



Texas Infant & Early Childhood
Mental Health Consultation

Infant and Early Childhood Mental Health Consultation

Implementation Science

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Introduction

From March through September 2023, the Texas Institute for Excellence in Mental Health (TIEMH) conducted an extensive review of infant and early childhood mental health consultation (IECMHC) programs in other states and within Texas in order to identify best practices in IECMHC. This investigation was conducted with the goal to propose recommendations for a Texas IECMHC initiative, a charge put forth in the Texas Preschool Development Grant Birth through 5. TIEMH strives to base its work in implementation science (IS) because it helps move theory to practice using research-informed frameworks. Essentially, IS explains “what it takes to make a program successful in the field” (Child Care Technical Assistance Network, 2023).

The recommendations within this report can be operationalized through an IS framework known as Exploration, Preparation, Implementation, and Sustainment (EPIS), which is well-designed for launching a new program. EPIS is a model that seeks to describe the implementation process with four phases – exploration, preparation, implementation, and sustainment. It does this while considering both the larger system and organizational contexts, while identifying and leveraging innovative and bridging factors between the two (Moullin, 2019).

Applying the EPIS framework to Texas’ process, we characterize the last several months of data collection (including administration of surveys, key informant interviews, and site visits), as part of the exploration phase. The EPIS exploration phase is a period of time for identifying evidence-based practices that address or solve a problem, while evaluating the goodness of fit of the evidence based practice and factors that can support or hinder implementation. In this case, we considered gaps in the early childhood mental health system of care, readiness for change, and organizational culture and climate.

Having completed data collection and analysis of findings regarding best practices in IECMHC both within Texas and nationally, the Texas IECMHC initiative is poised to move from the exploration phase into the preparation phase, in which an IECMHC approach is designed for Texas, as well as the implementation phase, wherein demonstration sites test the effectiveness of the approach.

This report summarizes IECMHC best practices, while considering the Texas landscape of early childhood programs in order to determine recommendations for how and where a statewide IECMHC system could be implemented with optimal results. This will require innovation and the ability to work across state early childhood programs. We conclude this report with a set of recommendations for the initial steps in establishing an IECMHC statewide initiative. This includes both strategic preparation, such as creating a program manual and designing a training protocol, as well as critical steps in implementation and evaluation to demonstrate efficacy.



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Infant and Early Childhood Mental Health Consultation Best Practices

This section summarizes TIEMH’s findings on best practices in IECMHC. This includes standards related to the knowledge and skills that IECMH consultants should possess, as well as considerations for creating infrastructure and designing evaluations in a high-quality IEMCH approach. These best practices derive from both literature review and cross-state and statewide surveys and interviews.

Center of Excellence for IECMHC Competencies and Standards

TIEMH began the investigation of IECMHC at the national level. One key source for information about best practices in the field is the Center of Excellence for IECMHC at the Georgetown University’s Center for Child and Human Development. Funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), the Center of Excellence for IECMHC is a national center providing technical assistance to programs, communities, states, territories, and tribal communities, as well as professional development to individual mental health consultants to increase access to high quality mental health consultation (Center of Excellence for The Infant and Early Childhood Mental Health Consultation , 2023). The Center of Excellence also manages a clearinghouse for IECMHC best practice resources related to developing, implementing, and maintaining an IECMHC program at a national, state, territorial, community or tribal level. For more information on the clearinghouse, see: www.iecmhc.org/resources. The Center for Excellence for IECMHC also published the *Center of Excellence for Infant and Early Childhood Mental Health Consultation Competencies*, which outlines core competencies of IECMHC and facilitates a “national consensus on the practice of IECMHC and how it differs from related early childhood services” (Center of Excellence for Infant and Early Childhood Mental Health Consultation , 2020). These competencies were developed by national leaders convened by the Center of Excellence for IECMHC and reviewed by IECMHC professionals from various programs across the United States.

Foundational Competencies

Outlining foundational knowledge for IECMHC programs and professionals is a key component of the competencies. According to the IECMHC core competencies (Center of Excellence for Infant and Early Childhood Mental Health Consultation, 2020), consultants should possess the following domains of knowledge:

1. Understand the multidisciplinary body of knowledge that informs consultation

- » Understand professional consultation, mental health, early education, early childhood development, infant and early childhood mental health, family and/or systems functioning, culture, race and equity and antiracism approaches.
- » Understand the impact of a child's environment, attachment, culture, and experiences.
- » Understand mental health concepts and psychological processes.
- » Understand the impact of trauma.
- » Understand the impact of systemic racism, and discrimination..
- » Understand how caregiver attitudes and behaviors influence infants and young children.
- » Understand the root causes of the disparities.
- » Possess a broad knowledge of culturally responsive social and emotional curricula, screening tools, frameworks, and resources.
- » Understand adult learning theory.
- » Understand basic principles of organizational or systems psychology.
- » Recognize and respect child and family culture, families' knowledge, sources of strength and resilience, and routes to healing within diverse families and communities.

2. Understand the importance of self-awareness and the nature of reflective practice

- » Understand the importance of developing self-regulation, social relationships, communication, representational thinking, and executive function abilities for school readiness.
- » Understand the interplay of genes and experiences on development.
- » Understand that development is a transactional phenomenon, within which infants and young children experience attachment relationships with primary caregivers that play a critical foundational role in development.
- » Understand the potentially positive and protective role of extended family.
- » Understand typical and atypical growth and development of infants and young children.
- » Recognize risk factors associated with trauma.
- » Understand the many ways in which current and historical inequities can negatively impact families' access to resources.

3. Understand the importance and power of culture

- » Understand and support cultural variations in development, child-rearing practices, and caregiver expectations.
- » Recognize the biological, psychological, social, and spiritual context of culture and its influence.

4. Understand the importance of self-awareness and the nature of reflective practice

- » Understand the importance of examining values, beliefs, privilege, biases, assumptions, and experiences to ensure that misinterpretation or judgment is not imposed on others' intentions and actions.
- » Understand the impact of unconscious bias.
- » Understand the importance of assisting others in reflecting on and examining their own values, beliefs, privileges, biases, assumptions, and experiences; supporting children in regulating their emotions; and helping them accurately perceive the meaning of others' behavior.
- » Recognize the value of using self-reflection to maintain awareness.
- » Embrace the importance of seeking to understand the perspectives and experiences of others in the context of consultation.
- » Understand the importance of clinical supervision, consultation, and reflective supervision..

5. Understand the functioning of and relationships between families, caregivers, IECMHCs, and systems

- » Understand the value of support networks.
- » Understand parallel process.
- » Understand that the quality of relationships among adults' influences infants' and young children's experiences.
- » Understand the importance of self-care.




Other Competencies

Additional competencies are described in detail to help providers to implement mental health consultation with even higher quality. These include (Center of Excellence for Infant and Early Childhood Mental Health Consultation , 2020):

- 1. Understanding the role of an IECMH consultant.** Consultants are able to convey how IECMHC is a mental health specialization distinct from other mental health services. Consultants work with early childhood providers to implement practices that create healthy environments and promote the development of social and emotional skills. They also partner with providers to develop plans to address child-specific concerns, and continue to monitor as these plans are implemented and adapted to achieve the desired outcomes.
- 2. Equity and inclusion.** IECMH consultants appreciate local historical and systemic dynamics that have generated disparities in outcomes for infants, young children, and families; work with others to improve their understanding of how infant, young child and adult race/ethnicity, primary language, abilities, and life circumstances (e.g. poverty and domestic violence) impact the learning environment; and work to create equitable and positive experiences for all infants and young children.
- 3. Reflective practice.** Consultants consider personal biases, assumptions, and experiences before, during, and after consultative interactions and how they influence others in the context of consultation.
- 4. Child and family focused consultation.** Mental health consultants collaborate with families and program staff to understand and respond effectively to the child's mental and behavioral health needs.
- 5. Classroom and home focused consultation.** Consultants collaborate with early childhood professionals, including those who work with children in classrooms as well as with children in the family's home, to promote equitable, warm, and trusting relationships, consistent routines, and development-enhancing interactions that positively impact program and home climates.
- 6. Programmatic consultation.** Health consultants assist program administrators and staff to improve program quality and functioning by helping them to consider the social and emotional climate.
- 7. System-wide orientation.** IECMHC consultants work across systems, integrating mental health concepts and supports into the environments where infants and young children spend time, with an awareness of the systems and context in which IEMHC occurs.



Priority Competencies for a Texas IECMHC Initiative



Data from the national and state IECMHC program scan, as well as the Center of Excellence for IECMHC's core competencies, led us to the conclusion that three competency areas are particularly foundational to high quality IECMHC practice, and therefore should be areas of focus for a Texas initiative. These are described in additional detail below.

