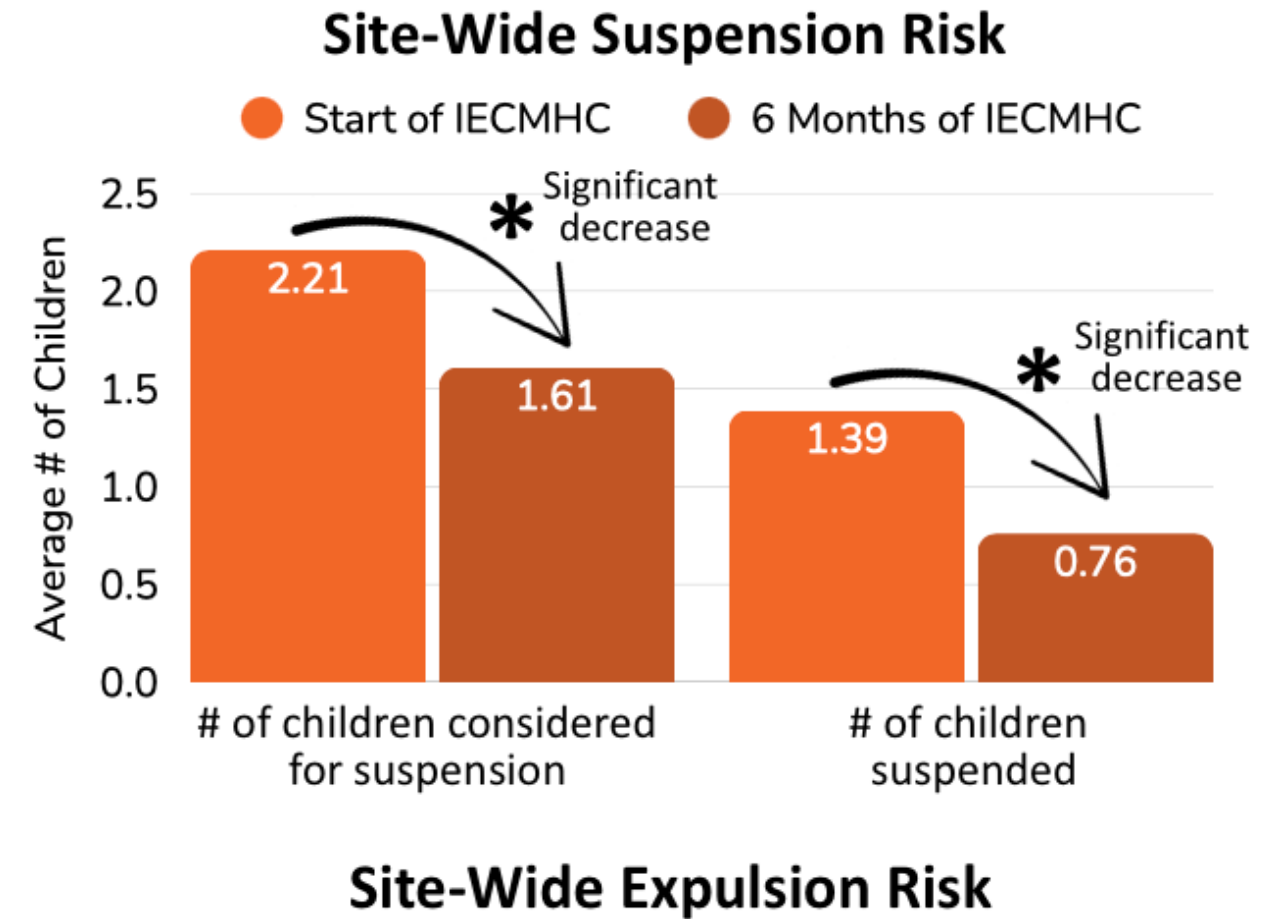
## The PEAR Program Reduces Expulsion and Exclusion Risk



