



Texas Infant & Early Childhood
Mental Health Consultation



Infant and Early Childhood Mental Health Consultation:

Landscape Analysis

REPORT | PRESCHOOL DEVELOPMENT GRANT | BIRTH TO 5

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Children's Mental Health Landscape in Texas

Outlining the Public Health Approach to Children’s Mental Health

In Texas, state support for children’s mental health utilizes a collaborative public health approach known as the System of Care (SOC) framework (Texas Government Code §531.251). The conventional public health approach includes health promotion and prevention activities offered to an entire population, universal prevention; targeted prevention to individuals showing early signs of developing health conditions; and treatment services intended to intervene, reduce severity and impairment, and support remission and recovery after a health condition has developed. A system of care is a spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges and their families, that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, in order to help them to function better at home, in school, in the community, and throughout life (Georgetown University Center for Child and Human Development, 2010). In Texas, this tiered model has also been applied to children’s mental health services. One advantage of this model is its emphasis on the critical role that mental health promotion and prevention can play in promoting optimal developmental and behavioral outcomes for most or all children and reducing the number of children who need more intensive and costly interventions. Taking a population-based, public health approach to the examination of the Texas children’s mental health system ensures that resources are allocated across the entire continuum of care, and efficiencies are created by investing in less costly preventive interventions along with meeting the needs of children and families requiring more intensive treatments.

To work toward the goal of a population-based, public health approach to children’s mental health in the state the Texas Legislature directed the Statewide Behavioral Health Coordinating Council, through a subcommittee, to develop a Children’s Mental Health Strategic Plan to be published December 1, 2024.¹ The strategic plan must incorporate the full continuum of care needed to support children and families. The strategic plan will cover children, birth through 17 years of age, and utilize the SOC national and state approach as the framework for the plan.

¹ 2024-25 General Appropriations Act, House Bill 1, 88th Legislature, Regular Session, 2023 (HHSC, Article IX, Section 10.04)

A Modern Array of Children’s Mental Health Services

The Substance Abuse and Mental Health Services Administration (SAMHSA) within the U.S. Department of Health and Human Services states their vision for a “good and modern” behavioral health system as “grounded in a public health model that addresses the determinants of health, system and service coordination, health promotion, prevention, screening and early intervention, treatment, resilience and recovery support to promote social integration and optimal health and productivity” (Substance Abuse and Mental Health Services Administration, 2011).

These components were further explored within a joint SAMHSA and Center for Medicare and Medicaid (CMS) bulletin (2013) intended to guide states in designing a benefit package that meets the needs of children, youth, and young adults with significant mental health conditions. The bulletin draws from the evidence of results from the Children’s Mental Health Initiative grants and a large demonstration project to provide alternatives to care in a Psychiatric Residential Treatment Facilities. These components have been further developed and are represented in **Table 1**, which provides a brief description of a comprehensive system for children with significant mental health concerns within a modern continuum of care and describes some of the services provided within each component. **Table 1** sets the stage for a review of the ways in which Texas has achieved the goal of a good and modern behavioral health system for children and any current gaps in system design.

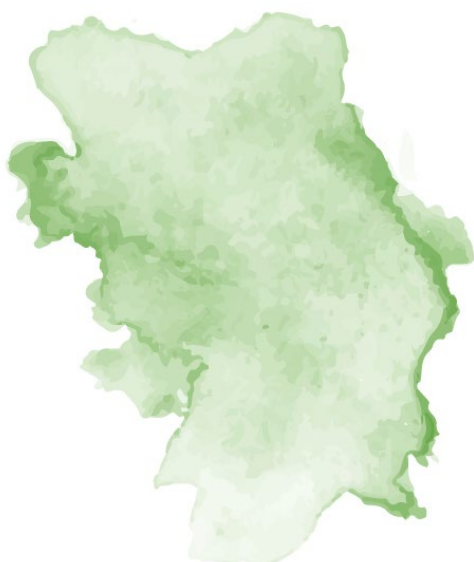


Table 1. Behavioral Health Array of Services and Supports

Home- and Community-Based Treatment and Support Services

- » Screening
- » Assessment and Diagnosis
- » Outpatient Therapy – Individual, Family, and Group
- » Medication Therapies
- » Tier Care Coordination
- » Intensive Care Coordination (e.g. using wraparound)
- » Intensive In-Home Mental Health Treatment
- » Crisis Response Service - Non-Mobile (24 hours, 7 days)
- » Mobile Crisis Response and Stabilization
- » Parent Peer Support
- » Youth Peer Support
- » Trauma-Specific Treatments
- » School-Based Mental Health Services
- » Respite Services (Including Crisis Respite)
- » Outpatient Substance Use Disorder Services
- » Medication Assisted Substance Use Treatment
- » Integrated Mental Health and Substance Use Treatment
- » Therapeutic Behavioral Aide Services
- » Behavior Management Skills Training
- » Youth and Family Education
- » Mental Health Consultation (e.g. education, primary care)
- » Therapeutic Mentoring
- » Telehealth (Video and Audio)
- » Adjunctive and Wellness Therapies (e.g. creative arts therapies, medication)
- » Social and Recreational Services (e.g. after school programs, camps, drop-in centers)

Promotion, Prevention, and Early Intervention

- » Mental Health Promotion Interventions
- » Prevention Interventions
- » Screening for Mental Health and Substance Use Conditions
- » Early Intervention
- » School-Based Promotion, Prevention, and Early Intervention

Residential Interventions

- » Treatment Family Homes
- » Therapeutic Group Homes
- » Residential Treatment Services
- » Inpatient Hospital Services
- » Residential Crisis and Stabilization Services
- » Inpatient Medical Detoxification
- » Residential Substance Use Interventions (including residential services for parent with children)

Specialized Services for Young Children and Their Families

- » Early Childhood Screening, Assessment, and Diagnosis
- » Family Navigation
- » Home Visiting
- » Parent-Child Therapies
- » Parenting Groups
- » Infant and Early Childhood Mental Health Consultation
- » Therapeutic Nursery
- » Therapeutic Day Care

Specialized Services for Youth and Young Adults of Transition Age

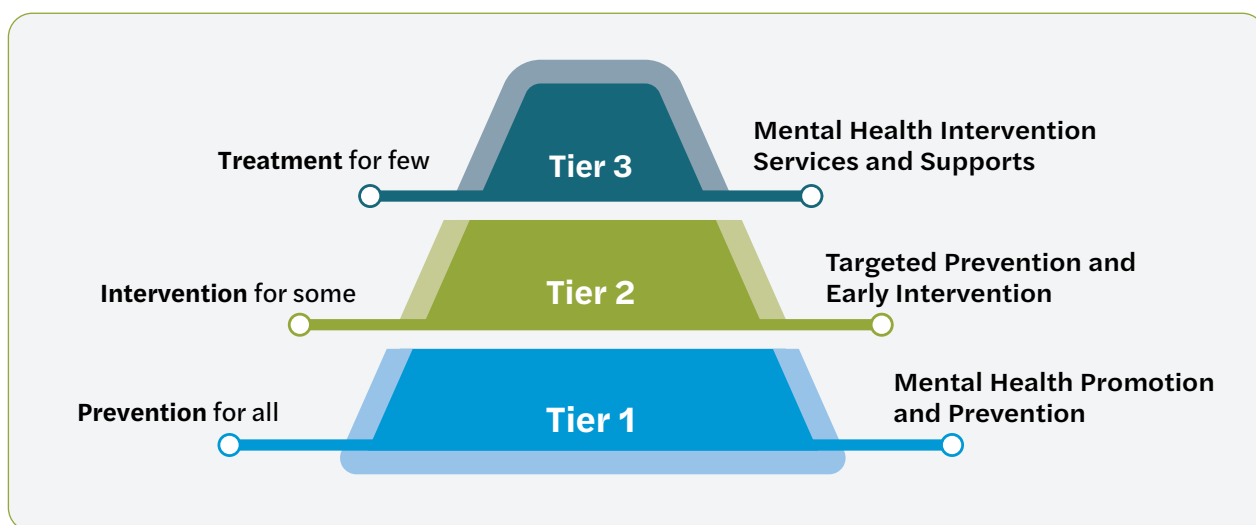
- » Supported Education and Employment
- » Supported Housing
- » Youth and Young Adult Peer Support
- » Specialized Care Coordination (including focus on life and self-determination skills)
- » Wellness Services (e.g. exercise, meditation, social interaction)

Source: (Stroul, 2021)

Review of the Texas Children’s Mental Health Service Array – Birth through 5

An environmental scan of the Texas children’s mental health system demonstrates that there are services along the full continuum of care across the state. However, along this continuum many of the services are available only for school- and transition-aged children (16 to 25 years), and not for the birth to 5 population. The exception to this is home visiting programs, which provide health and mental health promotion and prevention. However, for most of these services the workforce with the specialized knowledge and training to deliver best practice approaches for this age range, such as dyadic, caregiver and child interventions, is limited. This review of the Texas mental health system of care is presented within the public health framework, recognizing that some interventions are provided universally to all children and families (mental health promotion and prevention), some are intended to prevent mental health problems for those at risk or intervene early when potential concerns are first noticed (targeted prevention and early intervention), and others are intended to provide treatment and support to individuals with mental health diagnoses and their families (mental health intervention services and supports). **Figure 1** is a description of publicly-funded components of the mental health service array. It notes the levels of services available in Texas, a helpful model to understand when considering where IECMHC could belong among existing services.

