The University of Texas at Austin
Texas Institute for Excellence in Mental Health
Steve Hicks School of Social Work

Funding Application: Infant & Early Childhood Mental Health Consultation

Contents

I. Project Background

The federal government awarded the Texas Workforce Commission (TWC) $16 million a year for the Preschool Development Grant Birth Through 5 (PDG B-5). The funding cycle is January 2023 through December 2025. The grant builds on the six goals from the Texas Early Learning Strategic Plan – 1) connect families to services and engage family as leaders; 2) support local systems building; 3) expand access to high quality programs; 4) strengthen and build early childhood care and education (ECCE) workforce; 5) develop a statewide integrated data system; and 6) reports and studies.[1]

Under the PDG B-5 Grant, the Texas Institute for Excellence in Mental Health at the University of Texas at Austin (UT-TIEMH) is developing a statewide model, and providing training, technical assistance, and oversight to community-based organizations that will establish programs to provide infant and early childhood mental health consultation (IECMHC). This pilot seeks to demonstrate the positive effects of IECMHC on children, caregivers, and programs. Services will be provided in early childhood care and education (ECCE), home visiting, Early Childhood Intervention (ECI), and pediatric primary care settings.

Project Title: IECMHC PDG B-5 Funding Opportunity

Anticipated Number of Awards: 2

Estimated Award Ceiling: $212,500 for 17 months per awardee

Estimated Start Date: August 15, 2024

Estimated Term Date: December 31, 2025

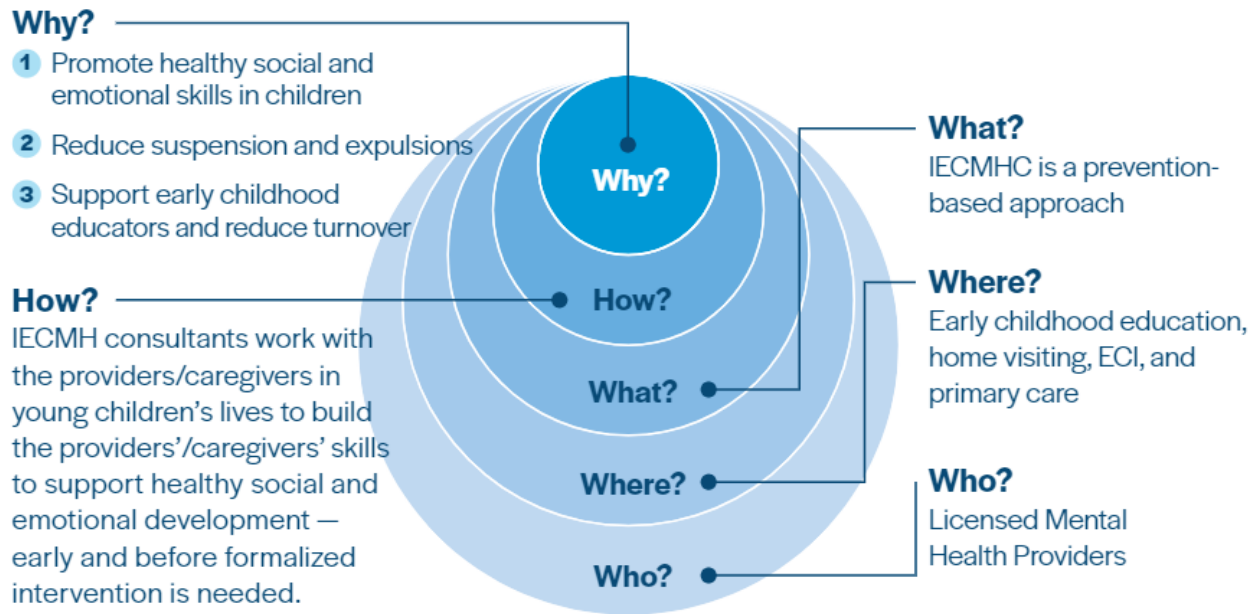## II. Infant and Early Childhood Mental Health Consultation Overview

IECMHC is a prevention-based approach that pairs a mental health consultant with adults who work with infants and young children in the different settings where they learn and grow, such as childcare, preschool, home visiting, early intervention, primary care, and home. IECMHC is not therapy. Rather, IECMH consultants use their clinical training and background to support professionals and caregivers and enhance/expand skills and knowledge to facilitate children's healthy social and emotional development.[2] IECMH consultants develop relationships with the adults and caregivers in young children's lives to build adults' capacity and skills to strengthen and support the healthy social and emotional development of children— and to address challenges and emerging issues early and before formal intervention is needed. IECMH consultants interpret children's behavior using both a mental health and child development lens. IECMH consultants typically work with children and families through early childhood programs, such as ECCE, home visiting, pediatric primary care, and ECI.

