Center of Excellence for Infant and Early Childhood Mental Health Consultation

Overview of the IECMHC Approach within the Early Childhood System

Contents

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Overview of the IECMHC Approach Within the Early Childhood System

Introduction

This section of the IECMHC Toolbox focuses on early childhood systems and policy. Included in this section are the core components of an IECMHC approach, along with guiding questions for each component that will help practitioners explore strategies for implementing an effective early childhood system that includes IECMHC.

What Is an Early Childhood System?

A well-designed early childhood system connects high-quality services and supports to create a network of comprehensive care that is culturally responsive and meets the diverse developmental and health needs of all children and families. In a well-developed early childhood system, services and supports are available across the spectrum of need, from promotion activities aimed at all children and their families (e.g., use of a social and emotional skill-building curriculum in all preschool programs), to preventive interventions designed for at-risk children and their families (e.g., small-group social skills coaching to increase the ability of quiet or introverted children to enter a group and ask others to play) and treatment options that meet the specific clinical needs of children and families in a manner that is sensitive and appropriate in addressing cultural and linguistic needs.

How Is the IECMHC Approach Integrated in an Early Childhood System?

Along the continuum of promotion, prevention, and intervention in an early childhood system, IECMHC is a promotion and prevention strategy. IECMHC offers the flexibility to deliver services in a variety of settings and can help programs and agencies throughout an early childhood system better understand the needs of infants and young children, the importance of early relationships, and the benefits of trauma-informed care. However, for IECMHC to be effective, time and attention must be given to developing and delivering high-quality mental health consultation.

What Are the Core Components of an IECMHC Approach?

An effective early childhood system includes (1) collaborative and strategic partnerships, (2) planning for implementation (3) workforce development, (4) a data-driven system and outcomes, and (5) strategic financing (see Figure 1).

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Figure 1: Components of the IECMHC Approach

Collaborative and Strategic Partnerships

Planning for Implementation

Workforce Development

A Data-Driven System and Outcomes

Strategic Financing
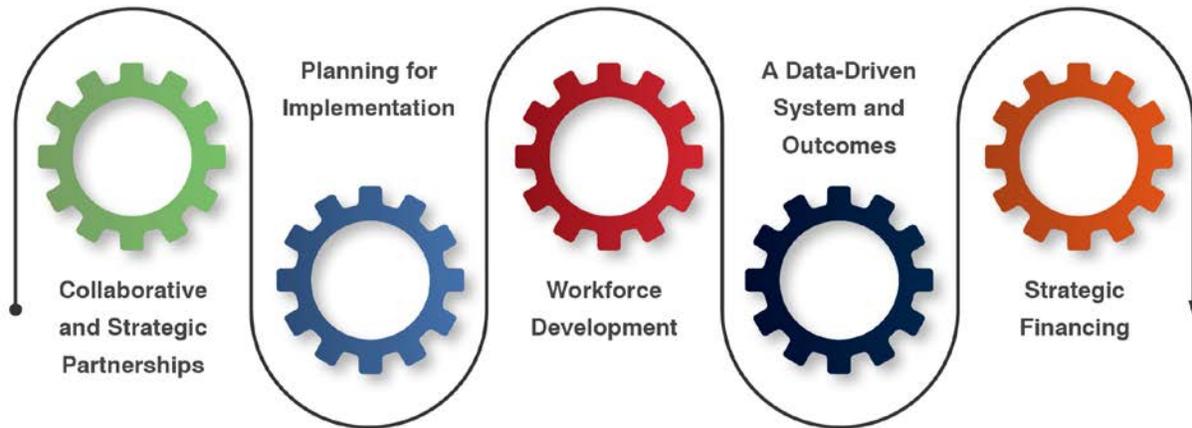
Each core component of the IECMHC approach is described in detail below. Guiding questions are provided for each component, which can help states, tribes, and communities as they seek to identify critical areas for systems change and to develop a strategic plan for bringing about those changes. In many cases, if the answer to a question is no or if the question has not been considered, teams will find it highly instructive to spend time examining the materials in the related section of the IECMHC Toolbox to address these gaps.