Figure 1: Public Health Framework



Mental Health Promotion and Prevention (Tier 1)

Mental health promotion and prevention strategies aim to strengthen factors that promote positive mental health and prevent the occurrence of mental health concerns. Multiple state agencies in Texas contribute in some way to the state's overall public health impact on child and family well-being, with the majority of programming housed at Texas Health and Human Services Commission. That said, no single entity oversees or supports infant and early childhood mental health consultation, specifically.

School-based Promotion and Prevention

Independent school districts may choose to provide universal mental health promotion and prevention supports on campuses. State statute requires that schools have policies that address specific components of mental health promotion and prevention, including:

- » Safe, supportive, and positive school climates;
- » Building skills related to managing emotions, establishing and maintaining positive relationships, and responsible decision-making;
- » Early mental health prevention;
- » Grief- and trauma-informed practices;
- » Positive behavior interventions and supports;
- » Positive youth development;
- » Substance use prevention; and
- » Suicide prevention.

The Texas Education Agency (TEA) and Health and Human Services Commission (HHSC) collaboratively publish a best practice registry to provide a list of programs or resources that schools may opt to implement within each of these component areas. Districts and schools do not receive targeted funding for school-based mental health promotion and prevention but may choose to use some federal and state funding streams for these purposes. COVID-19 relief funding through the US Department of Education called for schools to:

- A.** Create a framework for meeting student social, emotional, and academic needs;
- B.** Build strong and trusting relationships among students, families, and educators;
- C.** Establish safe, positive, and stable environments;
- D.** Explicitly teach critical social, emotional, and academic skills;
- E.** Actively engage students in meaningful and culturally and linguistically relevant experiences rooted in high academic expectations for all students;
- F.** Provide supportive and specific feedback to encourage skill growth across add domains;
- G.** Provide access to support from school counselors and mental health professionals; and
- H.** Establish building-level wellness teams to address the social and emotional learning needs of students and staff (U.S. Department of Education, 2021). TEA allocated COVID-19 funding through local education agencies and education service centers (Texas Education Agency, 2023).

Project Advancing Wellness and Resiliency in Education (AWARE)

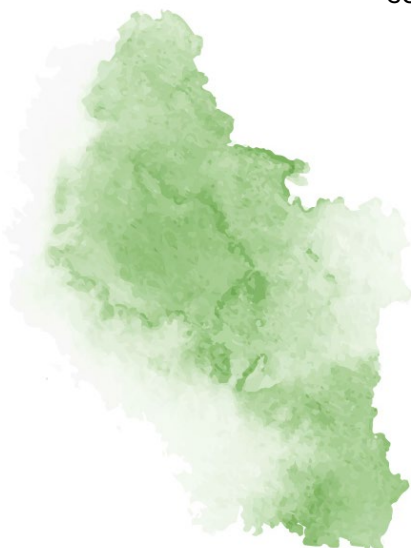
AWARE Texas is an initiative led by TEA in partnership with HHSC, the University of Texas at Austin-Texas Institute for Excellence in Mental Health, the South Southwest Mental Health Technology Transfer Center Network, the Texas Child Mental Health Care Consortium, and select Education Service Centers (ESCs), Local Education Agencies (LEAs), and Independent School Districts (ISDs). Funded by SAMHSA, the goals of AWARE Texas include:

- » Increasing and improving access to culturally and developmentally appropriate school- and community-based mental health services.
- » Increasing awareness and identification of mental health issues among all adults working with young people and promote positive mental health for students, families, school staff, and the community.
- » Helping students develop skills that will promote resilience, self-regulation and pro-social behaviors; avert development of mental and behavioral health disorders; and prevent youth violence.
- » Developing infrastructure and capacity to sustain access to mental health promotion and evidence-based practices for school and community-based services.

Through AWARE Texas, students in select ISDs have access to behavioral health promotion, interventions, and supports across the three MTSS tiers. In addition to AWARE Texas implemented by TEA, there are three communities that directly receive funding from SAMHSA to implement AWARE in their communities (Houston, Laredo, and San Antonio).

Texas System of Care (TxSOC) Grant-School Based Initiative

HHSC contracts with three Local Mental Health Authorities (LMHAs) to employ teams of school-based providers embedded in ISDs. These teams provide services and supports in accordance with the Multi-Tiered System of Supports with targeted interventions such as parent support groups, crisis and psychiatric services, suicide prevention education, and case-management services.



Mental Health First Aid

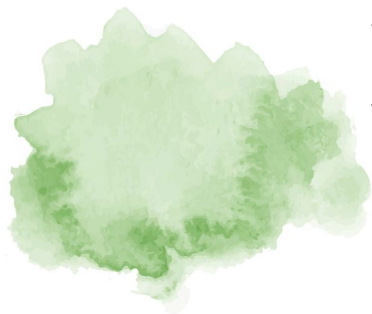
Mental Health First Aid (MHFA) is an evidence-based curriculum used to teach individuals how to help someone who may be developing a behavioral health problem or experiencing a behavioral health crisis. The goal of the MHFA program is to decrease stigma, increase awareness, and provide resources to individuals who might be experiencing a behavioral health crisis. HHSC is required to provide grants to LMHAs and Local Behavioral Health Authorities (LBHAs), to train staff and contractors as MHFA instructors.² MHFA instructors provide MHFA training to school district employees and contractors, school resource officers, open-enrollment charter school employees and contractors, private school employees and contractors, and employees and contractors of an institution of higher education at no cost to the trainees or their employers. Beginning in fiscal year 2020, training is also provided to SMVF members as required by statute.³

Behavioral Health Partnership Program

LMHAs and LBHAs to employ a non-physician mental health professional (NPMHP) located at a regional education service center (ESC) to serve as a mental health and substance use resource for school districts located in the region.⁴ Under the Behavioral Health Partnership Program, the NPMHP works directly with the MHFA outreach workers at each LMHA or LBHA, and in doing so, has increased both entities' awareness of each other, increased MHFA training opportunities, made mental health resources available to the school districts, and helped create a partnership between the LMHAs and LBHAs and the educational system. School districts that serve children ages 3-5 can access support through the Behavioral Health Partnership Program.

PAX Good Behavior Game

HHSC contracts with Education Service Center (ESC) Region 13 to provide PAX Good Behavior Game and PAX Tools trainings to equip educators and other adults with strategies to help build children's self-regulation skills ([TexasGoodBehaviorGame.org](https://www.texasgoodbehaviorgame.org)). This universal prevention program not only reduces opioid misuse by reducing early childhood predictors of opioid use disorder, but also improves classroom behavior and academics and reduces teacher stress levels. Trainings are designed for classroom teachers, internal or external personnel supporting implementation, as well as caregivers and youth-serving adults within the community and human services systems.



DFPS Get Parenting Tips

The Department of Family and Protective Services (DFPS) Prevention and Early Intervention (PEI) hosts a website, getparentingtips.com, that provides parenting guidance and best practices. Articles and videos cover a range of parenting topics, including health and mental health issues. A searchable database is also available to identify DFPS contractors providing targeted prevention and early intervention services.