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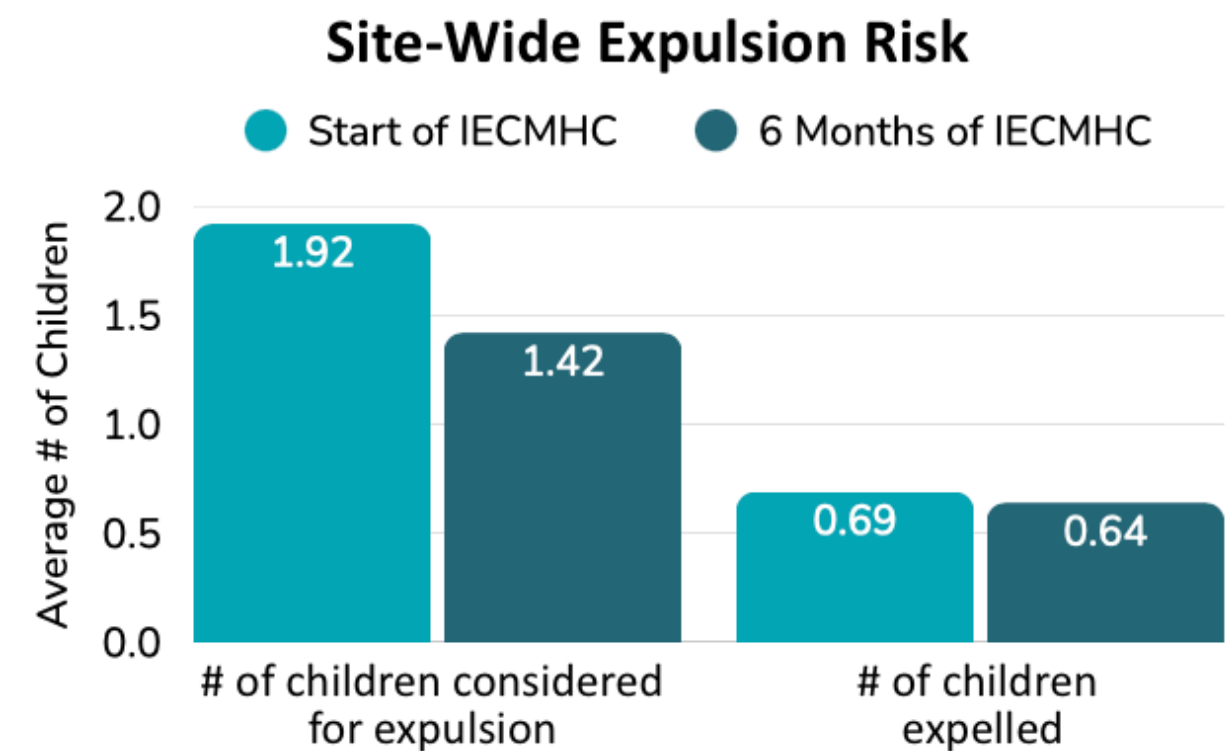
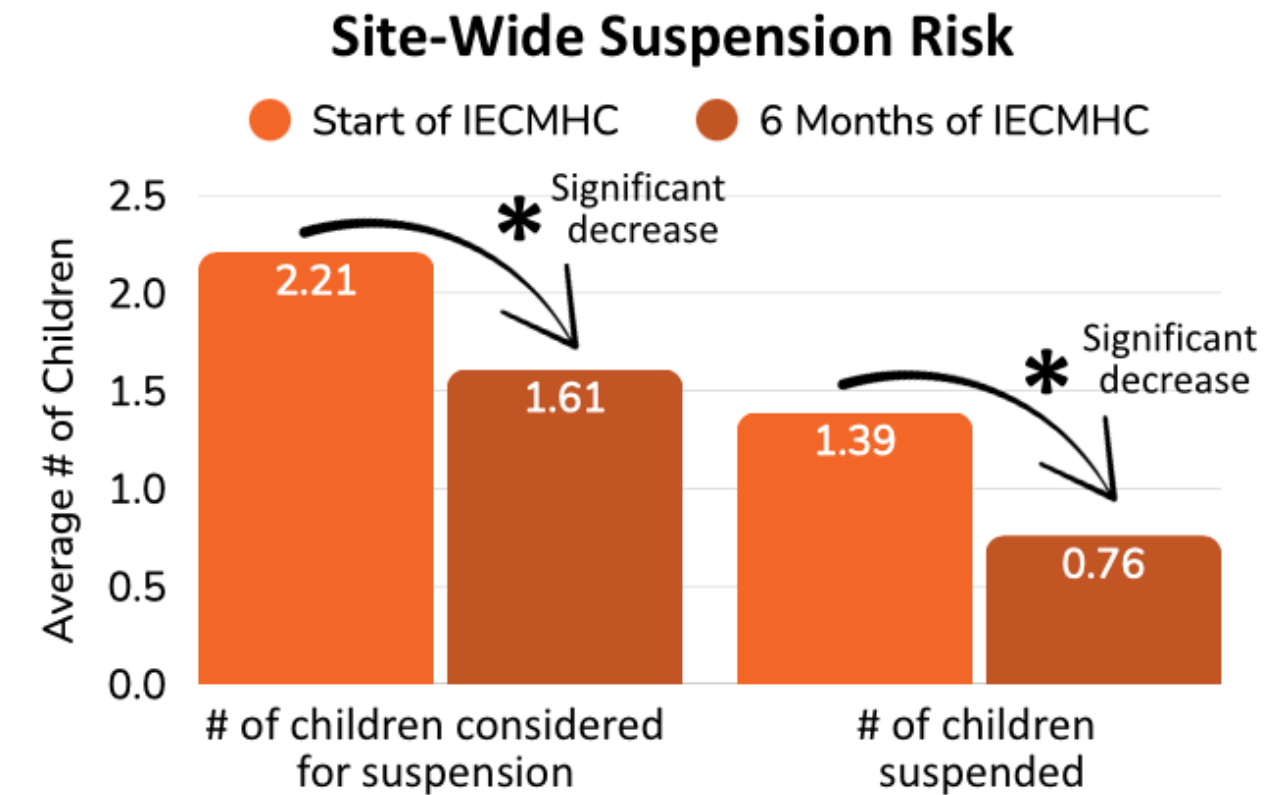
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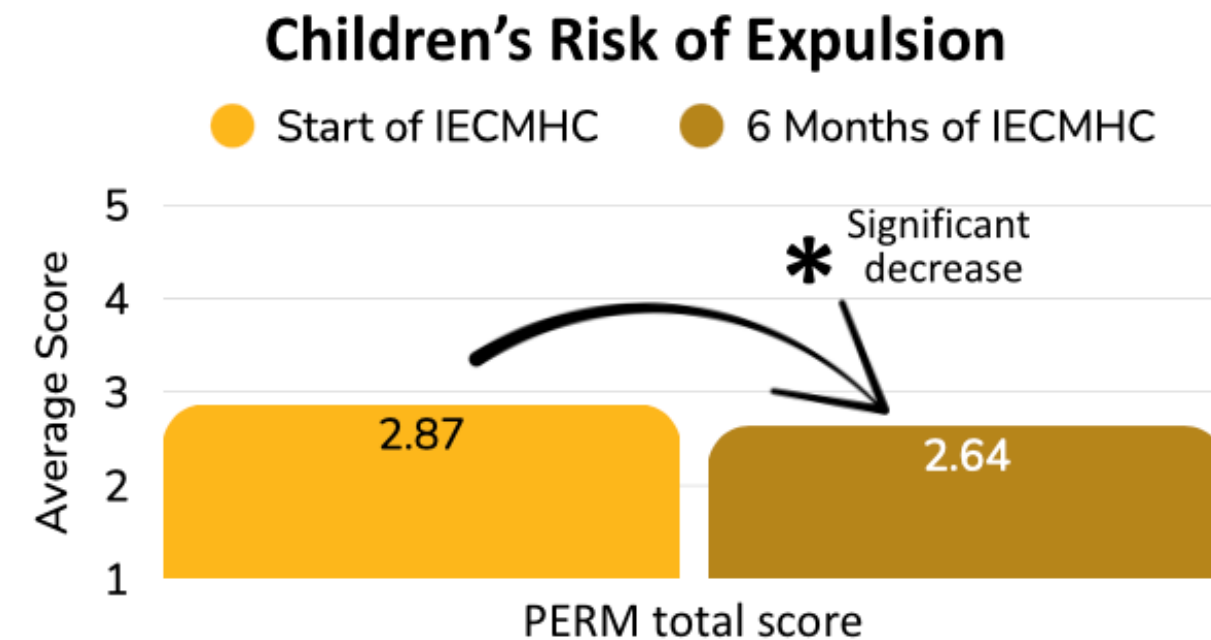
## The PEAR Program Reduces Expulsion and Exclusion Risk



# Research Question

## WHAT IS THE IMPACT OF THE PEAR PROGRAM?

## The PEAR Program Reduces Expulsion and Exclusion Risk



The PERM (Gilliam, 2010) produces a total score and four subscales that categorize expulsion risk. Those underlined and marked with an “\*” significantly decreased (improved).