Reflective Practices

Reflective practice is vital to the effective implementation of IECMHC and is a core competency according to the Center of Excellence for IECMHC (Center of Excellence for Infant and Early Childhood Mental Health Consultation , 2020). Reflective practice entails the consideration of personal influences on the work, as well as the perspectives of others. It is the reflection on one's own beliefs, values, and life experiences, and how these influence the work with clients and/or influence a child or staff person. An aspect of this is the consideration of culture and biases to create consultation that is informed by diversity (Center of Excellence for Infant and Early Childhood Mental Health Consultation , 2020). Reflective practices also include the acknowledgment that there are many approaches in working with children and families, and there is no single, correct strategy regarding change and growth (Center of Excellence for Infant and Early Childhood Mental Health Consultation , 2020).

Reflective supervision is a structured approach to including reflective practice into the work and is a foundational component of IECMHC. This occurs between a reflective supervisor and the IECMH consultant. They meet regularly to discuss situations that arise during consultation, such as complexities, challenges, personal thoughts and feelings, and successes. The reflective supervisor is trained in reflective supervision to review and process the consultant's experiences and reactions to work in the field. Reflective supervision "offers practitioners the opportunity to engage in a safe, reliable, and consistent learning relationship" to support their work with children, families, and staff (Alliance for the Advancement of Infant Mental Health and the Michigan Association for Infant Mental Health , 2018).

Reflective practice is a parallel process to what the consultant is providing through IECMHC services. IECMH consultants help early childhood professionals to recognize and build awareness regarding what behaviors cause them to have strong feelings or reactions, and then supports them to acknowledge the origin of those feelings/reactions so that they are able to better support the child (Center of Excellence for Infant and Early Childhood Mental Health

Consultation , 2020). At its best, reflective practice helps professionals to become curious about their reactions in a nonjudgmental approach that encourages patience and reflection with others (Center of Excellence for Infant and Early Childhood Mental Health Consultation , 2020). Reflective practice facilitates constructive and meaningful collaboration between the IECMH consultant, the professional, the family, and the child through its consideration of all parties and their perspectives.

Trauma-Informed Practices and IECMHC

Trauma is defined as physical or emotional harm that can have long-lasting negative effects on a person’s mental, physical, or emotional health, or on their social or spiritual well-being (Substance Abuse and Mental Health Services Administration, 2023). Childhood trauma has been documented to lead to an increased risk of lung, heart, and liver disease; depression; sexually transmitted diseases; and tobacco, alcohol, and illicit drug abuse, and as such, is linked to increased costs for social services (Menschner, 2016). In the United States, 45% of children experience one [Adverse Childhood Experience] ACE, and more than 19% of Texas children experience two or more ACEs by the time they are 18 years old (University of Texas Health Science Center at Houston, 2022). If someone experiences trauma, it can have long-lasting effects on how they interact with others and the world around them. A trauma-informed care approach seeks to avoid the risk of re-traumatizing a child or family. This is achieved by building structures and procedures that help to mitigate re-exposure to trauma. There are ten areas of implementation for trauma-informed care: 1) governance and leadership; 2) policy; 3) physical environment; 4) engagement and involvement; 5) cross-sector collaboration; 6) screening, assessment, and treatment services; 7) training and workforce development; 8) progress monitoring and quality assurance; 9) financing; and 10) evaluation (Substance Abuse and Mental Health Administration, 2014). IECMHC correlates to five of these areas: training and workforce development; screening and assessment; cross-sector collaboration; and quality assurance.

Trauma-informed practices are a core component of IECMHC, a critical component of foundational knowledge for consultants, and are implemented in child- and-family focused consultation, and class- and-home focused consultation (Center of Excellence for Infant and Early Childhood Mental Health Consultation , 2020). For example, IECMH consultants help professionals to consider how their individual life experiences can affect their interpretation of a child’s behavior, including the child’s responses to trauma. Consultants also educate others on the impacts of trauma on child behavior and development, and how to incorporate trauma-informed practices.



Health Equity and IECMHC

IECMHC is a public health approach that seeks to improve quality and equity in an early childhood setting (Center of Excellence for Infant and Early Childhood Mental Health Consultation, 2020). SAMHSA states that behavioral health equity is a right for all people (Substance Abuse and Mental Health Services Agency, 2023). Addressing health equity calls for the consideration of health beyond the silo of the healthcare system (National Institute for Children's Health Equity, 2023). Accordingly, some of the indicators for behavioral health equity are: social determinants of health, racial/ethnic disparities, service access barriers, and language access barriers (Substance Abuse and Mental Health Services Agency, 2023). Children's behavioral health exists within the context of the family system, and so to impact these issues means to incorporate the child's family.

IECMH consultants promote equity through all levels of service provision, individual to systemic. Issues related to equity impact relationships and behaviors in a myriad of ways, and similar to providing care using a trauma-informed lens, consultants help professionals to view the child's and adults' behaviors through an equity lens. IECMH consultants support health equity at a systemic level by sharing current research in relation to early childhood programs and early childhood development, and provide feedback and/or recommendations on programmatic policies to ensure both service and structures are equitable




Infrastructure and Leadership



In order to be successful, a statewide IECMHC initiative requires multiple levels of infrastructure and leadership. Programs with a statewide focus need management and leadership at the state level in order to address scope and impact broadly, and to design processes and systems that are scalable. IECMHC programs, in particular, benefit from cross-agency collaboration at the state level because of the interdisciplinary nature of IECMHC, involving behavioral health professionals as well as programs that span health, education and human services.

State-Level Infrastructure

TIEMH's scan of high quality IECMHC programs across the nation provided much insight into successful administrative structure for IECMHC programs. As with all programs, a key component of a successful IECMHC program is having a strong administrative structure that keeps services and processes moving smoothly. Of the 14 states interviewed, the majority, 71%, are state agencies, which includes early childhood departments (38%), early learning departments within a state education agency (15%), the office of the governor (8%), and the behavioral health department (8%). In contrast, two states contracted with state universities to oversee the program, while two other state programs are overseen by the state association of infant mental health. The IECMHC programs housed in the state association of infant mental health were both new programs, with 2 or less years. Based on how other state IECMHC programs have established sustainability, we recommend that IECMHC be overseen at the state level, as that governmental authority is essential to promote cross-agency collaboration (Oppenheim, et al, 2022). As noted above, identifying a state lead entity is critical, and equally important is cross-agency participation in system-building and program design when it comes to developing successful IECMHC approaches. State level leadership includes oversight of the development of core components of a statewide IECMHC approach (including programmatic standards, workforce development and training requirements, funding and evaluation strategies), as well as a plan for how existing local programs will participate in the statewide effort, and how the state leadership will support local programs.



Community-Based Infrastructure

While state-level leadership plays a critical role in developing a high-quality IECMHC approach that will be implemented consistently across communities, effective leadership and infrastructure at the local program level is essential to successful implementation of IECMHC in an ongoing and ultimately sustainable way. IECMHC programs require middle and executive management as critical

elements for program success. This is the arm of the program that helps to establish and maintain the program's design, provides oversight for IECMH consultant staff, and contributes to program funding and sustainability efforts. Program leadership serves as a champion for the work, and develops and maintains the program logic model (Health Resources and Services Administration, 2020). These leaders envision how and where IECMHC fits into the organization, its mission, and the array of child services in the community. The program leadership also oversees the development of an outreach and referral strategy. This may entail developing strategic partnerships to enhance program engagement and increase referrals to the program. Program administration determines the program eligibility and dosage parameters to best meet the needs of the community, such as geographic service area, age, and income. Additionally, program managers provide oversight of data collection and performance measurements. They establish procedures to ensure adherence to funding and model requirements which include a continuous quality improvement plan.

Additionally, program managers provide oversight to IECMH consultants. The Center of Excellence for IECMHC notes that supporting consultants is essential, and that the management should prioritize understanding the work on the ground and the accomplishments of individual consultants (Center of Excellence for Infant and Early Childhood Mental Health Consultation, 2023). This oversight may include both administrative and reflective supervision, depending on the training and experience of the manager. Administrative supervision would include hiring, training, onboarding, administrative supervision, manage case assignment, monitoring case progress, performance evaluation, and providing access to reflective supervision. If the manager is not able to provide reflective supervision, they then secure access to a reflective supervisor for the IECMHC team.

Grant management and supporting sustainability are also critical elements and responsibilities of the IECMCH program manager. Grant management may include grant writing, reporting, and oversight of funding/grant requirements. In order to do all of these tasks well, it is ideal that program managers have experience in early childhood. This experience helps them to better be able to support program staff and understand the needs of families and partners. Understanding the needs of the community through partnerships and/or community needs assessments is also helpful for program managers to best be positioned to meet the challenges of overseeing an IECMHC program.