Turn To

HHSC developed Turn To as a statewide media campaign to provide Texans with resources to cope successfully with trauma, stress, and anxiety—escalated by COVID-19—thereby reducing the rate of substance use disorders that typically spike under adverse circumstances; and inform Texas community leaders about the risk and protective factors that contribute to behavioral health issues so that these leaders can make decisions that best support their community’s wellness (TurnToSupportsTX.org).

988 Suicide and Crisis Lifeline

The 988 Suicide and Crisis Lifeline is a national network of local crisis centers that provides free and confidential support for anyone experiencing mental health-related distress – whether that is thoughts of suicide, mental health or substance use crisis, or any other kind of emotional distress. People can call or text 988 or chat for themselves or if they are worried about a loved one who may need crisis support. 988 serves as a national universal entry point to reach a trained crisis counselor for support, 24 hours a day, 7 days a week. There are currently six Lifeline centers operating in Texas: Suicide and Crisis Center of North Texas, The Harris Center, Bluebonnet Trails, Integral Care, Emergence Health Network, and My Health My Resources (MHMR) of Tarrant County.



² *Health and Safety Code, Chapter 533, Section 533.0356(a)(1).*

³ *Government Code, Chapter 434, Section 434.352(b)(5).*

⁴ *Texas Education Code, Chapter 8, Section 8.152*

Targeted Prevention and Early Intervention (Tier 2)



Substance Use Prevention

HHSC uses block grant funding to provide targeted programming to children and youth pre-K to 12th grade who are either at increased risk of substance use (Youth Prevention Selective) or in need of early intervention services (Youth Prevention Indicated) (Texas Health and Human Services Commission, 2023). This is provided through a variety of contractors throughout the state that are required to use evidence-based, substance use prevention programming. Contractors can choose from the following seven evidence-based curricula:

- » All Stars (Selective)
- » Creating Lasting Family Connections (Selective and Indicated)
- » Curriculum-Based Support Group Program (Selective and Indicated)
- » Positive Action (Selective and Indicated)
- » Project Toward No Drug Abuse (Selective and Indicated)
- » Reconnecting Youth (Selective and Indicated)
- » Strengthening Families Program: 14-Session curriculum (Selective and Indicated)

Texas Resilience and Recovery (TRR Model)

SAHMSA defines recovery as “A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential” (www.samhsa.gov/find-help/recovery). Current community-based mental health services use the Texas Resilience and Recovery (TRR) model as the public mental health service delivery system. The TRR model’s modern framework helps guide decisions on the most appropriate services for each family and child. The TRR model is comprised of a continuum of levels of care that reflect children and families’ needs and strengths.



Prevention and Early Intervention Services

DFPS provides an array of targeted prevention and early intervention services across the state, with the goal of preventing child maltreatment, juvenile delinquency, runaway youth, and truancy. The following DFPS programs serve children birth to 5 (Texas Department of Family and Protective Services, 2023):

Fatherhood EFFECT – this program serves children ages 0-17 through collaboration with community coalitions to provide parent information and resources to fathers and increase protective factors, such as family functioning and resiliency, social supports, and nurturing/attachment. The program currently serves nine counties with a total annual budget of \$1.8 million, with a target of serving 1,004 families in fiscal year 2023.

Texas Service Members, Veterans, and Families (SMVF) – this program serves military and veteran families with children 0-17 through the provision of parenting, education, counseling, and youth development programs and builds community coalitions focused on promoting positive outcomes for children, youth, and families. The program currently serves 12 counties with a total annual budget of \$1.6 million, with a target of serving 1,461 families in fiscal year 2023.

Texas Home Visiting (THV) – this program funds early childhood and health professionals to regularly visit the homes of pregnant women and families with children under 6 years of age. The program supports positive child health and development outcomes, increases family self-sufficiency, and creates communities where children and families can thrive. The program currently serves 30 counties with a total annual budget of \$21.9 million, with a target of serving 6,624 families in fiscal year 2023.

Texas Nurse Family Partnership (TNFP) – this program serves low-income, first-time mothers and their families through nurses who provide home visits to improve prenatal care and provide one-on-one child development education and counseling. Families start the partnership with TNFP by their 28th week of pregnancy and can receive support until their child reaches 2 years of age. The program currently serves 53 counties with a total annual budget of \$16.0 million, with a target of serving 3,077 families in fiscal year 2023.

Healthy Outcomes through Prevention and Early Support (HOPES) – this program provides an array of services and supports for families of children ages 0-5 considered at risk for child maltreatment. Supports include activities such as home visiting services, developmental screening, parent support groups, early literacy promotion, and parent education. The program currently serves 28 primary counties with a total annual budget of \$24.6 million, with a target of serving 9,534 families in fiscal year 2021.

As a result of the 88th Legislature, funding for the THV, TNFP and HOPES program increased by approximately \$21 million annually beginning in fiscal year 24.

Supporting Mental Health and Resiliency in Texans (SMART) Innovation Grant Program.

HHSC funds innovative, community-based initiatives to promote the identification of potential mental health needs and improve access to early intervention and treatment for children and families. This innovative matching grant program, established by Senate Bill 26, 88th Legislature, Regular Session, 2023, empowers local entities to focus on addressing behaviors and mitigating risk to reduce the need for more intensive treatment services and adverse outcomes based on the unique needs in their community. The goal of SMART Innovation is to develop, implement, and learn from preventive innovations that improve mental health outcomes for children and families and build healthy community foundations through community-specific supports that encourage resiliency; coping and social skills; healthy social and familial relationships; and parenting skills and behaviors.

Behavioral Threat Assessment Approach

Required by statute TEC Sec. 37.220, the Behavioral Threat Assessment model is a proactive approach to identifying students who may pose a threat of violence to themselves or others and provide interventions based on individualized needs before a violent incident occurs. Overseen by TEA and the Texas School Safety Center, each Texas school district is required to develop one or more multi-disciplinary teams responsible for serving as a point of contact for reports of concerns about student behaviors from staff, students, and families, as well as appropriate assessment of these reports and identification of mental or behavioral health interventions that may address the student's needs.



Mental Health Intervention Services and Supports (Tier 3)



Texas Child Health Access Through Telehealth (TCHATT)

TCHATT provides telemedicine or telehealth programs to school districts to help identify and assess the behavioral health needs of children and adolescents and provides access to mental health services. Eligible students include pre-K to 12th grade with identified mental health concerns who are referred by their school for mental health assessment or intervention, following parental consent for the referral. Students and their families can be served by a child and adolescent psychiatrist, nurse practitioner, or mental health professional depending on needs. The service is brief and problem-focused, providing up to five telehealth visits, and can be followed by a referral to a mental health or other provider for further intervention, when needed. In June 2023, TCHATT was serving 5,220 school campuses across Texas, with a goal of offering services to all interested schools (Texas Child Mental Health Care Consortium, 2023).

Child Psychiatric Access Network (CPAN)

CPAN supports the provision of mental health supports for children and youth ages 0 to 22 by providing a single access point through a phone line in which primary care practitioners can receive immediate consultation on mental health care for child and adolescent patients from a multidisciplinary network of mental health experts-- including child psychiatrists—for peer-to-peer consults by phone, vetted and personalized referrals and resources, and behavioral health continued medical education (CMEs) (Texas Child Mental Health Care Consortium, 2023).

Perinatal Psychiatry Access Network (PeriPAN)

Similar to CPAN, PeriPAN provides a single- access point to a multidisciplinary network of mental health experts—including reproductive psychiatrists—for peer-to-peer consults by phone, vetted and personalized referrals and resources, and behavioral health CMEs (Texas Child Mental Health Care Consortium, 2023). PeriPAN is for clinicians serving pregnant or postpartum women.

Medicaid and Child Health Insurance Plan (CHIP)

The Texas Medicaid and CHIP programs are operated under state plans that outline available services and supports. Texas primarily uses a managed care approach, which leads to some variability in access to different providers depending on the health care options available within a region and the services offered by the health plan selected by a family. The Medicaid Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) service array comprises comprehensive preventive child health services for eligible children, called Texas Health Steps. In addition to the offered services, any medically necessary health care service is provided to children enrolled in Medicaid, even if not available under the Medicaid State Plan. Texas Health Steps and CHIP require regular screening for developmental and mental health conditions from early childhood to young adults within health homes. Additionally, Medicaid covers psychiatric diagnostic evaluations; psychological, neurobehavioral, and neuropsychological testing; telemedicine and telehealth; psychotherapy; pharmacological management; and case management (Texas Medicaid & Healthcare Partnership, 2023). In addition, credentialed providers, including Local Mental Health Authorities (LMHAs), can provide targeted case management and rehabilitative services to eligible individuals, such as medication training and support, skills training and development, crisis intervention, case management, and intensive case management (Texas Medicaid & Healthcare Partnership, 2023).