Component 1: Collaborative and Strategic Partnerships

Collaboration and partnerships among the various service and support providers within a state, tribe, or community (e.g., public health/Indian Health Service, childcare, families, early education, home visiting, education, cultural consultants, elders, higher education, child welfare/Indian Child Welfare, primary care) are key to building an effective early childhood system and are essential for an entity focusing on its IECMHC approach. Through cross-system partnerships, those working to advance IECMHC and other early childhood and family services can, for example, access cross-sector data, identify and improve referral pathways, increase family engagement, inform policy decisions, and carve out funding for IECMHC from programs or efforts with similar goals. Many states, tribes, and communities expand the role of an existing early childhood group or council, such as a state Early Childhood Advisory Council or Project LAUNCH Young Child Wellness Council, to oversee and coordinate IECMHC efforts, while other sites opt to form a new group to serve this purpose.

As IECMHC implementation moves forward, the need for additional partners may arise, and/or new partners may express interest in joining the effort. In some instances, particularly if there is a need for politically sensitive policy change, an existing partner may need to break ties, at least temporarily, due to a conflict of interest. For example, a gubernatorial change may lead to a need to reconfigure existing partnerships.

When including partners in building IECMHC efforts, consider both public and private agencies, organizations, and programs that share similar goals for young children and their families. Potential partners might include

IDEA Part C/Early Intervention, Temporary Assistance for Needy Families, public health departments, local public/tribal schools, child welfare/Indian Child Welfare agencies, primary care/American Academy of Pediatrics, local universities/Tribal Colleges, or local or state Associations of Infant Mental Health. Consider local businesses, foundations, and other private partners. Grass-roots community organizations can also be critical partners in designing and implementing effective services.

The composition of partners in the IECMHC approach, as noted, should be in the best interest of the overall building effort. Whatever the situation, keeping the "right" mix of partners genuinely engaged requires ongoing communication, reiteration of purpose, and renewal of momentum over time.

Table 1: Potential Sources of Collaborative and Strategic Partners suggests various areas of focus, or system components, and their direct and/or indirect connections to IECMHC. While not an exhaustive list, it illustrates the diverse opportunities across service sectors. Furthermore, as many of the efforts listed engage both public and private entities and community-based groups, the partnering possibilities are exponential. Use this table to identify partners who could potentially strengthen your IECMHC efforts.

Please note that the governing agency or organization for each suggested area or system may vary across states and tribes.

Table 1. Potential Sources of Collaborative and Strategic Partners

Area of Focus / System Component	Federal Programs / Legislation	Summary and Connection to Early Childhood
Child Care / Early Care and Education	Child Care and Development Fund http://www.acf.hhs.gov/programs/occ/fact-sheet-occ	States and tribes receive funds for childcare subsidies and a variety of activities related to childcare, including quality improvement activities and training for childcare providers to support children's social and emotional development and to prevent expulsion and suspension. As childcare leaders determine the use of this funding source, they should consider how to in part fund the IECMHC approach.
Child Welfare	CAPTA: The Keeping Children and Families Safe Act of 2003 (P.L. 108-36) https://www.childwelfare.gov/pubPDFs/ec-cw-tipsheet.pdf	CAPTA requires Child Protective Services to refer all cases involving substantiated victims of child maltreatment under age 3 to Part C of the Federal Individuals with Disabilities Education Act (IDEA) to be evaluated for Early Intervention services. Consider how valuable access to a mental health consultant can be for Child Protective Service Workers in addressing the social and emotional needs of children entering the Child Welfare system.

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Area of Focus / System Component	Federal Programs / Legislation	Summary and Connection to Early Childhood
Early Intervention	Part C of the Individuals with Disabilities Education Act http://idea.ed.gov/part-c/statutes	The Program for Infants and Toddlers with Disabilities (Part C of IDEA) is a federal grant program that assists states in operating a comprehensive statewide program of Early Intervention services for infants and toddlers with disabilities, from birth through age 2, and their families. For a state to participate in the program, it must assure that Early Intervention will be available to every eligible child and its family. States identify and provide services to children experiencing developmental delays, as defined by the state and as measured by appropriate diagnostic instruments and procedures, in one or more of the following areas: physical development, cognitive development, communication development, **social and emotional development**, and/or adaptive development.
Education	Title I of the Elementary and Secondary Education Act http://www.clasp.org/resources-and-publications/files/titleifaq-1.pdf	Local Education Agencies receive funds to help address the educational needs of disadvantaged children. Recent guidance has encouraged districts to consider programs for early childhood education in the areas served by the secondary schools. This could include using some funds for ECMHC.
Head Start / Tribal Head Start	Head Start http://www.acf.hhs.gov/programs/ohs/about/head-start Tribal Head Start https://eclkc.ohs.acf.hhs.gov/hslc/states/aian	Early Head Start and Head Start promote the school readiness of children under age 5 from low-income families through education, health, social services, and other key services. Head Start requires programs to have a mental health consultant and could be a good partner in enhancing the IECMHC approach within a state or tribe.
Health / Indian Health Services	Title V Maternal and Child Health Block Grant http://mchb.hrsa.gov/programs/titlevgrants/ Indian Health Services https://www.ihs.gov/aboutihs/	This grant covers a range of health-care activities for pregnant women and their children, with specific activities for children who have special health-care needs (including **emotional, developmental,** and **behavioral** issues) and their families. Consider this funding source as you develop your IECMHC approach. Indian Health Services' goal is to ensure that comprehensive and culturally appropriate personal and public health services are available and accessible to American Indians and Alaska Natives.