Sustainability

Both state and local IECMHC leaders need to consider sustainability as an essential component of their work. Addressing sustainability may include considering policy, advocacy, partnerships, or communications campaigns to help IECMHC best integrate into the community children’s mental health service array. This allows IECMHC to become established as a foundational and long-lasting service in the community. The Center of Excellence for IECMHC describes sustainability strategies that can be applied to work at the state and local levels. (See Figure 1).

Components include:

- 1. Financing:** Funding is critical to long-term sustainability, as well as allowing a program to grow and adapt to state needs over time. Diversified funding allows for increased stability.
- 2. Policy:** State-level support creates the opportunity for IECMHC to be a long-lasting component of the state children’s mental health services.
- 3. Integrating into Early Childhood Mental Health Systems:** Consider how to best incorporate IECMHC into the promotion and prevention efforts of the state children’s mental health services. It can augment existing services by filling in service gaps of traditional children’s mental health services.
- 4. Communication and Messaging:** Communities need to understand IECMHC and how to access services. Community engagement leads to more service utilization and more community buy-in.
- 5. Champions and Partnerships:** Strong champions and partners help to spread the word about the effectiveness of IECMHC. This can lead to increased funding, opportunities, and sustainability for the program.
- 6. Adaptations to Changing Conditions:** Programs need to adapt to the needs of the state and local communities. Inability to do so leads to rigidity that limit the effectiveness of the program.



Figure 1 illustrates the key facets of IECMHC program sustainability according to the Center of Excellence for Infant and Early Childhood Mental Health Consultation.

Figure 1: **IECMHC Sustainability Conceptual Model**

Source: (Center of Excellence for Infant and Early Childhood Mental Health Consultation, 2023)



Data and Evaluation

Data collection and management are critical elements to programmatic implementation as they quantify the type and amount of service being delivered (process evaluation) and provide information about the outcomes of a program (outcome evaluation). Both process and outcome aspects of data collection support data-informed decision-making. To this end, each state that was interviewed was asked what data they are collecting and what tools they are currently using to measure the implementation and impact of their programs at all service levels. **Table 1** includes a list and descriptions of the tools most used by the states interviewed. More data collection is necessary to determine exactly how their data is used to inform implementation in each state and at what phase of implementation. Additionally, the Center of Excellence in IECMHC published a resource entitled Outcome Measures for IECMHC that is a collection of outcomes measures that have been previously used in at least two IECMHC program evaluations to assess child, teacher, teacher-child, and classroom or program level impacts (Center of Excellence for Infant and Early Childhood Mental Health Consultation, 2023). To access Outcome Measures for IECMHC, follow the link: <https://www.iecmhc.org/resources/choose-and-use-tools>.

Table 1: **Screeners and Assessments for IECMHC**

Tool Name	Description	States Utilizing	% of States Using Tool
Devereux Early Childhood Assessment (DECA)	The DECA is an age-based behavior rating scale completed by parents and/or teachers that provides an assessment of within-child protective factors central to social and emotional health and resilience, as well as screening for behavioral concerns (Center of Excellence for Infant and Early Childhood Mental Health Consultation, 2023).	CO, LA, MI, OH, WI	35%
Preschool Expulsion Risk Measure (PERM)	The PERM measures teacher factors that influence likelihood of expulsion for young children (Center of Excellence for Infant and Early Childhood Mental Health Consultation, 2023).	CO, MI, PA, LA	28%
Teaching Pyramid Tools (TPOT)	This observational measure assesses implementation of classroom practices that promote young children’s social and emotional competence and address challenging behavior in the infant/toddler or preschool classroom. Specifically, it measures how well teachers are implementing the three tiers of the Pyramid Model for Promoting Social Emotional Competence of Infants and Young Children (Center of Excellence for Infant and Early Childhood Mental Health Consultation, 2023).	AR, MI, PA	21%
The Climate of Healthy Interactions for Learning and Development (CHILD)	The CHILD is a comprehensive observational assessment of the mental health (or social and emotional) climate of early care and education settings. The mental health climate is characterized by warmth, developmentally appropriate and child-centered practice, equitable treatment of children, and practices that foster children’s psychosocial well-being and holistic development. Observations include interactions between and among staff and children, as well as verbal and nonverbal behaviors (Center of Excellence for Infant and Early Childhood Mental Health Consultation, 2023).	CO, MI, WI	20%
Teaching Pyramid Tools (TPI-TOS)	This screening tool is a modification of the Teaching Pyramid Observation Tool. This observational measure was designed to help mental health consultants learn more about how adult behavior and the design of the child care classroom environment support the social emotional development of young children in early education settings (Center of Excellence for Infant and Early Childhood Mental Health Consultation, 2023).	MI, PA	14%
Strengths and Difficulties Questionnaire (SDQ)	The SDQ is a brief mental health screening questionnaire. The optional impact supplement quantifies functional impairment and the follow-up version assesses change over time. This measure can be used to screen an individual child or to gauge the prevalence and impact of behavioral challenges in a classroom (Center of Excellence for Infant and Early Childhood Mental Health Consultation, 2023).	AR, LA, PA	28%
Eyberg Child Behavior Inventory (ECBI)	The ECBI is a measure designed to assess the frequency and severity of disruptive behaviors, as well as the extent to which parents find the behaviors troublesome. The ECBI is specifically focused on behaviors that take place at home in children and young people ages 2–16 years (Early Intervention Foundation, 2023).	AR	7%

Tool Name	Description	States Utilizing	% of States Using Tool
Child Care Worker Job Stress Inventory (CCWJSI)	The CCWJSI is a survey that examines a child care worker’s stress, including the worker’s perceptions of job demands, job control, and job resources that may help contribute to a worker’s job satisfaction or positive feelings about her or his own work. This survey includes the subscales - Demands, Control, Resources (Center of Excellence for Infant and Early Childhood Mental Health Consultation, 2023).	LA, PA	14%
Maslach Burnout Inventory	This inventory is the most commonly used measure of burnout, linked with outcomes including turnover and suboptimal care. There are different versions including a general version and ones for Medical Personnel, Human Service Workers, Educators, and Students (Center of Excellence for Infant and Early Childhood Mental Health Consultation, 2023).	MI	7%
Harvard Implicit Association Test (IAT)	This tool measures attitudes and beliefs that people may be unwilling or unable to report. The IAT may be especially interesting if it shows that you have an implicit attitude that you did not know about. For example, you may believe that women and men should be equally associated with science, but your automatic associations could show that you (like many others) associate men with science more than you associate women with science (Project Implicit, 2023).	MI	7%

Part of data collection is a well-organized plan that covers all aspects of data collection. The Center of Excellence for IECMHC recommends considering the following (Center of Excellence for Infant and Early Childhood Mental Health Consultation, 2023):

- » What information will be collected?
- » Who will ensure that consent is obtained from all participants?
- » What is the schedule for data collection (e.g., baseline, and then after every three months of consultation)?
- » Who will be responsible for collecting data?
- » Where the centralized data will be stored?
- » Who will take responsibility for ensuring data are recorded, compiled, and reported, including monitoring for missing data and ensuring that they are managed in a HIPAA-compliant manner?

More information is needed to understand the data management systems being used by each state to collect data. Of the states interviewed for this project, some (35.7%) created their own data collection systems to accommodate the services, while others (28.5%) utilized data collection systems preexisting in the state. The information in **Table 2** was collected during qualitative interviews of 14 states (two of which were not yet in the data collection phase of implementation) and based on a self-report from each state. Other reported quantitative data points included dosage and frequency of services, demographics of the population, number of clients, number of collaborative meetings, and number of trainings offered to name a few. Data collection was also on a spectrum from weekly to monthly deadlines depending on state program size and data system.

Evaluation is a critical program activity. Process evaluation determines whether program activities are being implemented as intended and includes things like the types and quantities of services delivered, who participated in the activities, the resources required to deliver services, problems encountered in delivering services, and the ways such problems were resolved. Additionally, process evaluation helps state and local program leaders to understand whether the program is reaching the desired population and the demographics and needs of the workforce. Outcome evaluation assesses the effectiveness of the program in producing change. In the case of IECMHC, this change may be at the program, provider, family and/or child level. Outcome evaluations help communities and states to assess whether the program is achieving desired goals for children and families, such as if a child is on track with their development and has their mental and behavioral health needs met. Understanding the wellbeing of the child informs whether additional investments should be made. Positive outcome data is a key driver of sustained financing for new initiatives.

The Center of Excellence for IECMHC describes a 5-step framework for evaluating IECMHC programs. (Center of Excellence for Infant and Early Childhood Mental Health Consultation, 2023)

This includes:

1. Develop a theory of change and logic model;
2. Explore the evidence base;
3. Develop research questions;
4. Select measurement tools; and
5. Analyze and communicate results.