Community-Based Mental Health Services

HHSC contracts with LMHAs and LBHAs to deliver community-based mental health services. This network of community-based providers ensures that children with serious emotional disturbance (SED) can access a range of individualized, mental health services. HHSC contracts with 37 LMHAs and two LBHAs to deliver mental health services in communities across Texas. The services and supports are delivered within a tiered structure, utilizing the TRR model, that operates through utilization guidelines based on the assessed needs and strengths of the individual and follows a system of levels of care (LOC) for children and adolescents between the ages of 3 and 18 (Texas Health and Human Services Commission, 2016). LMHAs and LBHAs are also required to serve children ages 3-5 through Level of Care-Young Child. (LOC-YC). The purpose of LOC-YC is to reduce or stabilize symptoms, improve overall functioning, and build strengths and resiliency in the child and caregiver. The focus of services is placed on the dyad relationship as this relationship is the primary context for young children. These primary relationship(s) set the stage for future social-emotional behavior and future relationship behavior. Services are provided in the most convenient location for the child and caregiver, including the office setting or home.

Family Partner Support Services

Family Partner support services are provided to the caregiver or legally authorized representative (LAR) of a child receiving mental health services. Services are provided by a certified family partner or a family partner waiting to complete certified family partner training. A certified family partner is a person who has lived experience parenting a child experiencing mental, emotional, or behavioral health challenges. They have navigated systems on behalf of their child and can articulate their experience with another parent or family member waiting to complete approved training. Services include modeling advocacy skills, making referrals, providing skills training, and helping to identify supports for the family. Access to family partner support services can be instrumental in engaging families as active participants in the child or youth's care. Family partner support services are primarily provided at the 39 LMHAs and LBHAs. Family partner support services are also provided through other community-based organizations such as schools, recreation centers and other family serving organizations.

Crisis or Emergency Services

HHSC funds an array of services intended to provide prompt face-to-face crisis assessment, crisis intervention, crisis follow-up and transition support, and relapse prevention services. Most of these services are open to individuals of all ages and programs are not specialized to the needs of children, adolescents, or their families (Texas Health and Human Services Commission, 2023). HHSC has received funding to support youth mobile crisis outreach and youth crisis respite in some areas.

Crisis Hotlines – LMHAs/LBHAs are tasked with operating or contracting for 24-hour telephone crisis support and marketing the hotline to the local community. In addition, the national 988 Suicide & Crisis Lifeline, provides confidential support for people in a suicide crisis or mental health-related distress, and is available through calls, chats, or texts at no cost, 24 hours a day, seven days a week (24/7). There are currently six Lifeline centers operating in Texas: Suicide and Crisis Center of North Texas, The Harris Center, Bluebonnet Trails, Integral Care, Emergence Health Network, and My Health My Resources (MHMR) of Tarrant County.

Mobile Crisis Outreach Team – LMHAs/LBHAs provide 24-hour access to a mobile crisis outreach team who can provide crisis assessment, intervention, follow-up, and relapse prevention within the community setting.

Community-Based Crisis Programs – Some LMHAs/LBHAs operate crisis respite units, crisis residential units, extended observation units, and crisis stabilization units. Some of these units serve children and youth.

Private Psychiatric Beds – All LMHAs/LBHAs contract with local hospitals to provide 24-hour professional monitoring, supervision, and assistance in an environment designed to provide safety and security during acute behavioral health crisis. Hospital staff provide intensive interventions designed to relieve acute symptomatology and restore the patient’s ability to function in a less restrictive setting. Children and youth may be served through some of these contracts.

Inpatient Psychiatric Hospitalization and Residential Care

State-operated inpatient psychiatric care for children and adolescents consists of state psychiatric hospitals and an adolescent secure forensic program. In addition, HHSC operates the Waco Center for Youth, a residential treatment center for adolescents. However, most children with acute psychiatric needs are served through local or regional psychiatric hospitals outside of the state system, allowing for greater opportunity to remain near the child’s family.

Residential Treatment Center (RTC) Project – HHSC provides residential treatment through contracts with non-profit or private residential treatment facilities through the RTC Project. This initiative connects families to mental health services available in their community through their LMHA/LBHA and pays for the cost of room and board at contracted RTCs to meet the child’s mental health needs, with a goal of preventing child relinquishment (Texas Health and Human Services Commission, 2023).

Department of Family and Protective Services – DFPS also contracts with residential treatment providers for services to children within DFPS conservatorship. Additionally, HHSC and DFPS collaborate to ensure children in conservatorship can access needed behavioral health care services.

Community Resource Coordination Groups

Community Resource Coordination Groups (CRCGs) are county-based groups of local partners and community members who work with parents, caregivers, children, youth, and adults with complex needs to identify and coordinate services and supports. The intent of the CRCG is to make available a diverse network of community providers, who together staff cases of people with the most complex clinical and social needs, such that their needs cannot be met by one provider or organization. Collectively, they do not deliver services to these individuals, but they make a recommendation on a level of care and services and supports required to address the individual’s needs. Most children, youth, and adult cases staffed by CRCGs have been referred due to the presence of serious emotional disturbance (SED) or serious mental illness (SMI), and there is a need for referral to mental health services, or a level of mental health care that has not been accessible. There are currently 146 CRCGs covering 244 of the 254 counties across Texas and these interagency groups strive to meet the person’s and family’s needs with community-based solutions whenever possible, and by being culturally and linguistically responsive to the needs of their local community.





Texas Infant & Early Childhood
Mental Health Consultation



Infant and Early Childhood Mental Health Consultation (IECMHC)

A Missing Element in the Texas Children's
Mental Health Continuum

Although Texas has a multi-faceted children’s mental health system of care, when it comes to meeting the needs of young children and families, especially children birth to 5, many states are opting to include infant and early childhood mental health consultation as a key component of that care continuum. This is because IECMHC is an evidence-based mental health promotion and prevention service that is designed to bring mental health expertise and supports into the natural settings of early childhood, and uniquely can be implemented across an array of child-serving programs and services acting as a safety net system. IECMHC is seen as a support to the well-being of children and families, as well as a means to strengthen the capacities and effectiveness of the workforce across health, early care and education, child welfare, and other sectors. Many states interviewed have achieved a standardized definition of IECMHC, which supports their requirements to provide IECMHC. Having a shared understanding promotes best practices, accountability to standards, and facilitates understanding of IECMHC for community members and early childhood professionals.

What is IECMHC?

IECMHC is a prevention approach to promoting the behavioral, social, and emotional well-being of young children through partnering with and supporting their primary caregivers and providers. IECMHC is not therapy. IECMHC is built on the knowledge that the relationship between adult caregiver/provider and child is central in shaping the child’s health and development, and, accordingly, that relationship is a primary focus. IECMH consultants work with child and family providers, young children, and families to understand and address children’s behaviors within the context of development, family relationships and environment, and culture. The positive relationship developed between consultant and provider creates the opportunity for a parallel process for interactions between the provider and parent or provider and child. Then, if appropriate, the team of providers and family members develops a plan for the child, which may entail new. It may also entail referrals to additional services.

IECMHC has traditionally been implemented in early childhood education settings and Head Start programs, but has also been implemented in home visitation programs, early intervention programs, medical homes, child welfare systems, shelters, and community mental health authorities. According to the Center for Excellence for Infant and Early Childhood Mental Health Consultation at Georgetown University, IECMH consultants are highly trained licensed or license-eligible mental health clinicians with knowledge and experience in child development, the effects of stress and trauma on families, and the impact of adult mental health on the developing child (Center for Excellence for Infant and Early Childhood Mental Health Consultation, 2023). IECMH consultants use their advanced training and expertise in mental health to build the capacity of early childhood professionals to promote both strong relationships and supportive environments for young children. An IECMH consultant can help early childhood programs support children who are exhibiting challenging behaviors, have experienced trauma, have mental health concerns, or may be at risk of suspension or expulsion from a program. IECMH consultants can also help early childhood professionals understand their own reactions and responses to the behaviors of children and families.