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[1] Texas Preschool Development Grant Birth through 5 (PDG B-5). Texas Workforce Commission. (n.d.). https://www.twc.texas.gov/programs/child-care/texas-preschool-development-grant.

[2] IECMHC Basics. The Center of Excellence (CoE) for Infant and Early Childhood Mental Health Consultation (IECMHC). (n.d.) https://www.iecmhc.org/iecmhc-basics.

IECMHC has been shown to improve children's social skills and emotional functioning, promote healthy relationships, reduce challenging behaviors, reduce suspensions and expulsions, and improve classroom quality. IECMHC also supports the early childhood workforce and has demonstrated reductions in provider stress, burnout, and turnover.[3]

The following diagram[4] outlines the different roles and functions in IECMHC.

Why?
1 Promote healthy social and emotional skills in children
2 Reduce suspension and expulsions
3 Support early childhood educators and reduce turnover

How?
IECMH consultants work with the providers/caregivers in young children's lives to build the providers'/caregivers' skills to support healthy social and emotional development — early and before formalized intervention is needed.

Why?

How?

What?

Where?

Who?

What?
IECMHC is a prevention-based approach

Where?
Early childhood education, home visiting, ECI, and primary care

Who?
Licensed Mental Health Providers

III. Counties of Focus

This project is targeting communities with high needs as measured by child risk factors, as well as communities that have a high level of readiness to execute this work in a short timeline. Readiness factors include:

- Existing supervisory structure for a mental health provider;
- Ability to hire and onboard IECMH Consultant quickly;
- Existing relationships with other community providers to facilitate outreach and enrollment;
- An established presence and reputation in its local community as an early childhood service provider; and
- Experience in infant and early childhood mental health.

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[3] The Center of Excellence (CoE) for Infant and Early Childhood Mental Health Consultation (IECMHC). (n.d.). https://www.iecmhc.org/iecmhc-basics/coe/.

[4] Baldwin, J. Beseda, H, Oppenheim, J, and Lopez, M. (2024). Infant and Early Childhood Mental Health Consultation: A Landscape Analysis of Implementation. Texas Institute for Excellence in Mental Health, School of Social Work, University of Texas at Austin.

Organizations in the following counties are eligible to apply.

- Cameron
- El Paso
- Harris
- Hidalgo
- Hood
- Lubbock

- Palo Pinto
- Parker
- Potter
- Smith
- Webb

IV. Eligibility Criteria

The following are the eligibility criteria for this funding opportunity. **All** criteria must be met, or applicant will be disqualified from this funding opportunity.

- Must be a community organization, public or private nonprofit entity, Native American tribal organization, or a city or county government agency with an existing mental or behavioral health program to facilitate scale-up in a short timeline. Must be able to demonstrate program infrastructure to support an IECMH Consultant through management and supervision.
- Must be a community organization that serves families with children birth through 5 years of age.
- Must be a community organization with a geo-service area that includes at least one of the counties of focus for this project outlined in Section III.
- Must hire for the IECMH Consultant position according to the required training and experience in Section V.
- Must have established membership in a local early childhood community coalition and/or local workforce board for a minimum of 12 months prior to this application.
- Must demonstrate the ability to meet all requirements of the funding opportunity, including but not limited to staffing, training, project measurements, data collection, project timeline, and project implementation.

V. Required IECMHC Training and Experience for Project

IECMHC is a specialty practice that requires particular training and background. The following are requirements for IECMH Consultants providing IECMHC in this project:

- Must be a *__licensed__* mental health provider with an *__advanced degree__* in counseling, psychology, social work (**LCSW**), or psychiatry.
- 2 years of experience working with children and families (preferred).
- If not already obtained, must complete the [Online Certificate in Infant & Early Childhood Mental Health Consultation](#) by Georgetown University's School for Continuing Studies within 12 months of award. This training will be provided to awardees and should not be included in the project budget.