The Center of Excellence for IECMHC also created a guide to create an evaluation – the *IECMHC Evaluation Plan Worksheet*, which can be downloaded at the following link: https://www.iecmhc.org/wp-content/uploads/2023/06/GUCCHD_EvaluationPlanWorksheet_FNL.pdf.

Evaluation is a part of continuous quality improvement (Center of Excellence for Infant and Early Childhood Mental Health Consultation, 2023), which can help to strengthen the initiative at the local and state levels. Regular data analysis and evaluation allows for adjustments to improve services for children and families. All of the states interviewed are collecting and monitoring IECMHC program data. Two states have taken evaluation one step further and have conducted randomized controlled trials regarding the efficacy of their programs.



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IECMHC State Programs: Case Studies

Strategies for IECMHC vary from state to state depending on how the program is designed to meet the unique needs of each state’s early childhood population, workforce, and infrastructure. The spectrum of strategies utilized is based on factors such as the overseeing entity, model structure, service settings, funding streams, and workforce qualifications. To highlight this range of approaches, IECMHC systems from five states are briefly described below (in alphabetical order). Each state has a long-standing and successful program and illustrates a unique IECMHC approach. The table that follows provides additional information about each of the states, again illustrating the range of approaches possible within highly successful IECMHC systems.

Arkansas



Arkansas’ IECMHC statewide program was established in 2004 and is overseen by the University of Arkansas School of Medical Services (UAMS). UAMS provides all training and supervision to IECMH consultants across the state. The state has a two-pronged approach – first UAMS contracts with local organizations to hire IECMH consultants who provide 50-60% of their time to IECMHC services, and second, UAMS hires consultants directly to serve areas not covered by local behavioral health entities. This approach allows for statewide service coverage. Additionally, the Office of Early Childhood in the Arkansas Department of Education established an online referral system that is staffed by qualified professionals who determine the level of need based on phone screenings. Once screened, cases are triaged and offered one of three levels of support based on the nature and intensity of the need: phone support, on-site technical assistance, or IECMHC. The online referral system is staffed with professionals able to provide navigation, while on-site support is performed by an IECMH consultant. An aspect of the Arkansas program that is unique is that the program is overseen by a university, as opposed to a state office or local nonprofit. Out of the 14 states interviewed for this report, less than 15% are led by universities. The university staff provide all training and supervision to consultants. Training requirements are outlined in **Table 2**.



Colorado



Colorado’s Early Childhood Mental Health Consultation (ECMHC) program began in 2007 and covers all 64 counties in the state. It is notable that Colorado uses the term Early Childhood Mental Health Consultation dropping the “I” for Infant from the name. They reported that the term infant mental health “confused people.” The statewide program is overseen by the Colorado Department of Early Childhood (CDEC) which contracts with local organizations (i.e. community mental health centers, early childhood coalitions) that hire ECMH consultants and oversee provision of services. The CDEC requires an eight-week training process and offers ongoing technical assistance and support. Uniquely, Colorado is currently leading a national IECMHC community of practice to inform federal partners of the current landscape of state programs and their unique and collective needs, as well as to provide peer learning opportunities regarding building and sustaining programs. Another unique factor about the Colorado program is the investment in building a qualified workforce through investing in higher education career pathways, such as the Colorado State University School of Social Work IECMH Fellowship Program. Colorado also used stimulus funding for a pilot internship program, licensure and renewal fee reimbursements, federal loan forgiveness programs, one-time bonuses, and reimbursements for intensive training and degree .

Colorado Site Visit

TIEMH conducted a site visit to the state of Colorado to observe ECMHC programs in person and to learn from state program leaders. The site visit included early childhood education centers in urban and rural settings to learn about their different service delivery models. During the site visit it was clear that the state of Colorado has a well-established and well-functioning system that includes a robust statewide marketing campaign, referral system, and ECMHC service coverage for much of the state. Services were standardized yet flexible to adjust to the local provider and setting. The child care providers receiving the services shared their gratitude for the program and the positive outcomes they see in their staff, family engagement abilities, and staff capacity. Sites visited received ECMHC in-person and virtually. The ECMHC programs were observed to be well-integrated into the community and service site. Full caseloads consisted of a child, classroom, and program-focused consultation.

Connecticut



Connecticut is a national leader in IECMHC as they are the first state to standardize their IECMHC state program model and have it listed on the California Evidenced Based Model Clearinghouse. Their program was established in 2002 and is overseen by Advanced Behavioral Health® (ABH®). ABH® is a non-profit behavioral health management company that is funded by the Connecticut Department of Children and Families and the Office of Early Childhood. ABH® is responsible for the development and administration of the Connecticut IECMHC program called ECCP® which stands for Early Childhood Consultation Partnership. ABH® subcontracts with local organizations who hire IECMH consultants. ABH® is responsible for all training, supervision, and quality assurance related to data management. There are many unique aspects to the Connecticut model. One is that the overseeing entity is a nonprofit that provides all administrative support, program management, continuous quality improvement, and fidelity oversight. Although ABH receives funding from the state, state agencies do not take a role in oversight or statewide implementation, and ABH® oversees model fidelity. Another is that Connecticut's ECCP® program is the one of only two IECMHC programs to have completed the randomized trials necessary to be deemed as evidence-based. Currently, the ECCP® model is being replicated in another state as a pilot project overseen by a state agency.

Illinois

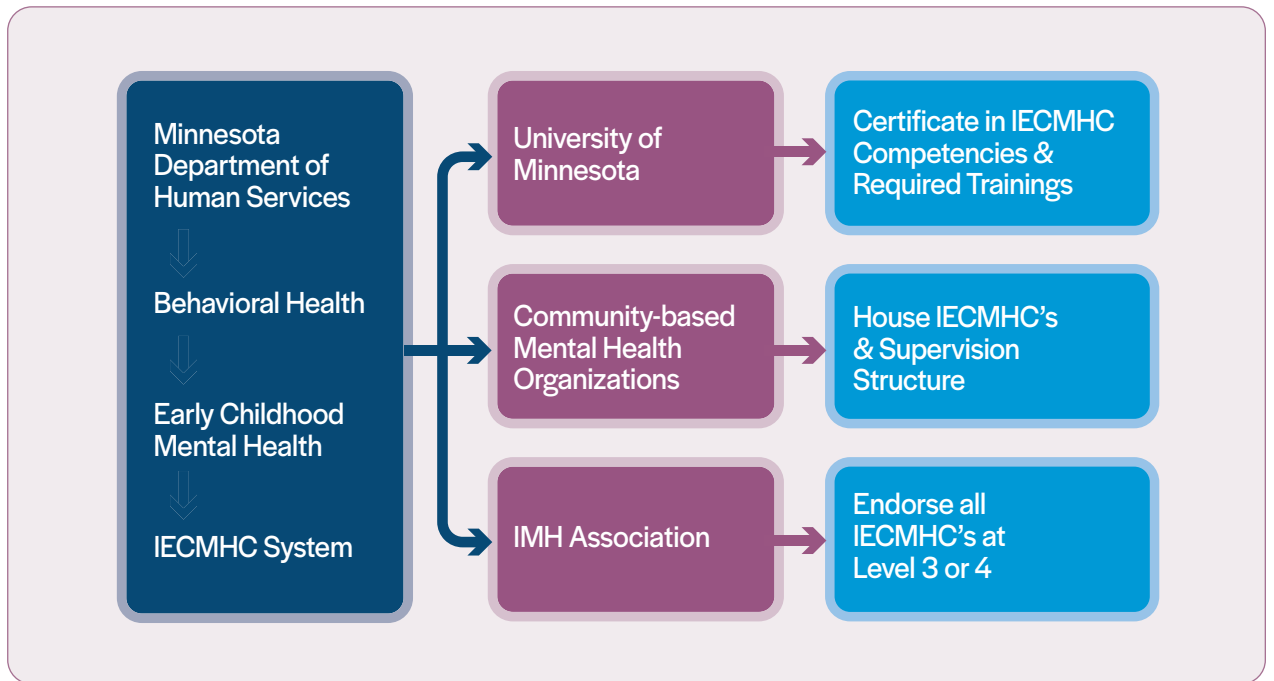


Illinois' statewide program was established in 2005, however, they have a well-documented history of service delivery and capacity building for many years prior. Their program is uniquely overseen by the Governor's Office of Early Childhood Development (GOECD). Within the GOECD there is an established leadership team that oversees the statewide implementation of the Illinois IECMHC Model which was created for cross-system delivery. IECMH consultants are contracted independently by the GOECD or hired and managed by a local community entity. The state model includes a partnership with the Illinois Network of Child Care Resource and Referral Agencies (INCCRRA), a statewide organization focused on access to high-quality and affordable early child care and education that manages the data systems and tracking and offers reflective learning groups. **Table 2**, below, outlines training requirements for providers and who attend the learning group. Illinois was the first state to complete a cross-multisystem mixed methods evaluation demonstrating cross-system impact from IECMHC. Impacts showed positive change on two standardized measures for staff reflective capacity, teachers who received the model were more effective at cultivating a positive classroom climate, and home visitors engaged in responsive behaviors during home visits with parents indicate that parents tended to report higher satisfaction in their role as parents (Spielberger, 2021). Additionally, Illinois is unique in that it hosts a searchable IECMHC database that lists consultants that meet certain qualifications and have been through the Orientation to the Illinois Model training. The Illinois model is also uniquely supported directly by the Governor and has state legislation naming the service as a means to support early childhood education.