Figure 2 illustrates the roles and relationships within the approach. Note that no arrow directly connects the child and consultant because mental health consultation impacts the child through the caregiver or early childhood professional. The root of IECMHC is the relationship built between the mental health consultant and the early childhood professionals that are in the child's life. Through this relationship, the IECMH consultant supports the professional's growth and development of knowledge and skills to support, understand and promote children's social emotional and physical development and deepen their connection with the children and families they serve. IECMH consultants may also work directly with the parents/caregivers in a child's life in a similar capacity. This could be center-based or home-based work and may be in tandem to support the IECMH consultant is providing to the child's early childhood professional. Mental health consultation occurring directly with parent/caregivers is less common, and the bulk of mental health consultation exists between the IECMH consultants and the early childhood professionals. To this end, work with caregivers will be noted in graphics, tables, and illustrations in this report, but not highlighted within narrative of this report.



Figure 2: Roles and Relationships in IECMHC

Source: Center of Excellence for Infant and Early Childhood Mental Health Consultation

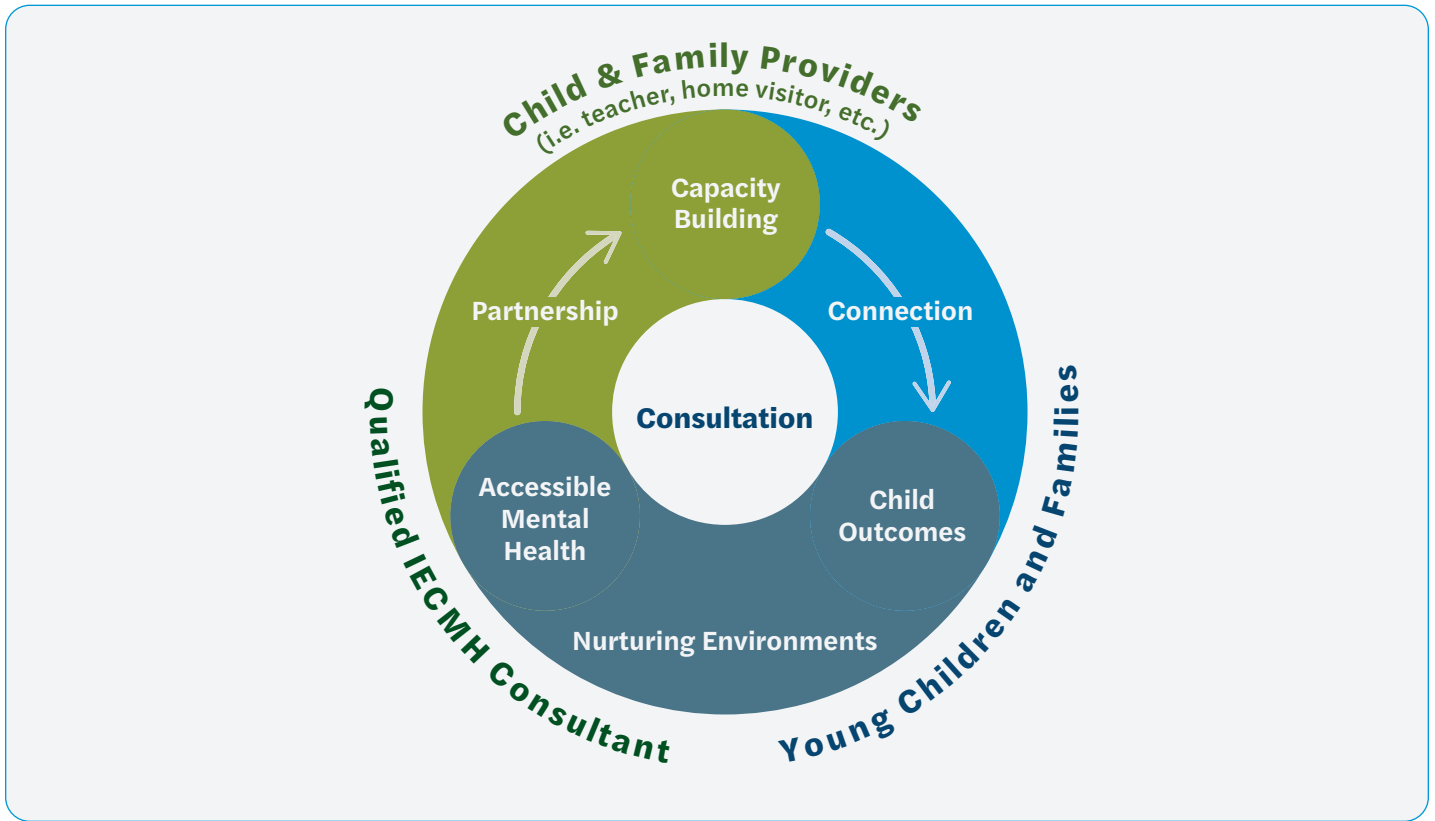


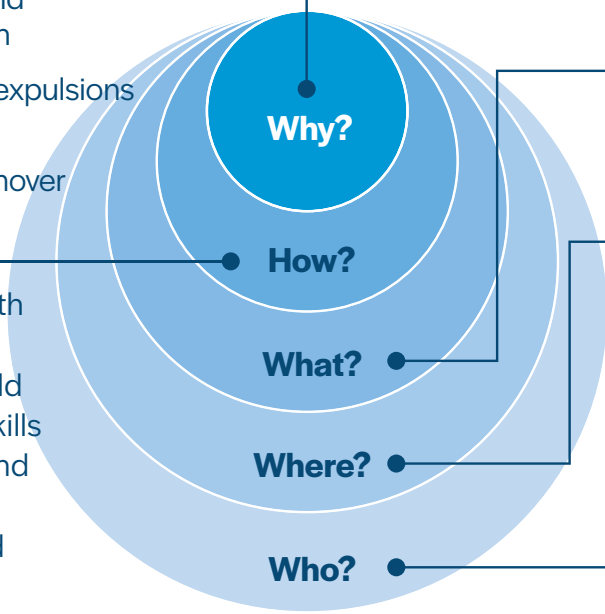
Figure 3: The What, Where, Who, How, and Why of IECMHC

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.



What?

IECMHC is a prevention-based approach

Where?

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

Who?

Licensed Mental Health Providers

IECMH Consultant Activities

IECMH consultants provide observation, coaching, modeling, and consultation at the individual, class/group, or program level. The activities of an IECMH consultant include screening, assessment, and referral. 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. They can help early childhood professionals in advising families on how to access mental health assessments and services. Mental health consultants also help early childhood professionals to implement trauma-informed practices and to engage with families. Consultants can facilitate discussions on sensitive topics such as implicit bias or suspension and expulsion. Finally, IECMH consultants participate in universal promotion of infant and childhood mental health, relational health, resilience and understanding the impacts of trauma.

What IECMHC Is Not

Sometimes IECMHC is confused with psychotherapy, and IECMHC can seem nebulous because it includes mental health support for very young children and focuses on more than just the child. To better understand what IECMHC is, consider what it is not. IECMH consultants do not:

- » Provide talk or play therapy;
- » Diagnose or provide treatment or clinical interventions;
- » Provide medication management;
- » Focus solely on the child;
- » Provide counseling services to professionals related to personal or professional needs or mental health needs; or
- » Provider services only in early childhood education settings.

Most coaches and behavior specialists are focused only on the child and the singular behavior. However, professionals with a mental health background (IECMH consultants) also explore what may be leading to behaviors, including temperament, interpersonal relationships, family context, and the child's experiences. They use their training and expertise to help adults understand the child and better support their needs.

What is the Impact of IECMHC?