- If not already trained, must complete training within 6 months of award in the Ages & Stages Questionnaires®, Third Edition and Ages & Stages Questionnaires®: Social-Emotional, Second Edition. This training will be provided to awardees and should not be included in the project budget.
- If not already trained, must complete training within 6 months of the award in the following: Pyramid Model and the accompanying tools Teaching Pyramid Model Observation Tool (TPOT) and Teaching Pyramid Infant–Toddler Observation Scale (TPITOS) and the Devereux Early Childhood Assessment for Infants and Toddlers. This training will be provided to awardees and should not be included in the project budget.
- All IECMH Consultants in this project will be required to participate in Reflective Supervision.
- All IECMH Consultants must participate in any additional training and technical assistance provided by UT-TIEMH, as required.

VI. Funding Opportunity

Funding will be provided to an estimated 2 organizations for up to $150,000 per fiscal year (FY) per organization. Funding is available for FY2024 (date begins upon award) to FY2025, ending December 31, 2025. An organization can submit only one application.

Please submit all required documents in Section VIII, including a 5-month budget for FY2024 August 15 – December 31), and 12-month budget for FY2025 (January 1 – December 31). Awards will be cost reimbursement tied to monthly costs related to the project and data submission, with an initial payment of 25% of the approved budget period provided within 30 days of execution of contract.

VII. Project Data Collection Requirements

The data measurement tools used in this project include the following –

- Service counts for children, providers (ECCE, home visiting, ECI, and pediatric primary care), and parents/caregivers served with IECMHC.
- Screeners administered to enrolled children using the Ages & Stages Questionnaires®, Third Edition (ASQ®-3) and the Ages & Stages Questionnaires®: Social-Emotional, Second Edition (ASQ®:SE-2).
- Devereux Assessment (DECA-IT) for infants, toddlers, and preschoolers administered to all enrolled children.
- Teaching Pyramid Observation Tools (TPOT™) – Short Form administered to enrolled children ages 2-5 years served through an early childhood care and education setting.
- Teaching Pyramid Infant–Toddler Observation Scale (TPITOS™) – Short Form administered to enrolled children ages birth to 3 years served through an early childhood care and education setting.

- [Professional Quality of Life Scale - 5 (ProQOL)](#) administered to individual providers (ECCE, home visiting, ECI, and pediatric primary care) served by the project.
- IECMHC Participant Experience Survey administered to individual early childhood providers (ECCE, home visiting, ECI, or pediatric primary care) and parents/caregivers served by the project.

This project will include the following required data collection –

Performance Measures 2024		
Measure	*Description*	*Goal (as count or percentage)*
#families served with IECMHC	Counts for all families directly served by IECMHC services.	12
#classrooms (or groups) served with IECMHC	Counts for all classrooms or groups served by IECMHC services.	1
#programs served with IECMHC	Counts for all programs receiving training or technical assistance from the IECMH Consultant. Program is defined as a singular program or an organization.	0
#developmental screeners administered to enrolled children	All enrolled children will be required to be monitored using the ASQ®-3 and ASQ®:SE-2. The scores and the count of tools administered to enrolled children will be reported on project reports.	12
%increase in protective factors for enrolled children	DECA-I/T scores for pre- and post-tests for each enrolled child to track scores on three domains for protective factors (attachment/relationships; initiative; and self-regulation). %children served with an increase in at least one domain of the DECA-I/T between the pre- and post-tests.	80%
%providers receiving services who increase positive strategies in early childhood care and education settings	TPOT™ - Short Form or TPITOS™ - Short Form scores for ECCE providers will be administered at a regular frequency to track classroom climate for ECCE providers. Scores will be used to track strengths and positive strategies used by ECCE providers, using the first domain – "Key Practices."	80%
%providers reporting a high level of compassion satisfaction using the ProQOL	ProQOL scores in three domains (compassion, burnout, and secondary traumatic stress) and pre- and post-tests will be collected for each provider (ECCE, home visiting, ECI, and pediatric primary care) served by the project. The %providers reporting a high level of compassion satisfaction are those scoring "high" (or scoring 57 or higher) on the compassion satisfaction domain on the ProQOL.	80%
%providers reporting a low level of compassion fatigue using the ProQOL	ProQOL scores in three domains (compassion, burnout, and secondary traumatic stress) and pre- and post-tests will be collected for each provider (ECCE, home visiting, ECI, and pediatric primary care)	80%