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Area of Focus / System Component	Federal Programs / Legislation	Summary and Connection to Early Childhood
Healthy Start	Maternal and Child Health http://mchb.hrsa.gov/chusa14/special-features/federal-programs-promote-child-health.html	This program works to reduce the rate of infant mortality and to improve perinatal outcomes through grants to communities with high infant mortality rates. Access to a mental health consultant could substantially enhance such programs.
Home Visiting / Tribal Home Visiting	Maternal, Infant, and Early Childhood Home Visiting (MIECHV) grant program, a provision within the Patient Protection and Affordable Care Act (H.R. 3590 and H.R. 4872) http://mchb.hrsa.gov/programs/homevisiting/ Each year, 3% of MIECHV funding is set aside for tribal grantees: http://www.acf.hhs.gov/ecd/home-visiting/tribal-home-visiting	The goals of this program are to (1) coordinate and improve existing home visiting programs, (2) expand home visiting services to at-risk communities where existing services are currently limited, and (3) embed home visiting into a state or tribe's larger early childhood system. Consider how to allow home visitors to have access to a mental health consultant.
Mental Health and Substance Abuse Prevention	Community Mental Health Services Block Grant http://www.samhsa.gov/grants/block-grants/mhbg Substance Abuse Prevention and Treatment Block Grant http://www.samhsa.gov/grants/block-grants/sabg Project LAUNCH http://www.healthysafechildren.org/grantee/project-launch	These block grants provide funds to states to create, among other things, programs to address gaps in the mental health service system for children with Serious Emotional Disturbance (from birth to age 18) and to prevent substance abuse in local communities. Many links can be drawn between children struggling with social and emotional difficulties at a young age and future substance abuse problems. States and communities have been able to identify funds specifically targeted to children from birth to age 5, and some have been able to use some dollars to partially fund IECMHC approaches. Project LAUNCH (Linking Actions for Unmet Needs in Children's Health) aims to equip children with the physical, social, emotional, and cognitive tools needed to achieve success in school. This is accomplished through cross-system building and increased access to high-quality prevention and treatment programs for children and families.

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Area of Focus / System Component	Federal Programs / Legislation	Summary and Connection to Early Childhood
Temporary Assistance to Needy Families (TANF) / Tribal TANF	TANF http://www.acf.hhs.gov/programs/ofa/programs/tanf/laws-regulations Federally recognized tribes can apply for funding to administer and operate their own TANF programs: http://www.acf.hhs.gov/ofa/programs/tribal/tribal-tanf	TANF has five key objectives: Encourage state or tribal innovation to move families toward self-sufficiency. Early childhood programs can support this goal by helping parents keep their jobs and maintain their children at home. Provide assistance to needy families so that children can be cared for in their own homes. Reduce the dependency of needy parents by promoting job preparation, work, and marriage. Prevent and reduce the incidence of out-of-wedlock pregnancies. Encourage the formation and maintenance of two-parent families.

In addition: Connect with your local private and non-profit partners. For example, consider partnering with your local infant mental health association, state foundations, state chapters of the American Academy of Pediatrics, local businesses and philanthropies.