IECMHC has been shown to improve children’s social skills and emotional functioning, promote healthy relationships, reduce challenging behaviors, reduce the number of suspensions and expulsions, improve classroom quality, and reduce provider stress, burnout, and turnover. Outcomes associated with this approach include (Center of Excellence for Infant and Early Childhood Mental Health Consultation, 2023):

- » Improved child care center quality
- » Improved child social-emotional competency
- » Improved parent-child interactions
- » Reduction in expulsion and/or suspension risk or rates
- » Improved school readiness
- » Reduction in staff turnover
- » Improved classroom climate
- » Improved adult knowledge about social-emotional development
- » Reduction in provider and caregiver stress
- » Improved adult-child/caregiver-child dyadic relationship
- » High provider satisfaction with services

IECMHC in the Continuum of Children’s Mental Health Supports

As previously discussed, a comprehensive early childhood mental health system of care includes a full continuum of services and supports such as promotion, prevention, and treatment activities. Mental health consultation is considered both a mental health promotion strategy because some activities of consultation are designed to promote the development of social and emotional skills of all children in a program, and also a prevention strategy because some aspects of mental health consultation are intended to intervene early when concerns arise to prevent the development of mental health problems. However, IECMH consultants are not assessing, diagnosing, or treating children or adults. They are facilitating referrals to community-based providers when assessment, diagnosis and treatment are needed. **Figure 4** outlines the components of each tier, including the activities and the characteristics of professionals providing the services.

Figure 4: IECMHC & the Early Childhood Continuum of Care

Early Childhood Mental Health Continuum Of Care

As you move along the continuum, workforce training and education requirements increase.

Mental Health Promotion (Universal/Appropriate for all)	Mental Illness Prevention (Those at higher risk and/or showing early signs or symptoms)	Assessment, Diagnosis & Treatment (F or those experiencing significant symptoms)
<p>What is it? (Examples)</p> <ul style="list-style-type: none"> » Infant and early childhood mental health consultation (IECMHC) » Developmental & behavioral screening for children » Behavioral health screening for caregivers (depression, anxiety, substance use, domestic violence, etc.) » Early childhood mental health awareness and education » Social emotional learning (classroom or program-wide) » Care coordination » Referrals and support to access a wide range of services (health care, employment, food, housing, nutrition, etc.) 	<p>What is it? (Examples)</p> <ul style="list-style-type: none"> » Infant and early childhood mental health consultation (IECMHC) » Parenting support and education groups (e.g. Incredible Years, Circle of Security, Mothers and Babies/Mamas y Bebés), etc. » Healthy Steps and Pediatric Triple P (Positive Parenting Program) Levels 2 & 3 (primary settings) 	<p>What is it? (Examples)</p> <ul style="list-style-type: none"> » Assessment & Diagnosis: Defining the nature and severity of the problem and making treatment and other support recommendations. Critical to use valid and reliable assessment tools such as BAYLEY, ITSEA and CDCL. Diagnosis using the Diagnostic Classification of Infancy and Early Childhood (DC:0-5) or the Diagnostic and Statistics Manual (DSM-V). » Treatment: Evidence-based, developmentally-appropriate, and culturally-appropriate interventions, such as Attachment and Behavioral Catch-up, Parent-Child Interaction Therapy, Child-Parent Psychotherapy, and Triple P Level 4 or 5
<p>Who can do it?</p> <ul style="list-style-type: none"> » Mental health providers » Early childhood professionals » Childcare providers » Nurses » Home visitors » Community health workers » Promotoras » WIC workers (Women Infant Children) » Early intervention staff » Peer specialists 	<p>Who can do it?</p> <ul style="list-style-type: none"> » Mental health providers » Parenting groups: early childhood professionals trained in the model, often co-facilitate with a mental health professional » Healthy Steps Specialists: generally a mental health professional, early childhood educator, or nurse with IECMH training » IECMH consultants: generally master's level mental health professional 	<p>Who can do it?</p> <ul style="list-style-type: none"> » Assessment and Diagnosis: Licensed mental health providers (psychiatrists, psychologists clinical social workers), primary care physicians, psychiatrists, psychiatric nurse practitioners trained in IECMH. » Treatment: Licensed mental health practitioners (psychiatrists, psychologists clinical social workers), psychiatrists trained on evidence-based models



Texas Infant & Early Childhood
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Texas and the National IECMHC Landscape Analysis

To better understand how Texas could establish an IECMHC system, the Texas Institute for Excellence in Mental Health (TIEMH) conducted a landscape analysis of the IECMHC systems developed by other states, as well as how Texas mental health consultation programs are providing services.

Data Collection Methods

Interviews

TIEMH conducted interviews with 14 states regarding their IECMHC programs in the spring and summer of 2023. These states included Arkansas, Colorado, Connecticut, Illinois, Kentucky, Louisiana, Maine, Michigan, Minnesota, New Mexico, Ohio, Pennsylvania, South Carolina and Wisconsin. Over half of these (57.2%) established their IECMHC programs prior to 2010. The majority of these programs are overseen by a state agency (71.4%), while others are overseen by a nonprofit organization (14.3%) or a public university (14.3%). TIEMH also interviewed 7 Texas IECMHC stakeholders, including mental health consultation providers, funders, and support organizations. See appendix for all organizations interviewed.

Surveys

TIEMH conducted two surveys to help to inform this IECMHC landscape analysis. These surveys were administered to Texas Head Start Administrators and Texas Pre-K Administrators. A summary of the initial findings is included in **Table 2**.

Table 2: Surveys Conducted in IECMHC Landscape Analysis 2023

Texas Head Start (THS) Administrators

Purpose	Distribution Method	When	# Responses
To learn how Texas Head Start programs are meeting the federal requirement to provide IECMHC	Sent to every Head Start administrator in Texas, 99 total	May 2023	40

Findings:

- » The majority of respondents (35%) reported that consultation services are provided in-person.
- » Caseloads are determined by intensity and need as well as number of families served.
- » The most common response (17%) indicated that THS administrators are unfamiliar with reflective supervision.
- » The most common response (27.5%) to a question regarding what assessments and measures were used showed that THS used data tracking tools/measures created by the employer.
- » A high percentage (81.25%) reported that IECMHC positions are challenging to fill.

Texas Pre-K Administrators

Purpose	Distribution Method	When	# Responses
To learn where and how public Texas Pre-K programs are using IECMHC	Sent to Pre-K Administrators	May 2023	1

Findings:

- » Due to the lack of responses, this survey needs to be re-administered.



More data collection is needed to better understand where and how IECMHC is implemented within Texas. The low response rate for the survey to pre-K administrators was likely due to the timing, as it was conducted in the final weeks of school in May 2023. TIEMH plans to re-administer this survey in late 2023. Further, TIEMH plans to conduct two additional surveys, a statewide survey to learn more about where IECMHC is occurring in Texas and how the services are implemented, and a national workforce survey to learn from providers in states with sustained programs.

IECMHC National Community of Practice

TIEMH has participated in the National IECMHC Community of Practice (IECMHC CoP) that is state-led by the Colorado Department of Early Childhood. Participants were largely identified as former SAMHSA Project Linking Actions for Unmet Needs in Children’s Health (LAUNCH) grantees, and accordingly, as having interest in IECMHC. Participating states are at varying stages of IECMHC program development, from the planning stage to multiple decades of implementation. The National IECMHC CoP meets quarterly and members share information on program design, partner engagement, funding structure, and program challenges/solutions. TIEMH was able to recruit many of the state interviewees from participating members.

Texas IECMHC Stakeholder Meetings

In fall 2022, various stakeholders met to discuss the possibility of a statewide IECMHC system and the resources such a system would require. The group included philanthropic funders, statewide advocacy groups, training organizations, and state early childhood program staff. TIEMH was asked to lead the group and has convened stakeholders quarterly. TIEMH leveraged this group to help inform findings of this landscape analysis and understand the needs of child serving entities.

Other Data Collection Methods

TIEMH contracted with Jennifer Oppenheim, PsyD, as a technical assistance advisor. Dr. Oppenheim is a child psychologist with more than 30 years of experience, spanning clinical treatment, program administration, and national program and policy leadership. She worked for 14 years as the Senior Advisor on Early Childhood for SAMHSA, including the creation and oversight of the Infant and Early Childhood Mental Health grant program, oversight of Project LAUNCH, the development of a landscape analysis of state IECMHC systems, and co-created the Center of Excellence for Infant and Early Childhood Mental Health Consultation. Dr. Oppenheim currently works as an independent consultant with multiple states, national advocacy organizations, and the federal government on advancing infant and early childhood mental health systems of care, including mental health consultation. Dr. Oppenheim has provided information, guidance, and feedback throughout the development of this landscape analysis.