	served by the project. The %providers reporting a high level of compassion satisfaction are those scoring "low" (or scoring 43 or less) on the domains of burnout and secondary traumatic stress on the ProQOL.	
%providers and parents/caregivers satisfied with IECMHC services	Percent of individual early childhood providers (ECCE, home visiting, ECI, or pediatric primary care) and parents/caregivers reporting a minimum of 80% satisfaction ("satisfied" or above) on the IECMHC Participant Experience Survey.	80%

Performance Measures 2025		
Measure	*Description*	*Count*
#families served with IECMHC	Counts for all families directly served by IECMHC services.	25
#classrooms (or groups) served with IECMHC	Counts for all classrooms or groups served by IECMHC services.	2
#programs served with IECMHC	Counts for all programs receive training or technical assistance from the IECMH Consultant. Program is defined as a singular program or an organization.	1
#developmental screeners administered to enrolled children	All enrolled children will be required to be monitored using the ASQ®-3 and ASQ®:SE-2. The scores and the count of tools administered to enrolled children will be reported on project reports.	25
%increase in protective factors for enrolled children	DECA-I/T scores for pre- and post-tests for each enrolled child to track scores on three domains for protective factors (attachment/relationships; initiative; and self-regulation). %children served with an increase in at least one domain of the DECA-I/T between the pre- and post-tests.	80%
%providers receiving services who increase positive strategies in early childhood care and education settings	TPOT™ - Short Form or TPITOS™ - Short Form scores for ECCE providers will be administered at a regular frequency to track classroom climate for ECCE providers. Scores will be used to track strengths and positive strategies used by ECCE providers, using the first domain – "Key Practices."	80%
%providers reporting a high level of compassion satisfaction using the ProQOL	ProQOL scores in three domains (compassion, burnout, and secondary traumatic stress) and pre- and post-tests will be collected for each provider (ECCE, home visiting, ECI, and pediatric primary care) served by the project. The %providers reporting a high level of compassion satisfaction are those scoring "high" (or scoring 57 or higher) on the compassion satisfaction domain on the ProQOL.	80%
%providers reporting a low level of compassion fatigue using the ProQOL	ProQOL scores in three domains (compassion, burnout, and secondary traumatic stress) and pre- and post-tests will be collected for each provider (ECCE, home visiting, ECI, and pediatric primary care) served by the project. The %providers reporting a	80%

	high level of compassion satisfaction are those scoring "low" (or scoring 43 or less) on the domains of burnout and secondary traumatic stress on the ProQOL.	
%providers and parents/caregivers satisfied with IECMHC services	Percent of individual early childhood providers (ECCE, home visiting, ECI, or pediatric primary care) and parents/caregivers reporting a minimum of 80% satisfaction ("satisfied" or above) on the IECMHC Participant Experience Survey.	80%

VIII. Required Documents for Application Submission

- Completed project narrative (completed application).
- Completed subcontractor requirements Excel file (attached).
- Detailed budget (using the attached form).
- If your organization does not undergo an annual audit, please complete the attached pre-qualifying questionnaire. If there is an annual audit, please provide the most recently completed audit in addition to the attached Subaward Audit Certification.
- Proof of submission to be registered with SAM.gov.
- Letters of support or existing community agreements with referral organizations (minimum of 2).
- Completed Application Checklist (in section XII).

IX. Budget Template and Allowable Budget Items

This budget will cover a project period of 17 months – August 2024 to December 2024 in year one and January 2025 to December 2025 in year two. The maximum budget for this project is $212,500, with a maximum budget of $62,500 in year one and a maximum budget of $150,000 in year two. Budgets are required to be completed on the accompanying template (an Excel document named "PDG B-5_IECMHC_Subaward Budget Template"). All areas of the budget template must be completed, even if an item is $0. Budgets must include a 1.0 full time equivalent (FTE) for the IECMH Consultant, as well as any other necessary support staff for the project, such as supervisory staff or data entry staff.