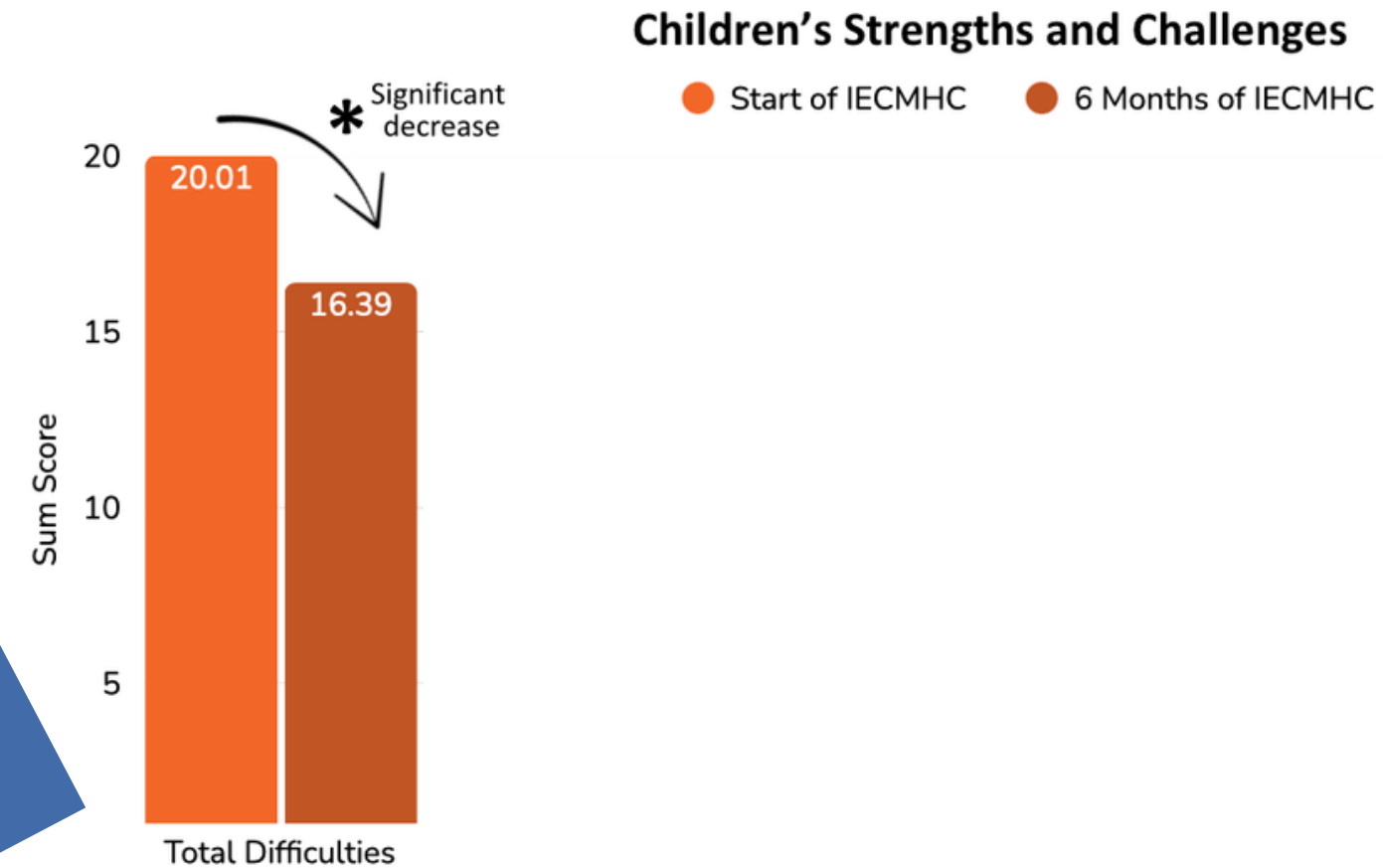
- PERM total score\*
- Classroom disruptions\*
- Fear of accountability\*
- Hopelessness
- Teacher stress\*



# Research Question

## WHAT IS THE IMPACT OF THE PEAR PROGRAM?

## The PEAR Program Decreases Behaviors and Emotions that Challenge Adults



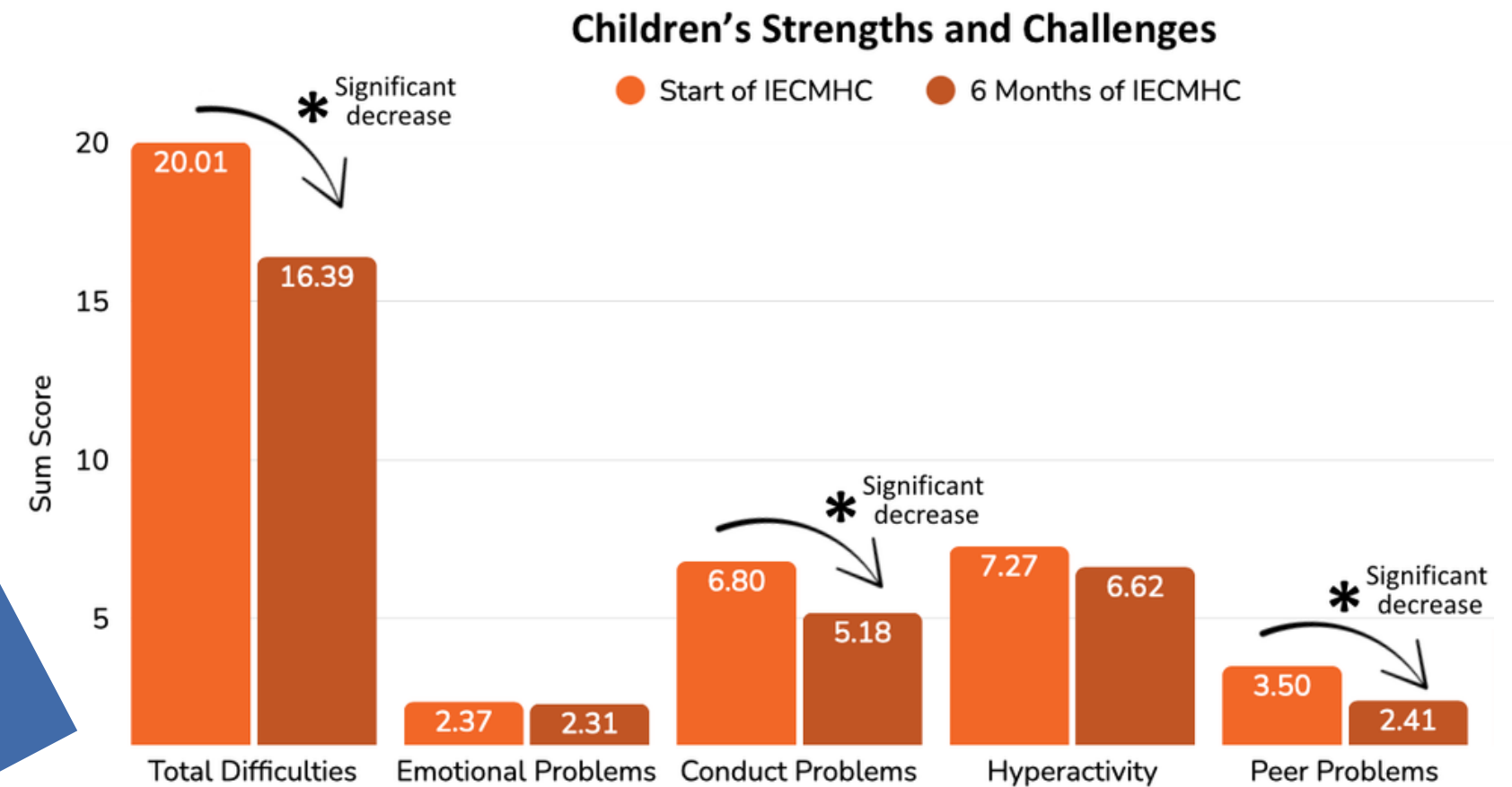
The SDQ (Goodman, 1997) produces five subscales and a 'total difficulties' score which is calculated by totalling the four deficit-focused subscales (excluding prosocial).