TIEMH also conducted a literature review regarding IECMHC which included a review of the Center of Excellence for IECMHC competencies, research articles, and various state and federal requests for applications (RFAs), and various state IECMH reports related to IECMHC implementation and evaluation.

National IECMHC Scan: Findings

TIEMH conducted interviews with 14 state IECMHC programs, and identified commonalities in implementation and administration. Some states were still developing their IECMHC program, while others have well-established programs that have run for 20 or more years. The following are highlights from this national scan.

Funding Sources

Most states are using a braided funding strategy to support IECMHC programs. Of the states interviewed, the following are the most commonly reported funding sources.

1. Childcare Development Funds
2. State General Revenue
3. Preschool Development Grant, Birth Through 5
4. Pre-K funding
5. American Rescue Plan Act

Philanthropic funding is also a commonly used source. It is notable that of the top funding sources, none are mental or behavioral health sources. Rather, the Mental Health Block Grant is the seventh most utilized funding source for IECMHC programs, most likely because it is limited to providing care for children with serious emotional disturbance (SED), except where states negotiate exceptions with the federal government. It is also important to note that 2 of the top 5 funding sources are short-term funding, the Preschool Development Grant, Birth through 5 (PDG B-5) and the American Rescue Plan Act. Many states used PDG B-5 to establish an IECMHC system. **Table 3** lists the funding type, utilization rate, and whether it is a short-term or stable funding source.

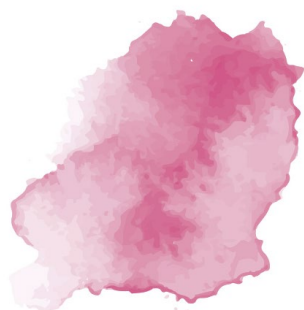


Table 3: IECMHC Program Funding Types (n= 14)

Funding Type		Stable or Short-Term	% States Funding IECMHC with Funding Source
Federal	American Rescue Plan Act (ARPA)	Short-Term	38.5%
	Childcare Development Funds (CCDF)	Stable	61.5%
	Families First Protection Services Act (FFPSA)	Short-Term (Currently through October 2024)	7.7%
	Individuals with Disabilities Education Act, (CCDF), Part C	Stable	15.4%
	Project Linking Actions for Unmet Needs in Children’s Health (Project LAUNCH)	Short-Term	7.7%
	Mental Health Block Grant (MHBG)	Stable	23.1%
	Preschool Development Grant, Birth through 5 (PDG B-5)	Short-Term	46.2%
	Elementary and Secondary Education Act (ESEA)	Stable	38.5%
State	State General Revenue	Stable	61.5%
Joint Funding	Medicaid Billing	Varies	7.7%
Private	Philanthropic	Varies	30.8%

A significant finding is that out of 14 states reviewed, including the states interviewed and those participating in the IECMHC Community of Practice, only one state (Michigan) is billing IECMHC to Medicaid. The billing code they use is the “behavioral health prevention direct service model” billing code, but the only time services are billed is when the IECMH consultant has an interaction directly with the family. This is considered a face-to-face or direct service. As noted earlier, IECMH consultants generally work directly with early childhood professionals, not directly with children/families. This is why Michigan is an outlier at achieving the ability to bill IECMHC services.

IECMH Consultant Qualifications

Each state developed its own requirements for IECMH consultants that consist of education, experience, and training. The majority of IECMHC state programs interviewed (85.7%) require a mental health degree to provide IECMHC. The majority (64.3%) also require IECMH consultants to be licensed, or license-eligible, mental health professionals. Additionally, several states discussed preferring consultants with a background in early childhood. However, only 14.3% of state IECMHC programs interviewed require this. Some programs require specific training in order to make up for a lack of early childhood experience. **Table 4** outlines the most common requirements for mental health consultants in state IECMHC programs.

Table 4: IECMH Consultant Qualifications in IECMHC Landscape Analysis 2023 (n= 14)

Requirement	Percentage of States Interviewed with this Requirement
Mental Health Degree (psychology, social work, counseling)	85.7%
Mental Health Professional Licensure (LPC, LMFT, LCSW, or license-eligible, such as LPC-A)	64.3%
Infant Mental Health Association Endorsement (Level 2 or higher)	50.0%
Early Childhood Certification (typically acquired after hire)	28.6%

Many states developed additional training for IECMH consultants. Most of these are modular training requirements that best meet the needs of the individual state program. Some have partnered with state universities to provide the training, and some have a formal certification program. Still others have secured funding to send consultants to the training offered by the Center of Excellence for IECMHC.

Location and Modality of Services

Many state IECMHC programs began to address suspension and expulsion in ECE settings. Accordingly, some state IECMHC programs serve exclusively ECE settings such as child care centers and public school Pre-K programs, and overall 78.6% of states interviewed provide mental health consultation in ECE settings. MIECHV has allowed IECMHC as an auxiliary service, and about 35.7% of states interviewed have begun to provide mental health consultation to home visiting staff and families. Locally, the Texas Nurse-Family Partnership (TNFP) program received Family First Protection Services Act (FFPSA) funds through August 2023 to provide IECMHC to TNFP staff and families through a contract with Child First, a sister organization to the NFP National Service Office. TNFP contracts with Child First for two of its IECMH consultants to have two available for up to 15 hours of consultation weekly to serve NFP sites with virtual IECMHC across Texas. In September 2023, the funding for this work changed to state general revenue, allowing this support to continue. Providing IECMHC virtually is a strategy other states have used to allow access statewide, particularly in rural areas. During the COVID-19 pandemic, programs built up their virtual capacity, and now 46.2% of programs interviewed provide mental health consultation virtually, and of those 67% say that they do so specifically to reach rural areas.

Reflective Supervision is integral to IECMHC

Reflective supervision is a process in which a reflective supervisor helps the IECMH consultant to build capacity to reflect on their own experiences, feelings, and reactions that come up in the course of the work. It helps the consultant to understand the role that their own experiences play into how they interpret and respond to the people they are working with. Consultants working with early childhood professionals are, in part, trying to build that same capacity through the consultation work, making reflective supervision an important parallel process. Of the states interviewed, 92% require and provide reflective supervision as a part of their IECMHC program. Multiple states noted how vital reflective supervision is to the successful implementation of IECMHC. Reflective supervision is also utilized by local programs. Four out of the five Texas programs interviewed require and provide reflective supervision for their staff.

Legislation Regarding IECMHC

Although 62% of states interviewed use state general revenue to fund IECMHC programs, only about 40% have legislative statutes that support these programs. These states include Arkansas, Colorado, Illinois, and Maine. The Illinois program is located in the Governor’s Office of Early Childhood Development and enjoys governor support.

Feedback from Texas Stakeholders

In May 2023, TIEMH collected feedback during an IECMHC Stakeholder meeting. The group identified what they most need from a Texas IECMHC program as:

- » Support for early childhood service providers in order to prevent burnout;
- » A system that can be scaled up;
- » A clear definition of IECMHC in Texas;
- » A program that links to and builds upon other programs;
- » Centralized program data;
- » Outreach and education about IECMHC and how it relates with other early childhood sectors;
- » A program that is not specific to one sector of early childhood; and
- » The ability to provide services statewide.

The Texas IECMHC programs interviewed also provided information regarding program design. Much of the findings track with those at the national level. Texas providers are largely nonprofits (83%) and one tribal nation. Regarding funding for IECMHC programs in Texas, the top five funding sources :

1. State general revenue;
2. HRSA;
3. ARPA;
4. SAMHSA; and
5. philanthropy.

Other funders for state programs include: PDG B-5, tribal funds, CCDF, and IDEA Part C. Most of the states interviewed view their IECMHC program as a prevention strategy. However, Texas providers seem to view the utility of IECMHC as both prevention and early intervention. As explained in **Figure 4**, IECMHC addresses aspects of both prevention and intervention. Of stakeholders interviewed, 43% viewed IECMHC as an early intervention strategy, with the remaining split between prevention and both early intervention and prevention.

Of the providers interviewed, 67% are housed in organizations that already had clinical staff when they established their IECMHC programs. Additionally, 67% of programs interviewed are modeling their program according to the IECMHC Center of Excellence’s standards and qualifications. The qualifications required for an IECMH consultant in Texas programs surveyed for this report are presented in **Table 5**. The majority of programs required a mental health master’s degree and licensure or eligibility for licensure.