Collaborative Partnership Guiding Questions

1. What connections does your state, tribe, or territory have among the different child-serving systems? For example, what connections exist among home visiting, early care and education, and the school system? Are IECMH consultants available to serve in any of these settings?
2. Is there a mechanism for IECMH consultants to be connected to your state/tribe public mental health system? For example, does your locality have a federal grant addressing the social and emotional health of young children and their families?
3. What connections have been made between the IECMHC program(s) in your state, tribe, or territory and private or nonprofit partners? Does your state have an infant mental health association? If so, what connections have been made between the infant mental health association and IECMH consultants? How are businesses and other private entities made aware or included in planning of the IECMHC approach in your state, territory, or tribe?
4. Has your state, tribe, or community done outreach to physicians to make appropriate referrals to IECMHC services? Are mental health consultants available within primary care practices? Have you reached out to your American Academy of Pediatrics lead at the state or tribal level?[1]

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[1] For ideas, see the Partnership for Early Childhood Mental Health (http://www.ecmhmatters.org/Pages/ECMHMatters.aspx).

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5. Are IECMH consultants available to Child Protective Service workers within the Child Welfare system? How is your state addressing the requirements of the Child Abuse Prevention and Treatment Act (CAPTA)—for example, how does the state handle referrals from Child Welfare? Have you connected leaders in Child Welfare and other child-serving agencies to ensure that CAPTA requirements are being met?[2]

Component 2: Planning for Implementation

Planning to implement an IECMHC approach for your state or tribe is a lengthy process that involves collaborative partnerships, workforce development, and sustainability, including financing and evaluation. The earliest planning stages require careful consideration of the following:

♦ The available collaborations and partnerships already in existence and those to be more carefully developed

♦ Current and potential staff, and needed professional and/or workforce development

♦ The research and evaluation questions that funders and policymakers are interested in

♦ The financing available to make the approach work and grow

An IECMHC approach seeks to complement the existing early childhood system of care and services; the initial planning stages therefore require an understanding of the wider early childhood system. This includes analyzing the existing resources available for young children and their families and using data on existing resources, which may require conducting a needs assessment or gathering extant data from different early childhood services (for example, Head Start, home visiting, Project LAUNCH, and other Title V programs). Part of this scan will require understanding what if any IECMHC efforts already exist in the locality. Perhaps IECMH consultants are available in some parts of the state, or in select programs such as Head Start. This foundational knowledge will allow the implementation of the IECMHC approach to draw on existing resources and create a sustainable continuum of services for young children, of which IECMHC is an integral piece.

Planning and implementation are iterative processes. For example, your state's IECMHC approach may be in the early stages of implementation, and something may not be working well. In this case, the team would reconvene and go back to the planning stages to work toward a solution. It is the rare approach that can be planned and implemented without ever a need to go back, reevaluate the process, and make tweaks. Strong programs learn from early implementation challenges and make changes that lead to better outcomes.

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[2] For ideas, see *Early Identification: Referral Requirements Under CAPTA and IDEA* from the Early Childhood Technical Assistance Center (http://ectacenter.org/topics/earlyid/capta.asp).

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Once partnerships, workforce, funding, and evaluation have been considered, the next step is to think critically about the service array and goals of the program. Explore the Models section of the toolbox for information that can help you think about the steps your team will need to take to plan, develop, and implement your IECMHC approach.

Planning for Implementation Guiding Questions

1. Does your state or tribe have a recent needs assessment or profile of early childhood services that includes epidemiological data on service use? If not a statewide document, are there individual reports that can be analyzed to help understand the landscape of all early childhood services available? A needs assessment can help target the IECMHC enhancement or development in your state.

2. Does your state or tribe have a universal approach to developmental and behavioral (specifically, social and emotional) screening, referral, and follow-up for young children and their caregivers to ensure early identification of developmental and/or mental health needs? Is this approach designed to achieve universality (i.e., all children have access) to the extent possible? Are the screening tools developmentally appropriate, evidence-based, and linguistically accessible to dual language learners and other diverse groups? Are mental health consultants trained to use these tools?[3]

3. Does your state or tribe have a coordinated and robust referral and bi-directional feedback system so that children identified during developmental and behavioral screening are linked to high-quality, community-based services (including IECMHC) in a timely manner?[4]

4. Is IECMHC integrated into childcare Quality Rating Systems, licensing and/or accreditation requirements, and childcare subsidy fee structures? For more information, see the Financing section of the toolbox.