Minnesota

Minnesota's program was established in 2016. In Minnesota's IECMHC approach, consultants provide services to licensed child care centers and are reimbursed by the state for their consultation time on a fee for service basis. This state's initiative is overseen by the Minnesota Department of Human Services (MNDHS) within the division of Early Childhood Mental Health. MNDHS contracts with community-based mental health organizations to provide IECMHC. These organizations hire and oversee IECMH consultants and provide reflective and administrative supervision. MNDHS collaborates with the state infant mental health association (IMHA) to endorse all IECMHC at Infant Mental Health Association Endorsement levels 3 or 4. Endorsement provides recognition of specialized knowledge and expertise in professionals working with pregnant people, children ages birth through six, and their families (Alliance for the Advancement of Infant Mental Health, 2023). The Minnesota program was built with workforce development in mind. In addition to the work with the Minnesota IMHA, they also collaborate with the University of Minnesota, which provides a certificate program in IECMHC Competencies and other workforce trainings, and the Minnesota IECMHC system encourages IECMH consultants to seek training in other evidence-based models. Distinctively Minnesota pays for the training for IECMH consultants, a strategy that helps to build and support the workforce. Additionally, Minnesota is the only state (interviewed to date) that utilizes Mental Health Block Grant funds to train their workforce (licensed clinicians) in evidence-based interventions (such as Attachment Bio-Behavioral Catch-Up and Parent Child Interaction Therapy) and assessments.

Figure 2: **Minnesota Statewide System Example**



Case Studies Summary

The table below continues to showcase the five states outlined above, specifically looking at the required qualifications of the workforce, number of consultants to date per state, and training requirements. Some common threads across states include the requirement for a mental health degree, engagement for consultants in reflective supervision, and the utilization of multiple funding sources for sustainability. The analysis of these five programs, as well as the nine other states included in the national scan help deepen the understanding and knowledge of what makes a successful program as well as different strategies for implementation.

Table 2: **Characteristics of IECMHC State Programs**

	Arkansas	Colorado	Connecticut	Illinois	Minnesota
Required Qualifications of Workforce	Licensed, or license-eligible mental health provider	<p>Master’s degree in a license-eligible mental health field</p> <p>Endorsed or working toward endorsement in infant and/or early childhood mental health</p> <p>Training and/or certification (see training requirement area)</p> <p>Receiving or plan to receive individual or group reflective supervision for a minimum of 60 minutes/month</p>	Licensed, or license-eligible mental health provider	<p>Master’s degree in a mental health field, such as social work, counseling, psychology, marriage and family therapy, and psychiatry; or in nursing or child development with additional education in infant/early childhood and mental health</p> <p>License optional</p> <p>A minimum of 2-5 years of experience in areas related to infant and early childhood development and mental health</p> <p>Demonstrated ability for reflective practice and to maintain a consultative stance</p>	<p>Licensed mental health provider</p> <p>Experience in areas related to infant and early childhood development and mental health</p> <p>Endorsed or working toward endorsement in infant and/or early childhood mental health</p>
Number of Consultants Across State	10	92 (52 are funded by the state program)	21	>300	54 (plus an additional 4 supervisors and mentors)
Training Requirements	<p>Complete a certificate program, 40 training hours within the first 6 weeks of employment, experience in child care settings that equate to 1-year experience, and shadowing and mentoring, culminating in the approval by state department of human services</p> <p>Training in FAN*, Conscious Discipline, and Pyramid Model</p>	<p>8-week onboarding process that includes training modules and a peer learning community</p> <p>Require training/certifications in the following:</p> <ul style="list-style-type: none"> » Yale CHILD* tool including infant and toddler addendum » DECA-C* Assessment » DC:0-5 » Mandated reporter training 	<p>Complete an onboarding training process, with a program manual</p> <p>IECMH consultant is paired with a mentor consultant and are required to participate in multi-levels of supervision</p>	<p>Complete the Illinois Model Orientation</p> <p>Optional: Infant Studies Certificate by the Erikson Institute</p> <p>Optional: Endorsed by the Illinois Association for Infant Mental Health</p>	<p>Training in the following:</p> <ul style="list-style-type: none"> » DC:0-5 » The Consultative Stance » Diversity Informed Tenets for Work with Infants, Children, and Families » Consultation » FAN* » Yale CHILD* tool
Funding	CCDF*; PDG B-5*; Elementary and Secondary Education Act (ESEA); disaster relief funding (such as ARPA*), Project LAUNCH*	CCDF*; state general revenue; CARES*; CRRSA*; Philanthropic/ Private	PDG B-5*; Department of Children and Families, Office of Early Childhood	CCDF*; IDEA* Part C; MIECHV*/HFI*; ECBG*; Philanthropic/ Private; GERDS*	PDG B-5*; state general revenue; MHBG*; CCDF*

***Key Acronyms/Terms:**

- » **ARPA** – American Rescue Plan Act
- » **CARES** – Coronavirus Aid, Relief, and Economic Security Act
- » **CCDBG** – Child Care Development Block Grant
- » **CCDF** – Child Care and Development Fund
- » **CHILD** – The Climate of Healthy Interactions for Learning and Development Tool
- » **CQI** – Continuous Quality Improvement
- » **RRSA** – Coronavirus Response and Relief Supplemental Act
- » **DC:0-5** – Diagnostic Classification of Mental health and Developmental Disorders of Infancy and Early Childhood Training
- » **DECA-C** – Devereux Early Childhood Assessment - Child Level
- » **ECBG** – Early Childhood Block Grant
- » **ECCP**[®] - Early Childhood Consultation Partnership
- » **EMHC** – Early Childhood Mental Health Consultation/Consultant
- » **FAN** – Facilitating Attuned Interactions Training
- » **GERDS** – Governmental Emergency Education Funding
- » **HFI** – Healthy Families Illinois
- » **IDEA** – Individuals with Disabilities Education Act
- » **IMH** – Infant Mental Health
- » **LAUNCH** – Linking Actions for Unmet Needs in Children’s Health
- » **MHBG** – Mental Health Block Grant
- » **MIECHV** – Maternal and Infant Early Childhood Home Visiting
- » **PDG B-5** – Preschool Development Grant: Birth through 5





Texas Infant & Early Childhood
Mental Health Consultation



Recommendations – Texas IECMHC Initiative



Through an extensive review of existing literature, a national scan and interviews with IECMHC programs in other states, a site visit to a state with a thriving program, data collected from several programs within Texas, and a landscape analysis of children’s mental health systems in Texas, TIEMH has developed a series of recommendations for consideration as the state considers the development of a statewide IECMHC initiative. Moving into recommendations will move this work from the EPIS stage of exploration to preparation. TIEMH considers the steps below as the most critical to establishing a strong foundation for a sustainable statewide system. These would need to happen concurrently to establish the best system.

Recommended First Steps for a Texas IECMHC Initiative

- 1. Model Development:** Develop a Texas IECMHC program model and standards.
- 2. Infrastructure and Leadership:** Identify and develop lead organization(s) for oversight and training/technical assistance to support the model. Investigate funding opportunities.
- 3. Workforce Development:** Recruit, train, and provide technical assistance for IECMH consultants and their administrative teams.
- 4. Implementation Pilot:** Establish and support a demonstration pilot of IECMHC services.
- 5. Outreach and Engagement:** Create a communications plan and materials to engage the early childhood community of professionals and families.
- 6. Data Collection and Evaluation:** Identify and outline the essential data to measure program impact. Conduct an initial evaluation to measure program impact and to guide program improvement planning.

Model Development



Defining IECMHC

Based on the data collected from Texas programs, organizations are implementing IECMHC in a variety of manners across the state, and IECMH consultants do not have a shared understanding of IECMHC and its essential elements. Without a universal understanding of Texas’ approach to delivering IECMHC, it currently looks different from community to community. In order to build a statewide approach to IECMHC, therefore, an important first step will be to define the services (type, dosage, settings, etc.) that will be delivered. This definition needs to consider the current service array (including how and where IECMHC is currently being delivered), as well as gaps in the delivery of children’s mental health care in communities across the state.