# Research Question

## WHAT IS THE IMPACT OF THE PEAR PROGRAM?

## The PEAR Program Decreases Behaviors and Emotions that Challenge Adults



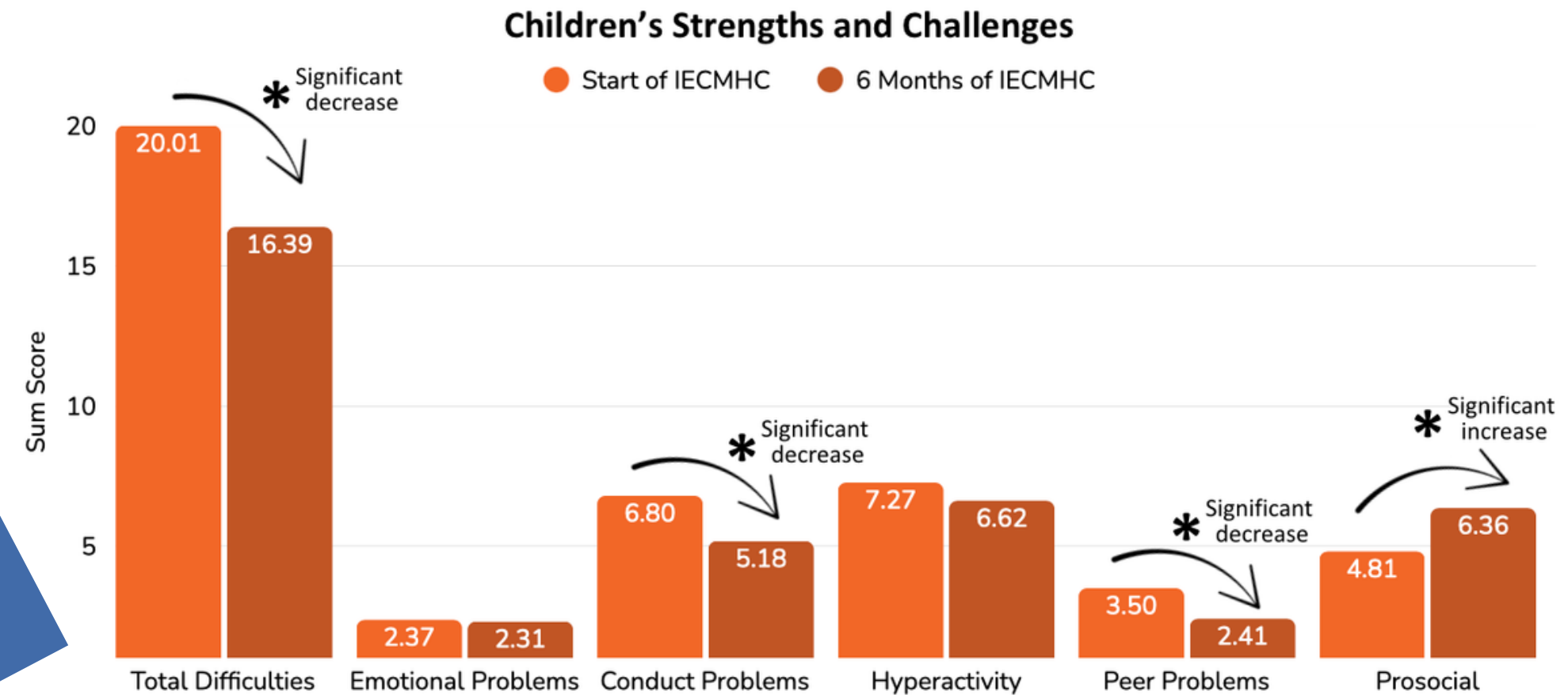
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# Research Question

## WHAT IS THE IMPACT OF THE PEAR PROGRAM?

## The PEAR Program Decreases Behaviors and Emotions that Challenge Adults



The SDQ (Goodman, 1997) produces five subscales and a 'total difficulties' score which is calculated by totalling the four deficit-focused subscales (excluding prosocial).



Research Question  
**WHAT IS THE IMPACT  
OF THE PEAR  
PROGRAM?**

## The PEAR Program Increases Teachers' Sense of Self-Efficacy



TEACHER  
WELLBEING



CONSULTATIVE  
ALLIANCE



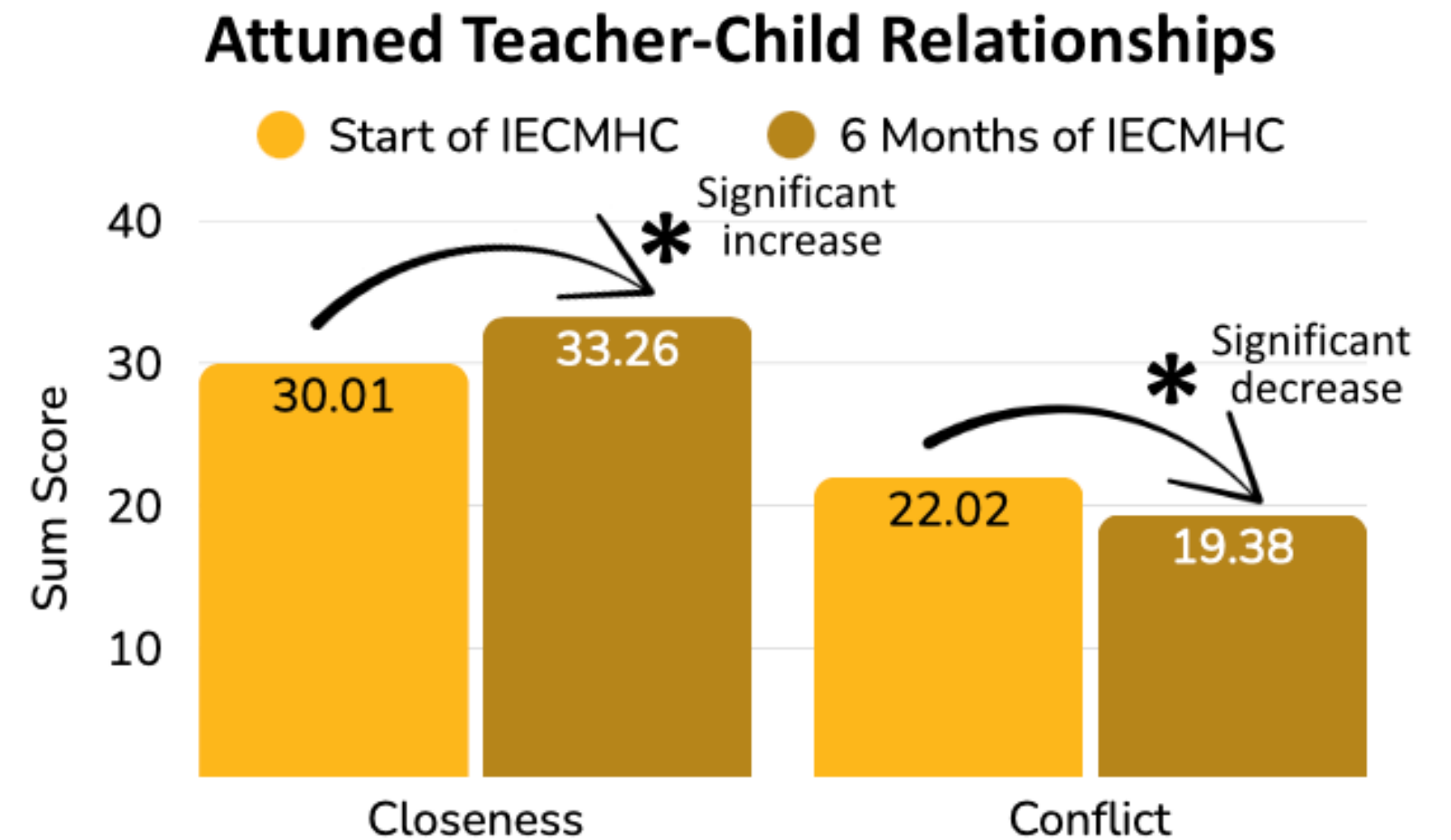
TEACHER  
SELF-EFFICACY



# Research Question

## WHAT IS THE IMPACT OF THE PEAR PROGRAM?

## The PEAR Program Creates More Attuned Early Relationships



The Student-Teacher Relationship Scale (Pianta, 1992) produces two subscales: Closeness and Conflict.