Table 5: Texas IECMH Consultant Qualifications in IECMHC Landscape Analysis 2023 (n= (44))

Requirement	Percentage of Texas Providers Interviewed with this Requirement
Mental Health Degree (psychology, social work, counseling)	66.7%
Mental Health Professional Licensure (LPC, LMFT, LCSW, or license-eligible, such as LPC-A)	66.7%
Infant Mental Health Association Endorsement	16.7%
Early Childhood Certification (typically acquired after hire)	16.7%

Texas IECMHC services are most commonly provided in child care settings, followed by home visiting, ECI, and Head Start. We need to better understand if and where IECMHC is offered in pre-K in Texas. Due to the low response rate in the TIEMH survey regarding pre-K services, more investigation is needed. About one-third of providers offer virtual services. Regarding data collection, the majority (86%) are collecting demographic information. The most-utilized assessment tool is the Teaching Pyramid Observation Tool (TPOT), followed by Classroom Assessment Scoring System® (CLASS).



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Gaps in Services and Infrastructure

Support for Early Childhood Providers



Providers working with children ages 0-5 years (e.g. ECE, home visiting, and ECI) can face a myriad of stressors in the workplace, including challenging behaviors, disruptive classroom dynamics, and a lack of resources. IECMHC provides support to professionals working with young children so that they are not facing these challenges alone. Early childhood educators have reported that IECMHC supports them in their role. At its best, an IECMHC program fills a gap in behavioral health supports in early childhood services. IECMH consultants partner with early childhood providers, and bring a mental health lens to early childhood services and education that currently is limited in Texas. For providers, this means they have a support system for difficult behavior, and can positively impact workplace stress. By supporting the providers, IECMHC also supports the children. For children with a mental or behavioral health need, access to a IECMH consultant can mean the difference between receiving support or being expelled from an early education setting. There may be a lack of understanding regarding children’s mental health or a lack of resources for a teacher to support a child with special needs.

IECMHC creates a support system for early childhood educators, and as such, it has been shown to reduce the rate of early childhood care and education suspension and expulsion in states that have an IECMHC program (Center for Excellence for Infant and Early Childhood Mental Health Consultation, 2023). Particularly post-pandemic, the need for support for early childhood educators is significant because the stressors of the pandemic impacted both the children and staff. Collaboration with an IECMH consultant can also help to decrease educator attrition because the added support addresses a previously unmet need. An early care administrator in Colorado said, “As we have professionalized ECE, we know what we are good at and where we need supports.” This administrator noted that they have worked with a form of consultation for about 30 years, but the formalization of the current state program in Colorado has been the most effective and impactful iteration for her center and its families. IECMHC can also home visitors working with families, supporting medical homes for enhanced outreach, parent education and screening and referral practices, in community mental health organizations through policy and process review, all of which creates a foundation of support for early childhood providers.

State Definition for IECMHC



Texas stakeholders identified the creation of a state definition and IECMHC qualifications as a top need for establishing a statewide IECMHC system. Mental health consultation in regard to infants and young children can be a nebulous concept to understand. A universal definition helps to clarify the service to providers, families, funders, and legislators across the state. With a state definition, the role of IECMH consultant would mean the same thing across Texas, leading to consistency in service provision and the ability to have service provision fidelity. Clarity in service and the role of an IECMH consultant creates understanding of the program, and consequently improves ECE program engagement with families, outreach, and ensuring service quality, which ultimately leads to more opportunities to grow an IECMHC program and increase impact.

Building Up the Mental Health Workforce in Texas



One of the greater concerns of some Texas stakeholders is the current shortage of mental health providers in the state. Stakeholders have asked how to staff an IECMHC program if the qualifications include a mental health degree and/or mental health licensure. However, with funding opportunities to build up IECMHC programs in Texas communities, it allows for organizations to grow their clinical staff and provide new opportunities to existing staff. The chance to provide IECMHC may be the motivation for staff to stay in a community mental health setting. Additionally, formalizing IECMHC presents the opportunity to establish a new mental health educational track in universities. Several states have collaborated with state universities to establish a training certification program for IECMH consultants. This professional development can lead to increased engagement in the program by consultants.

There are also concerns regarding capacity to address IECMHC needs in more rural areas of Texas. However, during the pandemic many mental health programs built up capacity for virtual service options. Virtual IECMHC has been utilized as a means for service in many other states. Locally, Texas Nurse Family Partnership has been implementing virtual IECMHC to Nurse Home Visitors for the past year. Since the pandemic, a local mental health authority in central Texas has also been providing IECMHC in rural counties. Virtual implementation allows for a single professional to provide services to a larger geographic service area, and consequently provides the opportunity to better cover the entire state. Although one of the foundational elements of IECMHC is the relationship built between the consultant and the professional/adult caregiver which is best done through an in-person format, virtual consultation serves as an important option to address the needs of rural areas and allows for increased service coverage for the state.



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Next Steps in a Texas IECMHC System

Texas is well-positioned to establish a statewide system for IECMHC. Interest in IECMHC at the national level has been growing in recent years, with at least four additional states establishing an IECMHC state program in the past two years. Funders, such as SAMHSA, have prioritized IECMHC through programs such as Project Linking Actions for Unmet Needs in Children’s Health (Project LAUNCH) (Substance Abuse and Mental Health Services Administration, 2023). Texas providers, advocacy groups, and state agencies have recognized the need to invest in IECMHC statewide and have expressed the importance of a cross-system approach to IECMHC. This investigation of how to best accomplish this, where to house it, and what it would entail is a critical first step.

The next steps for establishing a Texas IECMHC system include:

- 1. Develop an IECMHC model for Texas that meets provider and family needs.** This would include the development of a program manual informed by stakeholders and best practices. The program manual would serve to guide future state implementation.
- 2. Develop the IECMHC workforce.** This includes recruitment, onboarding, and training of IECMH consultants.
- 3. Pilot IECMHC implementation in select Texas communities.** Identify pilot communities to demonstrate IECMHC. This would include tracking progress, challenges, and operational needs.
- 4. Conduct outreach to engage Texas providers and families.** Plan and execute an awareness campaign to inform the public about the program in order to increase access. This will increase understanding, promote partnerships, increase referrals, and establish trust in implementation communities.
- 5. Evaluate the progress of the IECMHC program.** Using a third-party evaluator, track and measure progress in implementation sites. Leverage the evaluation to inform continuous quality improvement for the state program, as well as how to best scale the program in new Texas communities.

Please see TIEMH’s report, *Infant and Early Childhood Mental Health Consultation: Implementation Science*, for more information regarding recommendations for a Texas IECMHC program.



Appendix

The following tables enumerate the organizations interviewed and surveyed for this report.

States Interviewed

Arkansas	University of Arkansas – School of Medical Sciences
Colorado	Colorado Department of Early Childhood
Connecticut	Advanced Behavioral Health, Inc. (ABH®) - Office of Early Childhood
Illinois	Governor’s Office of Early Childhood Development
Kentucky	Department of Behavioral Health and Intellectual Disabilities
Louisiana	Tulane University School of Medicine, TIKES Program
Maine	Department of Health and Human Services, Office of Child & Family Services
Michigan	Michigan Department of Health and Human Services
Minnesota	Minnesota Department of Human Services
New Mexico	Early Childhood Education and Care Department
Ohio	Bureau of Children, Youth and Families; Ohio Department of Mental Health and Addiction Services; Office of Community Treatment Services; and Bureau of Children, Youth and Families
Pennsylvania	Pennsylvania Office of Child Development and Early Learning administered by the Pennsylvania Key
South Carolina	South Carolina Infant Mental Health Association
Wisconsin	Wisconsin Alliance for Infant Mental Health

Texas Organizations Interviewed

Austin Child Guidance Center	Travis County	Provider
Department of Family Protective Services - Prevention and Early Intervention	Statewide	Funder
Early Childhood Intervention	Statewide	Funder
Empowerment Department, Tigua Tribe, El Paso	El Paso County	Provider
Family Support Services	Bexar County	Provider
First 3 Years/EI	Statewide	State Infant Mental Health Association; Provider
Help Me Grow North Texas	Tarrant County	Provider
Nurse-Family Partnership National Service Office - Texas	Statewide	Provider

Texas Organizations Surveyed

Head Start Administrators	Statewide	Providers
Pre-K Administrators	Statewide	Providers



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