5. How does Part C (Early Intervention) in your state or tribe address social and emotional delays? If warranted, is a diagnosis in the DC:0–5 used, as opposed to the DSM-V or ICD-10 (which don't directly address infancy and toddlerhood)? Have you examined some of the existing crosswalks between ICD-10 and the DC:0–5?[5]

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[3] For basic information on screening, please see *Developmental Screening and Assessment Instruments* compiled by Sharon Ringwalt, May 2008 (http://www.nectac.org/~pdfs/pubs/screening.pdf).

[4] For ideas, see Early Intervention Colorado's *Referral Process for Infants and Toddlers 0–3* (http://www.eicolorado.org/index.cfm?fuseaction=Referral.referral).

[5] For ideas, see Early Intervention Colorado's database of physical or mental conditions that have a high probability of resulting in a significant level of developmental delay (http://www.eicolorado.org/index.cfm?fuseaction=diagnoses.main&letter=D).

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Component 3: Workforce Development

A qualified workforce is key to the success of IECMHC. An effective IECMHC approach includes an integrated professional development system that incorporates training and other personnel support, such as supervision and mentoring. The Competencies section of the Toolbox provides detailed information about the knowledge, skills, and attributes needed to provide IECMHC, which can influence the hiring, supervision, and evaluation of IECMH consultants. These competencies can also help guide a system's professional development, training, and coursework.

When developing an integrated IEMCHC approach, it may also be helpful to consider training and professional development opportunities where professionals from multiple systems can receive the same training. For example, a state or tribe may offer training opportunities on such topics as child abuse and neglect, trauma-informed care, early childhood development, and cultural competence, which may be open to IECMH consultants, early care and education staff, and other professionals from systems serving young children and families. Such training may be particularly helpful to IECMH consultants and other professionals who are newer to the early childhood field.

Additional supports, such as supervision, peer support, mentoring, and job shadowing, are also critical workforce development elements in a system of IECMH consultation. Consultants with access to robust and comprehensive support of this nature may need less formal training and/or education.

For additional information about specific training content, types of training needed for IECMH consultants, and examples of various approaches to training and support, see the Workforce Development section of the Toolbox.

Workforce Development Guiding Questions

1. Has your state or tribe identified requirements and competencies for IECMH consultants that reflect best practice? Explore the Competencies and Workforce Development sections of the toolbox for additional information that can help you think about integrating quality professional development activities across systems.

2. Do higher education institutions in your state or tribe offer coursework to adequately prepare students for careers as IECMH consultants? Florida and Maryland, for example, offer Infant Mental Health certification programs. States or tribes could develop similar IECMHC certification programs or could add on to their existing Infant Mental Health certification programs with specialties in IECMHC.[6]

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[6] See the "Infant-Family Mental Health Graduate Certificate Program" at the University of South Florida (https://www.usfsp.edu/infant-family-mental-health/).

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3. Does your state have an Association of Infant Mental Health? If so, what role could it play in workforce development of IEMCHC? Has it addressed or supported the development of your IECMHC approach? If no, could such an association be started? Many states have a chapter of the World Association of Infant Mental Health; local chapters can provide training and/or endorsement in infant mental health for those working with young children, which would be important core or background training for IEMCH consultants.

4. Is coursework and/or training available to prepare IECMHC providers for the unique role of mental health consultant? Is training on reflective supervision offered?

5. Do the certification requirements for Part C providers in your state or tribe include training in infant mental health, dyadic approaches, trauma, and other areas essential for addressing the mental health needs of those served by the Part C program? Are Part C workers aware of or connected to the IECMHC model? For more information and for guidance on incorporating important partners such as Part C, see the Models section of the toolbox.

6. Is the professional development for early childhood and family-serving professionals responsive to the learners' needs, backgrounds, experiences, and current roles and responsibilities? Does it cover the entire continuum of services and supports, including IECMHC? For more information, see the Workforce Development section of the toolbox.

7. Are standards of preparation and ongoing development aligned across service settings? Are they inclusive of the full continuum of services and supports, including IECMHC? For more information, see the Workforce Development section of the toolbox.

8. Is there alignment in education and training to create clear career pathways for IECMH consultants in a variety of early childhood settings? For more information, see the Workforce Development section of the toolbox.

9. What data are collected on current training and professional development? How are these data used to improve and integrate workforce development efforts? For more information, see the Research and Evaluation section of the toolbox.