## Racial-Ethnic Differences in Site-Wide Expulsion and Exclusion Risk Reduction

### Research Question

WHAT IS THE ROLE OF RACE-ETHNICITY IN THE IMPACT OF PEAR?

For sites serving **higher proportions of Black children** we found the PEAR program led to greater site-wide reductions across all measures of expulsion and suspension risk:

- # of children being considered for suspension
- # of children suspended
- # of children being considered for expulsion
- # of children expelled



## Racial-Ethnic Differences in the Reduction of Behaviors and Emotions that Challenge Adults

### Research Question

WHAT IS THE ROLE OF RACE-ETHNICITY IN THE IMPACT OF PEAR?

For **focus children who were Black**, teacher perceptions of **hyperactivity** showed a significantly greater reduction over time when compared with focus children who were white.

For **focus children who were Black**, teacher perceptions of **prosocial behavior** showed a significantly greater increase.



# What does all the data mean?

- **PEAR reduces exclusionary discipline to create more supportive site and classroom environments.**
  - **This is accomplished by equipping educators and caregivers with the skills, confidence, and reflective capacity to manage challenging behaviors.**
- **PEAR builds protective factors, not just mitigates risks. IECMHC provides a dual focus by reducing behaviors and emotions that challenge adults and also increasing children's prosocial behaviors.**
- **PEAR is operating as a disruptor to inequitable discipline policies and practices and creating more inclusive early learning environments.**
- **Expanded and sustained investment in the PEAR program is needed to amplify the statewide impact.**



# Access One-page Summary

*look here*



[scimha.org](https://scimha.org)

*take a look*



[IndigoCulturalCenter.org](https://IndigoCulturalCenter.org)

# Access the full PEAR Evaluation Report



Thanks for joining us.



# Exploring the Transitional Service Continuum in Early Care and Education Settings - Pathways to Strengthen Comprehensive Support Services

*Susan Callahan, MSW - Help me Grow SC*

*Linda Caraway-Doherty, M.Ed. - South Carolina Child Care Resource & Referral*

*Melissa Griffin, South Carolina Partnerships for Inclusion*

*Jena Martin, M.Ed. - Family Connection of South Carolina*

*Stephanie Donald, M.Ed. - South Carolina Department of Health and Human Services*



# Lunch





# Recommendation Development Discussion *(Large Group)*



# Recommendation Development

- **17 Recommendation Goal Statements**
- **Goals for Today: Aligning on the What and the Why**
- Build consensus on the high-level goal statement verbiage (*We are not looking to wordsmith every detail or focus on specific action steps yet*)
- Collect key inputs from Taskforce members
- Identify what needs deeper refinement and triage to remaining recommendation development expert workgroup meetings and 1:1 meetings (*Recommendation goal statements that do not have 80% agreement*)