Programs are also stronger when they are guided by a well-articulated theory of change and logic model, which is helpful in building a shared understanding of the purpose, the mechanisms for service delivery, and the anticipated outcomes of an initiative. Thus, it is recommended that another aspect of initial model development be to create these foundational documents, likely based in part on resources developed by the National Center of Excellence for IECMHC. The Center of Excellence's theory of change considers the readiness of a site, as well as the consultant's skills and background, while emphasizing core program elements such as reflective supervision and monitoring program outcomes (Center of Excellence for Infant and Early Childhood Mental Health Consultation, 2023). The Center of Excellence for IECMHC also developed a sample program logic model (Center of Excellence for Infant and Early Childhood Mental Health Consultation, 2023).

Determine Location of Service Delivery

In designing the state IECMHC approach, it will be important to identify which systems and communities will be served. IECMHC is implemented in a variety of early childhood service settings, including ECCE (child care and pre-K), home visiting, Head Start, Early Childhood Intervention, and primary care. TIEMH recommends that Texas begin IECMHC work in ECCE settings (Texas Rising Star sites), home visiting, and Early Childhood Intervention (ECI). The majority of states interviewed (78.6%) have IECMHC programming in ECCE settings, by far the most common setting for IECMHC. Home visiting is a more recent field that is incorporating IECMHC. In Texas, IECMHC is an approved auxiliary service to home visiting by Prevention and Early Intervention, a division of the Texas Department of Family and Protective Services that oversees Texas home visiting programs. Further, the Health Resources and Services Administration (HRSA) approved IECMHC as an auxiliary service to MIECHV home visiting programs, and has published a guide on how to incorporate IECMHC into MIECHV programming (Health Resources and Services Administration, 2020). In Texas, ECI has also funded IECMHC. In state fiscal year 2023, ECI put forth a request for proposals to pilot IECMHC with eight ECI grantees. The service period of this pilot took place between May and August 2023. A consideration regarding ECCE is whether it would be advantageous to start explicitly in Texas Rising Star locations. These ECCE settings are a part of the quality rating and improvement system (QRIS) in Texas, and would then present the opportunity to include IECMHC service provision in the QRIS criteria or to leverage current QRIS reporting to track the impact of IECMHC in different Texas communities. Once the program begins in these initial settings, it may be necessary to conduct a needs assessment to determine if services should expand to other settings or be limited to particular settings. This will be possible once demonstration pilot data is available.



In considering the location of services, it is also important to consider the flow of referrals to the program. Some of the states interviewed set eligibility as broadly as possible with an open-door referral system in program communities, while other states have more limited eligibility that serves a particular service setting, such as targeting ECCE. Further, states take different approaches to prioritizing services even within a given setting, such as prioritizing programs serving high numbers of children in out of home placements or children with disabilities, or programs with high rates of suspensions and expulsions. In the initial stages, TIEMH recommends that eligibility should be limited to pilot communities as an initial means to gather information and experience. Thereafter, we recommend that state early childhood leaders, the program oversight organization, and program directors, staff, families, and other community representatives work together to determine priority populations and eligibility criteria. This includes consideration of the funding for IECMHC, how funding would be disseminated, and how program support such as grant and contract oversight should be provided.

IECMHC Dosage

Part of establishing a state IECMHC initiative is to outline the parameters for the IECMHC program, such as eligibility for services and dosage. Length and intensity of services provided in an IECMHC approach (also referred to as “dosage”) varies somewhat among the states interviewed. Some states set requirements for the length of time a case can remain open (as well as frequency and amount of time spent per consultation), and others do not. TIEMH recommends that state early childhood leaders and the oversight organization work together to set an appropriate dosage for IECMHC services in Texas based on research and guidance from other state programs, the Center of Excellence for IECMHC, and the needs of the Texas population. Input into this important decision should also include families, early childhood providers and IECMH consultants.

Dosage would also depend on the type of services provided. There are three types of IECMHC services:

- 1. Child Level:** The index client is one child that requires individual attention. The IECMH consultant works with the early childhood provider (e.g., teacher) to address the child’s behaviors.
- 2. Class/Group Level:** In this case, the client is an entire class or group, and the focus is on strategies that the provider/caregiver can use to promote healthy social emotional development, interactions, and environment, and/or strategies for addressing some issue that is problematic or challenging (e.g., helping children to make smoother transitions between activities, talking about a traumatic event that has occurred in the community, etc.).
- 3. Program Level:** The client in this case is the program or organization. The IECMH consultant provides a range of services to improve the functioning of the program as a whole (e.g., training to deepen understanding of children’s social emotional development, trauma, or secondary traumatic stress experienced by teachers; work with staff on activities that increase their wellness and decrease stress and burnout; or work with leadership to change policies that contribute to disparities in disciplinary practices or biases among staff.

Program Manual

TIEMH recommends creating a program manual that details IECMHC standards for Texas. This will establish expectations for IECMHC consultants, outline training requirements, best practices, assessment tools, data collection requirements, and recommended supervision. This would serve as a baseline for all IECMHC in the state and create clarity and a common language. The program manual and communication tools will help to ensure model fidelity. Ultimately this can also serve as the basis for setting expectations among consultation recipients (sometimes referred to as “consultees”) and can be built into agreements between consultants and programs receiving consultation.

Family Voice

Another core building block should be the inclusion of family voice and lived experience in all stages of program development, implementation, and evaluation. The inclusion of family input into the IECMHC program design will be crucial to ensure that the program is meeting the unique needs of the families served in Texas and allow the program to be accessible and provided from a family-centered lens. TIEMH demonstrated and supported this practice by contracting three family voice consultants to support the research and publication of this report and the Landscape Analysis report. TIEMH recommends the expanded use of family voice consultants in the next phase of implementation and built into the program design to serve as a best practice component of the program’s continuous quality improvement plan.

Model Development Recommendations:

1. Develop a **common definition** for IECMHC in Texas that includes activities, dosage, and settings, and how IECMHC fits into the larger Texas system of children’s mental health care.
2. Create and disseminate a **logic model** for the Texas IECMHC initiative to help articulate the vision and goals of the program and the activities necessary to achieve the desired outcomes.
3. Create a **program manual** outlines program parameters, such as eligibility, dosage, and activities of consultants. Work with current program providers to build consensus on best practices for Texas and create a program manual to help ensure fidelity and shared understanding. Include family voice in this work.

Infrastructure and Leadership



TIEMH recommends that Texas early childhood leadership identify one or more organizations that will be responsible for carrying out two major aspects of program development and oversight: **1) grantor** – to fund local implementation of IECMHC, to support pilot projects with contract management and oversight, to steer the direction of program growth and sustainability, to fund training and technical assistance for local implementing agencies, and to fund the data management and evaluation of the initiative (recommendations 4 and 6); and **2) training and technical assistance provider** – to develop the model design, to provide foundational training for IECMH consultants, to support implementation processes with technical assistance, to develop an outreach and marketing strategy, and to steer continuous quality improvement and model fidelity (recommendation 1, 3, and 5).

These activities can be organized in a couple of ways. One organization could address all aspects, or two organizations could address the activities, split as indicated above. This is a decision that can be considered during year two of PDG B-5. Identifying a lead organization can be a staged process, with the Texas Workforce Commission leading the work under PDG B-5 and then a transition to a permanent home at the end of the PDG B-5 project. This recommendation is founded on our research on program sustainability, access to high quality training and technical assistance, and in consideration for how early childhood systems are set up within Texas. To support a state the size of Texas, TIEMH is recommending a state agency serve as the grantor, as this has been shown to promote cross-agency collaboration (Oppenheim, et al, 2022. This is how the majority (71.4%) of other states have positioned their IECMHC programs. It is also notable that, based on our research, the programs with the longest history are overseen by a state agency. The benefits of having a state agency as lead for this work includes the opportunity for collaborative funding to support the work, skilled staff in contract management in oversight, skilled staff in data collection, and the ability to bring collective support to a new initiative.



Additionally, TIEMH is recommending the state contract out for the lead organization addressing training and technical assistance, as this has been demonstrated to best support system-building activities in other states (Oppenheim, 2022). The lead organization(s) include staff who are licensed mental health providers or possess a master's degree in a mental health field in order to provide appropriate programmatic oversight and subject matter expertise. IECMHC is rooted in mental and behavioral health and wellness. Because this is a specialized field, it should be led by individuals who have experience and expertise in that area. IECMH consultants support adults and need to be able to identify and understand mental wellbeing as it relates to their interactions with others. Accordingly, supervisors should also have experience and education in mental health in order to best support IECMH consultants in their work. Many of the states interviewed for this report had former IECMH consultants as staff members and leaders, and additionally, many offered both administrative and reflective supervision to their workforce.