The following are allowable budget items for this project:
- IECMHC staff costs (e.g., oversight, intervention, data collection, referral).
- Travel costs (within the community as needed), must follow GSA travel allowances: https://www.gsa.gov/travel/plan-book/per-diem-rates.
- Supplies and other directly allocable expenses.
- Overhead costs are not allowed (e.g., rent, furniture, and building costs).
- Federally negotiated indirect rate letter. Indirect is capped at 10% de minimis if you do not have an official rate.

The following required training will be provided to awardees and should **not** be included in the project budget:
  - Online Certificate in Infant & Early Childhood Mental Health Consultation by Georgetown University's School for Continuing Studies;

o Ages & Stages Questionnaires®, Third Edition and Ages & Stages Questionnaires®: Social-Emotional, Second Edition; and
o The Pyramid Model and accompanying assessment tools - Teaching Pyramid Model Observation Tool (TPOT) and Teaching Pyramid Infant–Toddler Observation Scale (TPITOS) and The Devereux Early Childhood Assessment for Infants and Toddlers.

X. Project Narrative

Narrative is limited to 5 pages with .75-inch page margins, numbered pages, and single spaced.

A. ***Demonstrate that the applicant fulfills the eligibility requirements.***
Explain how your organization complies with all eligibility requirements listed in Sections III and IV.

B. ***The IECMHC project is seeking demonstration sites to show the efficacy of IECMHC for children ages birth to 5 years old and the adults who care for them (early childhood providers, parents, and caregivers). IECMHC services will target early childhood providers and the parents/caregivers of those children in the communities identified in Section III. Services may be provided in ECCE, home visiting, ECI settings, and/or pediatric primary care settings.***
Why is your organization interested in providing IECMHC? Please be sure to demonstrate your understanding of IECMHC as a promotion and prevention approach within the infant and early childhood mental health continuum of care.

What data supports the need for IECMHC in your county?

What is the location of the proposed IECMHC program (city/ies, county, or zip codes)?

How and in what setting will IECMHC be delivered (e.g ECCE, home visiting, ECI, and/or pediatric primary care)? Please explain why you chose that approach to implementing IEMCHC.

IECMHC requires infrastructure to support the licensed mental health provider who is providing IECMHC. The brief timeline for this project requires a high level of organizational readiness for implementation. Please describe how your organization demonstrates the infrastructure and readiness to participate in this pilot. Use SMART (specific, measurable, achievable, relevant, and time-bound) goals to describe your approach for IECMHC implementation.

C. ***As part of the IECMHC project, you will be required to complete pre-post measures for participants.***
Please provide a statement of agreement to complete outcome measures with participants, submit data to UT-TIEMH, and to participate in the IECMHC evaluation (see Section VII for data collection requirements). If you have additional measures for your selected intervention, please describe them here.

Describe how you will collect outcome data from participants. Be sure to indicate who will collect the data, how data will be collected and stored to ensure confidentiality, and the type of setting for the data collection (e.g. classroom, home, primary care). Include any data collection system, such as database, that will be used to collect project data.

D. As part of the IECMHC project, the IECMH Consultant will be required to attend required trainings for the project.
Please include a statement of commitment to participate and complete all required training.

E. As part of the IECMHC project, the Project Director and/or IECMH Consultant will attend monthly meetings hosted by UT-TIEMH, be in contact with the Project Manager, Contract Specialist, and Evaluator, and participate in evaluation and quality improvement activities. You may also be invited to attend IECMHC-specific trainings.
Please include a statement of agreement to participate in these activities in the project narrative.

XI. Application Submission

Applications to this funding opportunity are due on July 29, 2024, at 5:00PM Central Time. Please submit all required documents listed in Section XII via email to Jenny Baldwin at Jenny.Baldwin@austin.utexas.edu, using subject line "PDG B-5 IECMHC Funding Opportunity Application – [Your Agency Name Here]."

Applications will be scored according to how well the applicant meets each requirement.

Please send any questions to Jenny Baldwin at Jenny.Baldwin@austin.utexas.edu.

XII. Application Checklist

Applying Organization:

☐ Completed project narrative

☐ Completed subcontractor requirements spreadsheet (Excel file)

☐ Subaward Audit Certification form

☐ Detailed budget

☐ Proof of submission to SAM.gov

☐ Two letters of support or current community agreement with referral organizations

☐ Completed Application Checklist