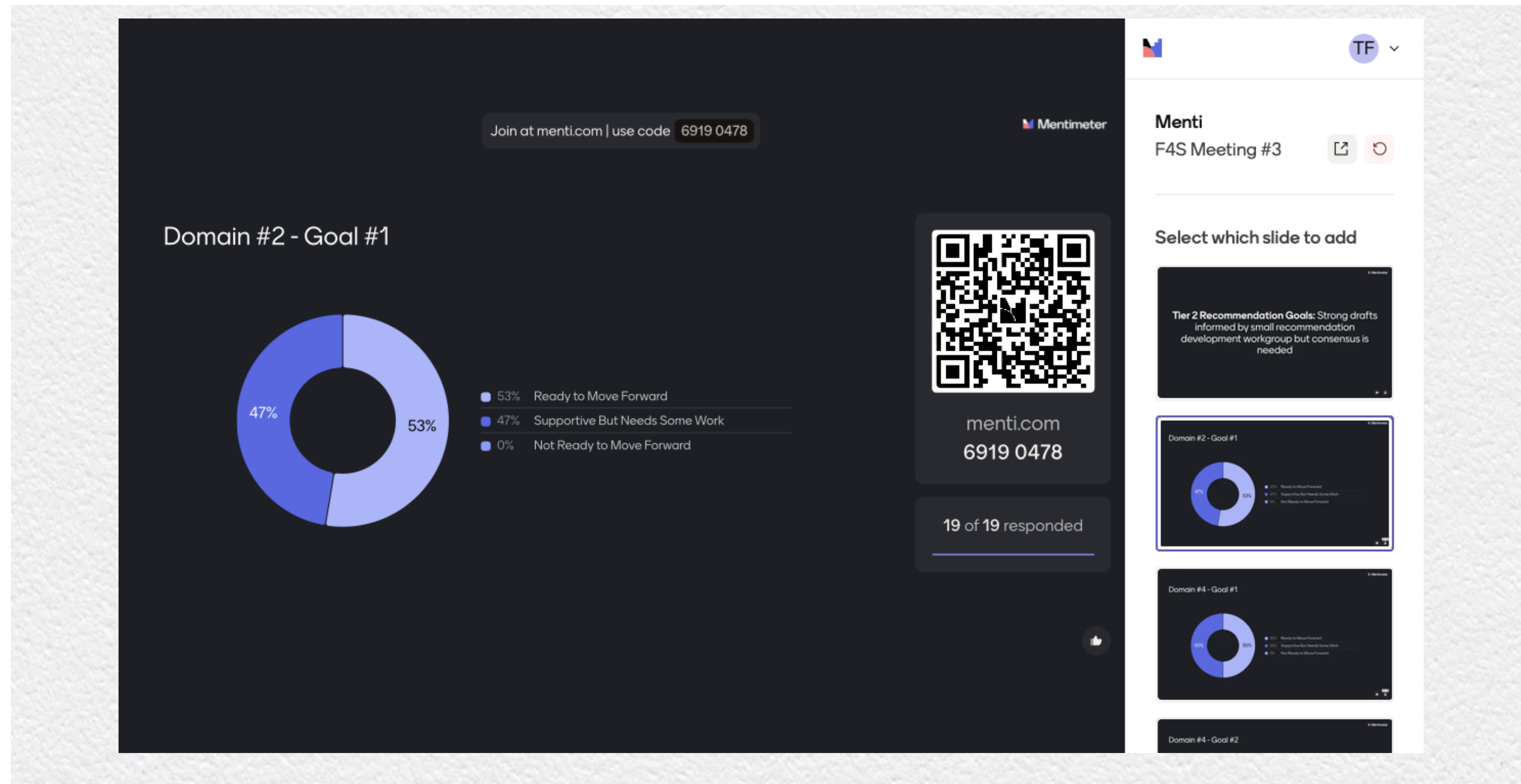


**Tier 2: Strong drafts informed by small recommendation development workgroup but consensus is needed**



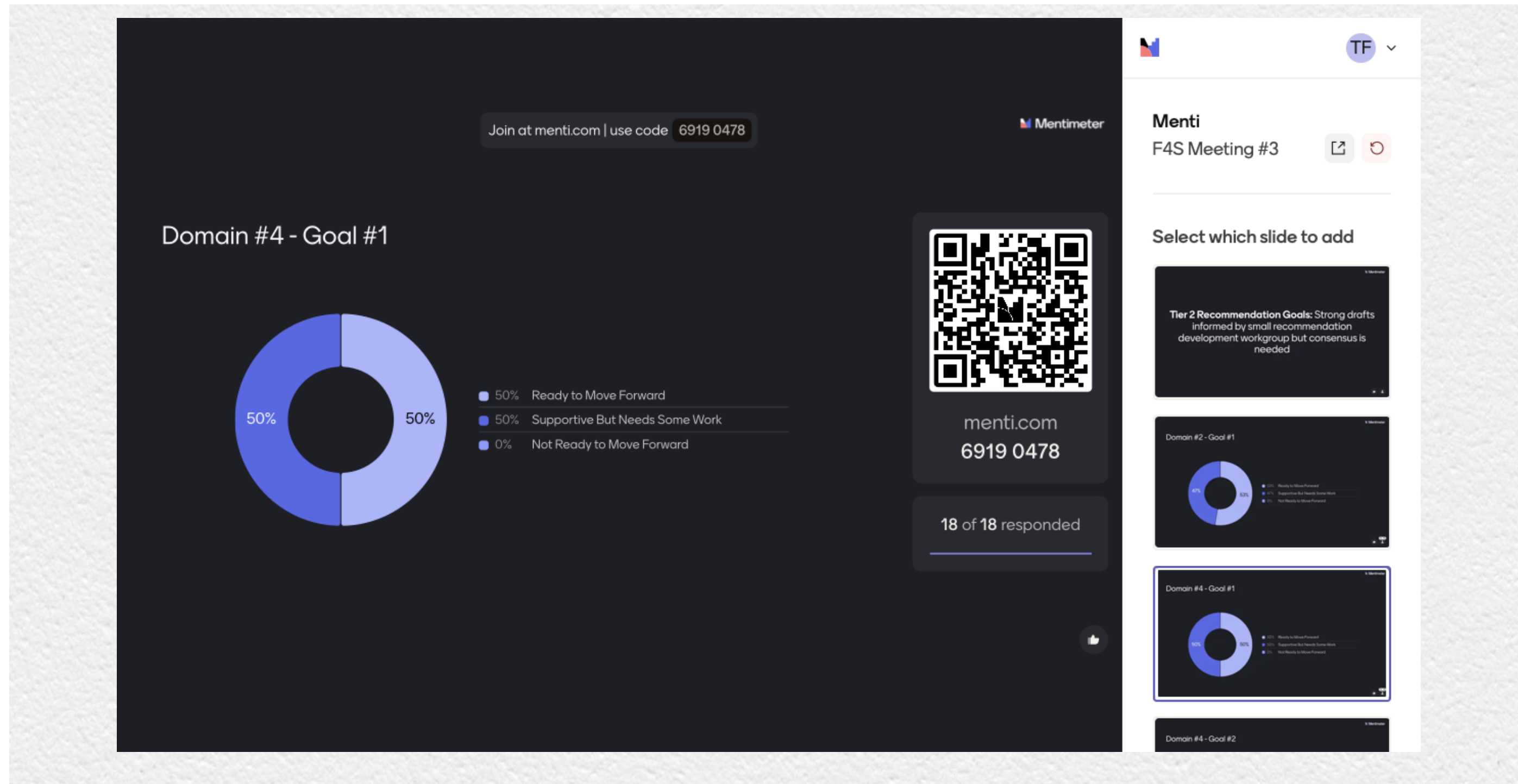
## Domain #2: Aligning Developmentally Appropriate Suspension and Expulsion Policies Across ECE Settings

**Goal #1: Increase understanding of the relationship between behavioral health conditions and developmental/behavioral needs among the ECE workforce in order to effectively communicate and reflect age- and developmentally appropriate behaviors in discipline Codes of Conduct, distinguishing it from conduct expectations of older students in ECE settings (3k - 1st Grade).**



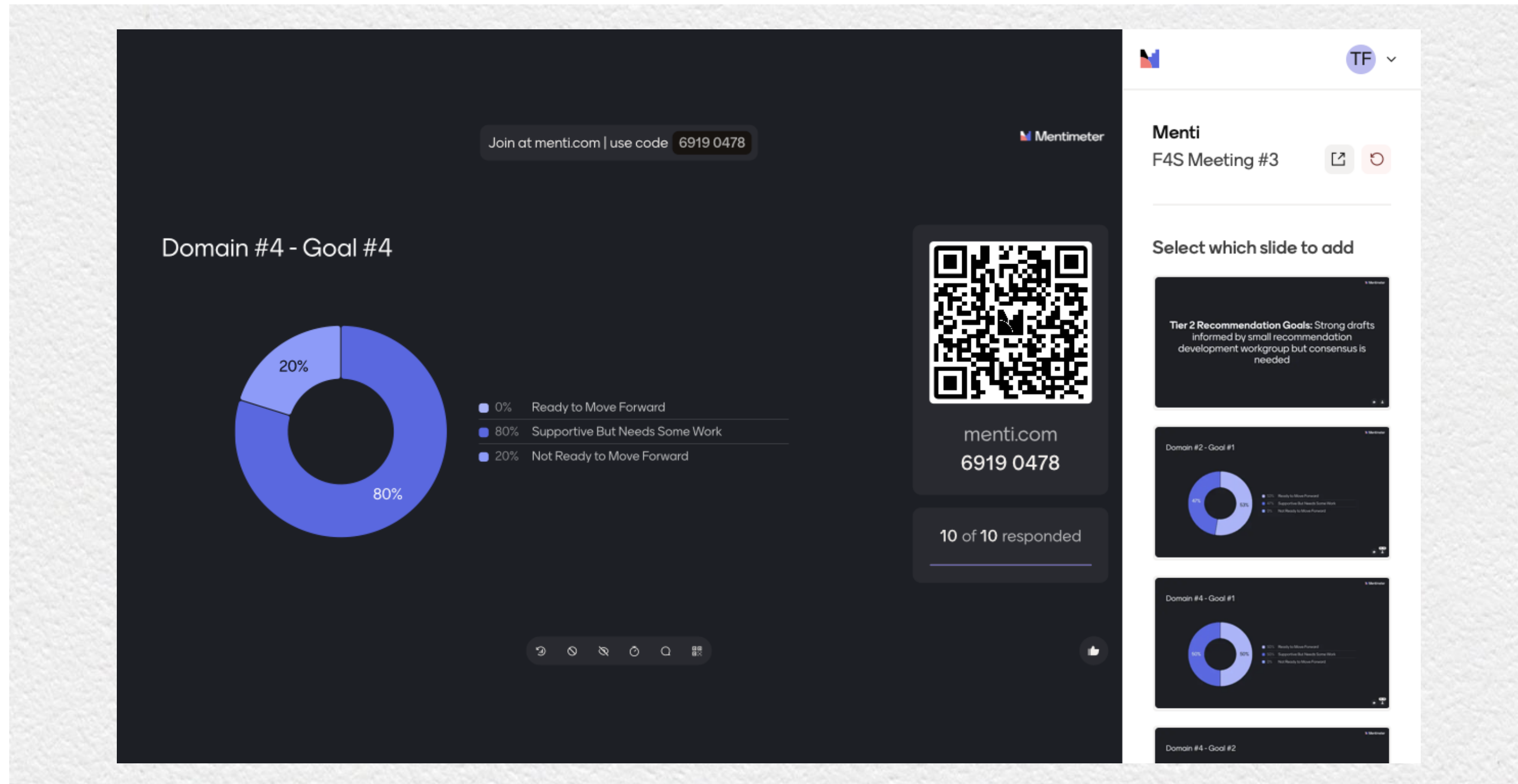
## Domain #4: Strengthening Collaborative Decision Making Across Clinical, Transitional, and Education Services: Policy Pathways for Collaboration Among Parents/Guardians, Educators, Support Staff, School-Based Behavioral Health Providers, Medical Providers, and Community Partners