It will also be critical that Texas determine an appropriate level of investment to support IECMHC services. It is likely that funding will call for a collaborative funding strategy, across early childhood state programs, to best support this work. This will require identifying possible funding sources, new and existing, that could support IECMHC.

Infrastructure and Leadership Recommendations:

- 1. Identify lead organization(s)** to serve as grantor and training and technical assistance (TA) provider, and whether these tasks will be performed by one or two entities. Define roles and responsibilities, identifying who will serve as the granting entity, provide contract management and oversight, provide training and technical assistance, support data collection, and oversee model fidelity and CQI.
- 2. The lead organization for training and technical assistance will **staff program personnel who have an advanced degree in mental health**** (e.g., counseling, psychology, social work, or psychiatry) to best inform the model development.
- 3. Determine the amount of sustainable funding that is needed** to support IECMHC services, including state-level funding for the lead agency, funding for data collection, as well as amount needed to provide via grants to local entities, and amounts for training and technical assistance.

Workforce Development

A set of qualifications and training requirements will need to be established as a facet of the core program in order to support the growing high-quality IECMHC workforce. This includes setting standards for education, experience, and licensure. It also includes a definition of training required prior to providing IECMHC, and any requirements or options for ongoing support and training, including reflective supervision for consultants. Consultants will need foundational knowledge before providing services in the community. This should include a basic training regarding IECMHC core competencies and best practices. Georgetown University School for Continuing Studies, in partnership with the Center of Excellence for IECMHC, provides such a training, but it is costly at approximately \$6,000 per person (Georgetown University, 2023). Some of the states interviewed (28.6%) have developed their own foundational training content and protocols, and TIEMH believes that it would be beneficial for Texas to develop its own training modules in coordination with the development of a program manual to support IECMH consultants. This would provide a more sustainable approach to growing our state's IECMH consultant workforce over time. These modules could encompass the best of national standards as well as be tailored to the needs of Texas communities. Consultants will also need to be trained on data collection instruments and processes that help assess both implementation and outcomes of the program.

Some of the states interviewed have established partnerships with state universities to bolster IECMH consultant training, including state-designed modular training and post-graduate certificates. For example, one state worked with the state university to create a training curriculum for the consultants. Another works with a state university to certify a particular number of IECMH consultants annually in an effort to increase the quality of training for consultants. These partnerships help to support and grow the IECMH consultant workforce with a consistent level of quality. This is another avenue for creating a well-trained workforce that Texas can explore in the next stage of work on this initiative.

TIEMH recommends that the Texas IECMHC workforce consist of licensed or license-eligible, master's level mental health providers (counseling, psychology, social work, or psychiatry) with experience in and understanding of early childhood. This educational background provides a solid theoretical foundation in key knowledge areas fundamental for IECMH consultants, such as adult and child development, adult and child mental health, trauma and resiliency, advanced listening and reflective skills, guidance and consultation skills, and advanced knowledge in mental and behavioral health practices and



systems and policy development. This also aligns with the Center of Excellence for IECMHC recommendations (Center of Excellence for Infant and Early Childhood Mental Health Consultation, 2020), and with the majority (64.3%) of the requirements by the states interviewed.

Considerable effort and attention to the recruitment of qualified providers will be another essential first step. TIEMH is in the process of administering a statewide survey to learn more about where IECMHC is occurring in Texas, requirements organizations have for their consultants, and the needs of the workforce. This will help to identify areas where IECMHC does not exist, what training may be needed for existing consultants, and implementation support that may be needed for IECMHC programs. As in other states, there is a shortage of mental health providers in Texas. The PDG B-5 IECMHC pilot sites will need to recruit and hire licensed mental health professionals in this challenging job market. Creating a recruitment plan that considers how to best market the position to qualified applicants will be an important step. This action should be a joint effort between the funding and the training and technical assistance lead organizations, on a statewide level, and with the community-based organizations participating in the pilot, on a local level. Data from the survey may also serve to provide suggestions on how to most efficiently staff mental health positions in Texas for a new IECMHC initiative.

Finally, implementation sites will need an onboarding plan. This is something that could be included in the IECMHC program manual to guide critical aspects of training. TIEMH is also conducting a survey of IECMH consultants in other states who have experience in implementation to learn more about what they find as essential supports, trainings, and challenges they face in order to support successful program implementation.

Workforce Development Recommendations:

1. Establish a **set of foundational training and qualification criteria for all IECMH consultants**, and a strategy for ensuring that consultants have access to required training.
2. Create a modular **foundational training** that is in alignment with the Center of Excellence for IECMHC and the needs of Texas programs.
3. **Require that IECMH consultants be licensed or license-eligible mental health providers** with an advanced degree in counseling, psychology, social work, or psychiatry.
4. Develop a comprehensive **plan for the recruitment of IECMH consultants** that includes strategies at the state and local levels.

Implementation Pilot



The Texas PDG B-5 grant includes funding to pilot IECMHC services. TIEMH recommends piloting IECMHC in two to four Texas communities, depending on the number of consultants per site. TIEMH has developed three potential structures for how pilot sites might be staffed and budgeted, depending on the number of IECMH consultants that grantees include in their project plan. Budgetarily, there are three options: **1)** two sites with 2.0 full time equivalents (FTE) for IECMH consultants and accompanying program staff and infrastructure; **2)** one site with 2.0 FTEs and two sites with 1.0 FTE for IECMH consultants and accompanying program staff and infrastructure; and **3)** four sites with 1.0 FTE for IECMH consultants and accompanying program staff and infrastructure. If possible, TIEMH is recommending state leaders and the oversight organization select a community in an urban and a rural setting. Learning how implementation differs in these settings will help with future program scaling.

TIEMHC also recommends that pilot sites determine the number of IECMH consultants in their implementation plan based upon community need and their ability to support the requested number of consultants. We recommend that pilot sites participate in the recruitment, onboarding, and training of the consultants.

TIEMH is recommending that the pilot provide IECMHC services to some combination across early childhood care and education, ECI, and home visiting providers, and to begin by contracting with community-based mental health providers to do so. This would include local mental health authorities and community-based organizations with a clinical team. These community-based mental health providers would have the clinical infrastructure to hire, support, and supervise the licensed mental health providers needed to offer IECMHC. State agency leaders will need to decide how to select grantees. Considering the timeline of the PDG B-5 grant, it may prove most efficient to select from current grantees that are community-based mental health providers.

These sites will need training and support for implementation. With new programs, a peer learning cohort, hosted by the training and technical assistance organization, can provide support and technical assistance in a communal environment. Sites can learn from each other, sharing ideas regarding outreach, engagement, supervision, training, and supporting the new IECMH consultant team.

In terms of a funding structure for implementation sites, states use varying funding mechanisms for their IECMHC programs. Some states interviewed (14.2%) compensate programs with a fee for service model wherein IECMH consultants bill services using an hourly rate. The states in which the IECMHC program is led by a nonprofit or university hire consultants directly.

This represents 21.4% of states interviewed. The majority of states interviewed (64.3%) utilize a cost reimbursement method. Compensation structure is another program design decision that state agency leadership will need to address.

In terms of a funding structure for how pilot sites will be funded, TIEMH recommends that a cost reimbursement strategy be used. This not only aligns with the majority of other state models, it also allows the local implementing organizations to have autonomy to set salaries based on local market rates and allows for indirect program costs, leading to more program stability and sustainability.

Some decisions that will need to be addressed in the next phase, the preparation phase, include:

- 1.** Who will select the pilot communities? How will this selection be made (e.g., through existing contracts, through a request for proposal process, etc.)?
- 2.** How many pilot communities will be selected? What criteria will be used for selection (e.g., rural versus urban, suspension and expulsion rates, risk for child maltreatment, poverty rates, or other risk factors)?
- 3.** What will be the funding mechanism (e.g., cost reimbursement, lump sum, or fee for service)?
- 4.** Who will do outreach and recruitment of programs for consultation?

Pilot sites would also participate in data collection and evaluation activities. Data collection would include assessment tools, service counts, demographic information, and other possible performance measures. If an evaluation is conducted, sites would participate in data collection and other evaluation-related activities such as training, data sharing, interviews, or surveys.

Implementation Pilot Recommendations:

- 1. Pilot IECMHC in two to four Texas communities**, depending on the number of consultants per site, to demonstrate model impact.
- Consider **funding implementation sites through existing early childhood program grants** with Texas state agencies (those for community-based mental health providers) in order to maximize the remainder of time with PDG B-5 funding.
- Potential implementation sites would **submit proposals** based on community need, requirements, and organizational readiness to support the initiative.
- Implementation sites would participate in the **recruitment, training, and onboarding** of the IECMH consultants.
- Implementation sites would participate in **data collection and evaluation activities**, including necessary training regarding tools and data collection, data entry and program monitoring, reporting, and other evaluation activities.