**Goal #1: Increase the use of shared language reflecting the relationship between behavioral health conditions and developmental/behavioral needs across the transitional service continuum so that children and parents/caregivers understand their needs and rights as they move between service pathways across ECE settings.**



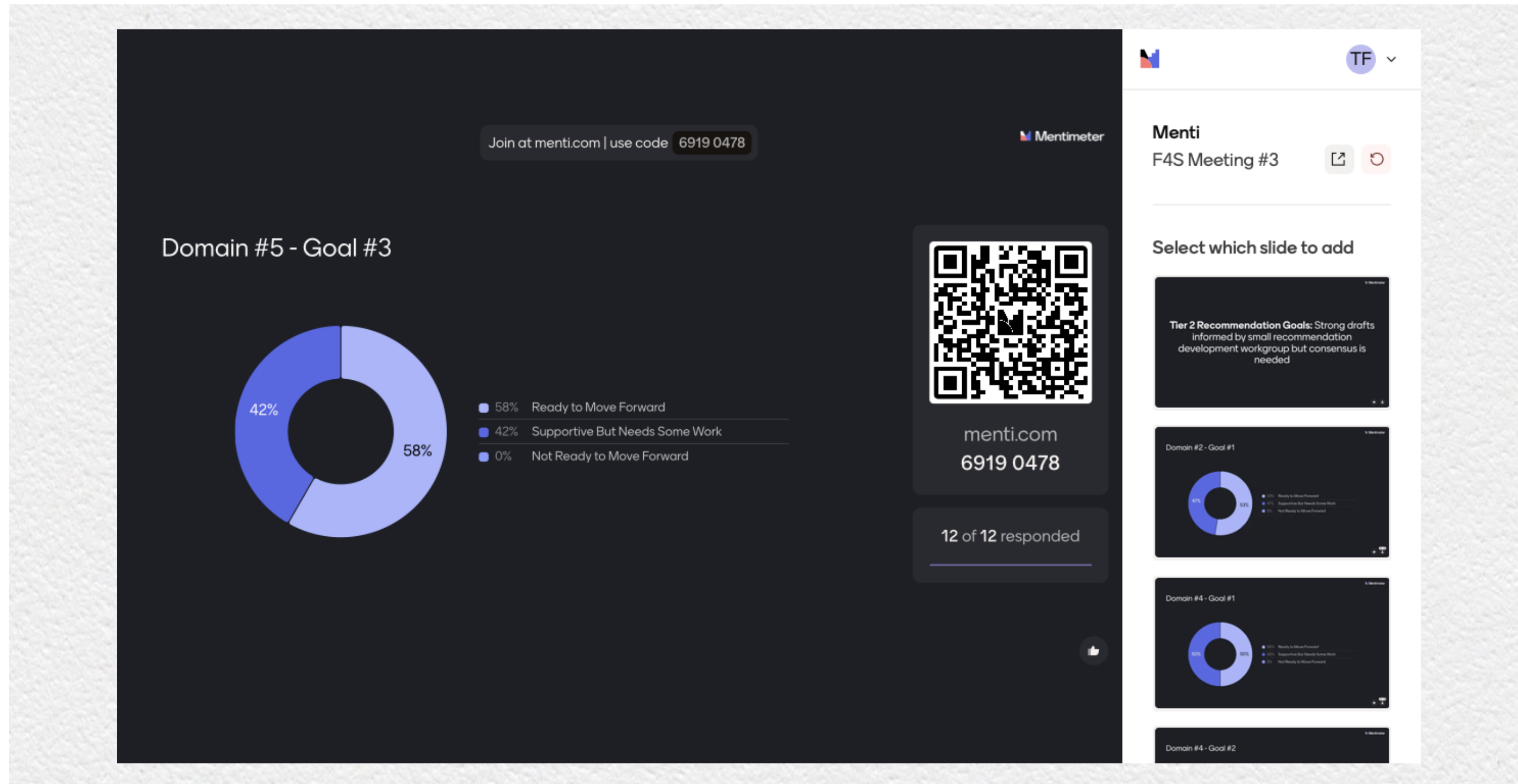
## Domain #4: Strengthening Collaborative Decision Making Across Clinical, Transitional, and Education Services: Policy Pathways for Collaboration Among Parents/Guardians, Educators, Support Staff, School-Based Behavioral Health Providers, Medical Providers, and Community Partners

**Goal #4: Strengthen referral and coordination pathways across child welfare, juvenile justice, and ECE systems with a special focus on foster and justice involved youth and youth experiencing homelessness to ensure placement transitions do not exacerbate access barriers to receiving services or disrupt continuity of services.**



## Domain #5: Supporting the Early Childhood Workforce: Training, Technical Assistance, and Workforce Development Opportunities

**Goal #3: Increase awareness among the public and policymakers of the role of ECE providers and educators as professionals and underscore the importance of training/education, compensation, and supports to ensure policy and funding decisions reflect the conditions necessary to provide care and education that promotes healthy development, supports child wellbeing, and reduces exclusionary discipline.**

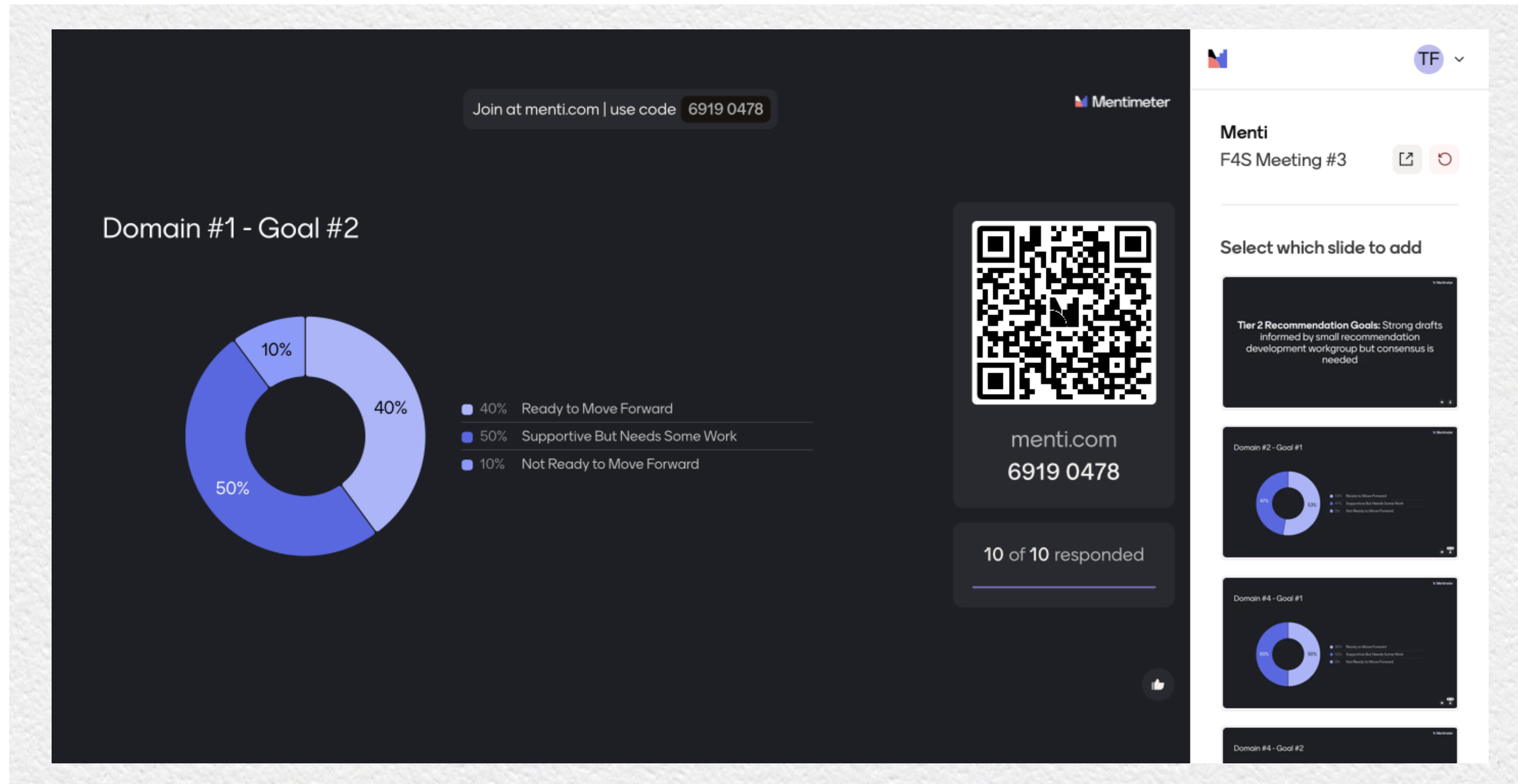


**Tier 3: Complex goal statements and additional feedback is needed to build consensus**



## Domain#1: Fostering Shared Language: Improving Data Quality, Reporting, and Dissemination using Developmentally Appropriate Definitions

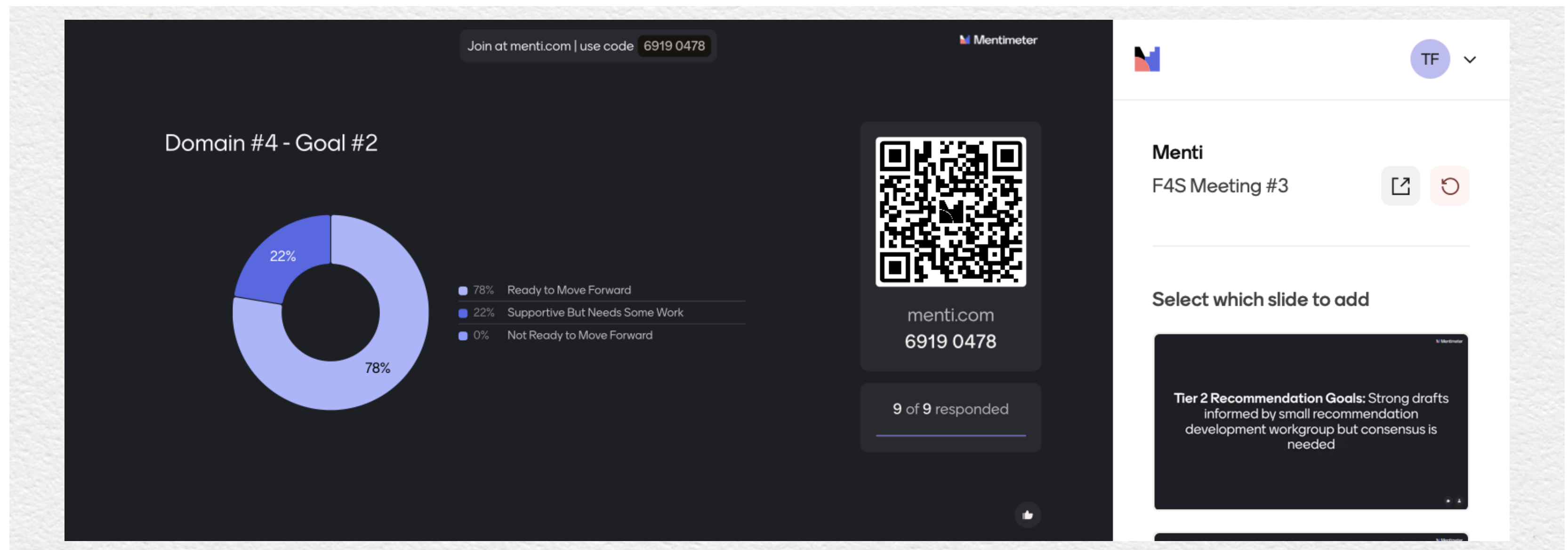
**Goal #2: Enhance tracking of transition and referral outcomes across the transitional service continuum (Clinical services, Individuals with Disabilities Education Act (IDEA) Part C/B, Infant and Early Childhood Mental Health Consultation (IECMHC), and Community-Based Services) to increase quality and transparency of data and accountability of outcomes for early learners in ECE settings receiving public funding at risk of suspension and expulsion.**



## Domain #4: Strengthening Collaborative Decision Making Across Clinical, Transitional, and Education Services: Policy Pathways for Collaboration Among Parents/Guardians, Educators, Support Staff, School-Based Behavioral Health Providers, Medical Providers, and Community Partners

**Goal #2: Establish sustainable financing pathways supporting enhanced coordination of services across the transitional service continuum (Clinical services, IDEA Part C/B, Infant and Early Childhood Mental Health Consultation (IECMHC), and Community-Based Services) to:**

- **Increase access to referrals and assessments for evaluation and supportive services**
- **Monitor implementation of interventions, accommodations, and services**
- **Increase collaborative evaluation, implementation monitoring, and planning with transition teams, behavioral support teams, providers, and parents/caregivers**



# Next Steps

## **Next Meeting**

First Choice Community Center

May 21<sup>st</sup> , 10 a.m. – 2 p.m.

Please complete the evaluation.

We will send out meeting and follow up materials next week.





South Carolina Institute of  
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*For more information and to sign  
up for our newsletter:*

# Thank You!

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Research & Policy Manager

*taryn@imph.org*



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