Outreach and Engagement

As with any new program implementation plan, outreach and education are core activities to help the public, and specifically early childhood professionals, their leaders and advocates to understand what IECMHC is and how to refer to services. Statewide and local outreach plans are both necessary. For IECMHC implementation sites, programs will need to create an outreach plan to inform other early childhood programs about mental health consultation, and how service can benefit their staff and families. Targeted outreach to providers and established early childhood community coalitions will be an important step to increase awareness, create common understanding and language, increase advocacy, increase access to providers, and provide clarity about the new program. A public awareness campaign can also help educate more broadly about infant and early childhood mental health and the value of mental health consultation, paving the way for expansion of IECMHC implementation in the coming years.

Outreach and Engagement Recommendations:

1. Develop outreach materials for a **public awareness campaign** regarding IECMHC that targets early childhood programs and families with input from a wide range of stakeholders in the development of materials, including consultants, families, and state and local agency early childhood leadership.
2. Development and dissemination of an **outreach plan** for messaging materials .

Data and Evaluation

Data collection and management. TIEMH recommends that a state agency serve as the lead organization to oversee the data management for the IECMHC initiative. A state agency carries with it a certain amount of authority, and so would serve as an effective means of engagement for the cross-agency collaboration necessary for IECMHC. Having a state agency to lead data management efforts also allows for the incorporation of IECMHC data into existing early childhood data management systems. It is worth noting that as this program grows, this will require staffing to oversee data collection activities and technical assistance for any data procedures. In this case, the backbone state agency will need to define program outcomes of the IECMHC approach, and the corresponding assessment tools and frequency to administer the tools.

TIEMH recommends that assessment and screening tool selection be done with the guidance of the PDG B-5 IECMHC national scan findings in **Table 2** and with the guidance of the Center of Excellence for IECMHC's Outcome Measures for IECMHC. The backbone state agency will also need to decide which IECMHC outputs are needed, such as number of children served, number of classes/groups served, or number of organizations served.

Assessing the need of a larger IECMHC data collection system will be considered in subsequent phases of implementation and will be guided by data gleaned from other states and the developing IECMHC programs in Texas. Data system creation and implementation processes vary from state to state. Some have created their own software systems to accommodate unique outcomes and data collection needs, while others utilized software and formats created by states before them. This would mean a considerable cost, and as such is something that can continue to be under consideration as the PDG B-5 implementation pilot progresses.

Evaluation leads to better programs for children and families, and, at its best, can lead to innovations and improvements to programs. Evaluation is key to continuous quality improvement and to ensuring high-quality programs for children and families. Understanding the impact of the IECMHC initiative will be vital to demonstrating its effectiveness. New programs often need adjustments and improvements along the path of development, and evaluation will help to identify areas of strengths and challenges within the program. Additionally, the Center of Excellence for IECMHC also notes that evaluation is essential to understanding how to best scale IECMHC to cover more areas of the state (Center of Excellence for Infant and Early Childhood Mental Health Consultation, 2023).

TIEMH recommends contracting with an independent evaluator to create an initial statewide evaluation plan in order to inform state leadership about implementation and outcomes, and to guide continuous quality and program improvements. It may be most efficient to include IECMHC in the other evaluation plans for PDG B-5. It will be important at the local level as well as to support consistency across implementation sites throughout the state. This will help guide service delivery tracking and access across the state.





Some suggested outcomes and impact measurement points include:

- 1. Suspension and expulsion rates in early care and education settings** – This will call for baseline data capture and ongoing data input. It would be helpful to compare to sites that do not have an IECMHC program.
- 2. Quality Rating and Improvement Ratings (QRIS) in early care and education settings** – Consider the QRIS ratings early care and education sites using IECMHC receive over time to assess if IECMHC impacts overall quality. A comparison to ratings of ECCE sites that do not use IECMHC would be useful.
- 3. Risk for child maltreatment for home visiting programs** – For example, utilizing screening tools such as the [Protective Factors Survey](#) to assess for risk of child maltreatment. Then compare rates against the site’s zip code rate using the [Texas Child Maltreatment Risk Maps](#).
- 4. Engagement in services** – Compare child and family program engagement before and after IECMHC are provided. Some data points might include attrition or attendance rates of enrolled families
- 5. Workforce survey** – Conduct a survey to assess how IECMHC addresses challenges that the early childhood workforce faces.

It is recommended that the initial evaluation conclude concurrently with the PDG B-5 grant, by the end of calendar year 2025 so that the continued development of a Texas statewide system would be data informed and have demonstrated points of impact. Additionally, evaluation would support future funding opportunities and sustainability efforts.

Data Management and Evaluation Recommendations:

- 1.** Early childhood leadership **will identify a lead agency to develop an evaluation plan** that includes both process evaluation and outcome evaluation components.
- 2.** The TA partner and early childhood leadership will **identify a lead state agency to develop outcome measures and other data points** to demonstrate program impact.
- 3.** The TA partner will **select assessment and screening tools** that align with outcome measures recommended by the Center of Excellence for IECMHC.
- 4.** The TA partner and early childhood leadership will establish **data collection protocols**, including a **data management system**, for all data collected for the IECMHC initiative.
- 5.** Early childhood leadership will incorporate IECMHC into the PDG B-5 project **evaluation** to illustrate impact.

Summary:

Texas IECMHC Initiative Recommendations

In summary, the follow is a list of TIEMH's top recommendations to launch an IECMHC program in Texas

I. Model Development Recommendations:

1. Develop a **common definition** for IECMHC in Texas that includes activities, dosage, and settings, and how IECMHC fits into the larger Texas system of children's mental health care.
2. Create and disseminate a **logic model** for the Texas IECMHC initiative to help articulate the vision and goals of the program and the activities necessary to achieve the desired outcomes.
3. Create a **program manual** that outlines program parameters, such as eligibility, dosage, and activities of consultants. Work with current program providers to build consensus on best practices for Texas and create a program manual to help ensure fidelity and shared understanding. Include family voice in this work.

II. Infrastructure and Leadership Recommendations:

1. **Identify lead organization(s)** to serve as grantor and training and technical assistance (TA) provider, and whether these tasks will be performed by one or two entities. Define roles and responsibilities, id entifying who will serve as granting entity, provide contract management and oversight, provide training and technical assistance, support data collection, and oversee model fidelity and CQI.
2. The lead organization for training and technical assistance **will staff program personnel who have an advanced degree in mental health** (e.g., counseling, psychology, social work, or psychiatry) to best inform the model development.
3. **Determine the amount of sustainable funding that is needed** to support IECMHC services, including state-level funding for the lead agency, funding for data collection, as well as amount needed to provide via grants to local entities, and amounts for training and technical assistance.

III. Workforce Development Recommendations:

1. Establish a **set of foundational training and qualification criteria for all IECMH consultants**, and a strategy for ensuring that consultants have access to required training.
2. Create a modular **foundational training** that is in alignment with the Center of Excellence for IECMHC and the needs of Texas programs.
3. **Require that IECMH consultants be licensed or license-eligible mental health providers** with an advanced degree in counseling, psychology, social work, or psychiatry.
4. Develop a comprehensive **plan for the recruitment of IECMH consultants** that includes strategies at the state and local levels.

IV. Implementation Pilot Recommendations:

- 1. Pilot IECMHC in two to four Texas communities**, depending on the number of consultants per site, to demonstrate model impact.
- Consider **funding implementation sites through existing early childhood program grants** with Texas state agencies (those for community-based mental health providers) in order to maximize the remainder of time with PDG B-5 funding.
- Potential implementation sites would **submit proposals** based on community need, requirements, and organizational readiness to support the initiative.
- Implementation sites would participate in the **recruitment, training, and onboarding** of the IECMH consultants.
- Implementation sites would participate in **data collection and evaluation activities**, including necessary training regarding tools and data collection, data entry and program monitoring, reporting, and other evaluation activities.

V. Outreach and Engagement Recommendations:

- Develop outreach materials for a **public awareness campaign** regarding IECMHC that targets early childhood programs and families with input from a wide range of stakeholders in the development of materials, including consultants, families, and state and local agency early childhood leadership.
- Development and dissemination of an **outreach plan** for messaging materials.

VI. Data Management and Evaluation Recommendations:

- Early childhood leadership will **identify a lead agency to develop an evaluation plan** that includes both process evaluation and outcome evaluation components.
- The TA partner and early childhood leadership will **identify a lead state agency to develop outcome measures and other data points** to demonstrate program impact.
- The TA partner will **select assessment and screening tools** that align with outcome measures recommended by the Center of Excellence for IECMHC.
- The TA partner and early childhood leadership will establish **data collection protocols**, including a **data management system**, for all data collected for the IECMHC initiative.
- Early childhood leadership will incorporate IECMHC into the PDG B-5 project a to illustrate impact.



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