Component 4: A Data-Driven System and Outcomes

States, tribes, and community programs increasingly use data to obtain information on the effectiveness of their services and supports and to ensure that services are available across the spectrum of need (promotion, prevention, and intervention/treatment). When all partners in the system are working together on the evaluative effort, it is easier to identify (1) gaps in service provision, (2) areas requiring increased funding levels, (3) the need for policy revision or creation, and (4) workforce development needs.

Collecting outcome data to demonstrate the effectiveness of your IECMHC approach is critical at any stage of development. For example, collecting data on teacher stress at the beginning and end of consultation services to demonstrate that IECMHC reduces teacher stress can help explain the importance of the service to potential

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funders. This information is even more powerful when combined with data on reduced teacher turnover. Further, it is imperative to collect data on expulsions and suspensions of children enrolled in IECMHC programs and to disaggregate the data by race, age, and gender to address disparities. This information will inform internal policies and help elevate the importance of the IECMHC approach. Explore the material in the Research and Evaluation section of the toolbox for additional information.

Data Collection Guiding Questions

1. Does your state or tribe regularly collect data on key indicators of young children's developmental, social, and emotional well-being (e.g., preschool suspensions and expulsions, teacher stress and well-being)?

2. Does your state or tribe collect data on expulsions, suspensions, and disparities and then disaggregate the data by race, ethnicity, age, and/or gender (or other relevant categories)?

3. If data do not exist, how might you collect some (e.g., conduct a survey with childcare providers to determine the scope of their difficulties addressing children with social and emotional issues)?

   Note: Partnerships with universities can help build capacity in this area.

4. Does your state or tribe have a data system for IECMHC? If not, have partners discussed how to develop and sustain such a system?

5. Does your state or tribe have funds and procedures in place to ensure that demographic data, well-being indicator data, and consultation outcome data are analyzed and disseminated to inform service delivery and future policy?

6. Does your state have an Early Childhood Integrated Data System that aligns with the Statewide Longitudinal Data System? Are there ways to link existing state data to national data (e.g., low rates of high school graduation might be linked to early childhood factors)? Does your state or tribe use national data sets to define and characterize problems related to IECMHC?

For resources specific to IECMHC, go to the Research and Evaluation section of the toolbox.

Component 5: Strategic Financing

Funding is the lynchpin of service development and is often the most challenging resource to identify. Traditionally, funding for early childhood agencies and services lags behind funding for adult services. In some instances, monies from some block grants are parsed in such a way that fewer dollars are targeted to early childhood services than to services for older children and adolescents.[7]

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[7] Source: Johnson, K., Knitzer, J., & Kaufmann, R. (2002, August). *Making Dollars Follow Sense.* New York, NY: National

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To develop and sustain early childhood services such as IECMHC, the identification and creative use of available dollars is key. However, this has proven challenging for many states and communities, given the complexity of a preventive service that is often not billable to Medicaid or private insurance. More recently, states and communities have been examining the Child Care Development Block Grant as a potential source of more permanent means of funding their IECMHC approach. As can be seen in the Financing section of the toolbox and in the guiding questions in this section, leaders in the early childhood system of care may want to explore new ways to braid or blend funds to support IECMHC services.

Strategic Financing Guiding Questions

1. Does your state Medicaid plan (or other federal funding, such as Indian Health Services) allow reimbursement for promotion and prevention activities, such as programmatic consultation? What about dyadic work with both the child and the caregiver or family?

2. How are you leveraging the Centers for Medicare and Medicaid Services Information Bulletin on maternal depression screening within primary care to link families for consultation?[8]

3. How might providers receive payment for consultation services delivered to a child without a mental health diagnosis and who is ineligible for Medicaid?

4. In your state or tribe, which services are reimbursable through Part C for children with social and emotional delays?

5. Does your state or tribe offer differentiated reimbursement for mental health consultants with specialized training, education, or endorsement in this field?

For more resources on financing specific to IECMHC, or for examples of how some states have leveraged Medicaid and other funding for IECMHC services, go to the Financing section of the toolbox.

Further Resources Within the Toolbox

Link to systems section of Professional Development Module, "Understanding the Infant and Early Childhood Mental Health Consultant: Lessons for Strengthening Practice." https://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/mental-health/ec-mental-health-consultation/mh-consultation-tool

For more information and planning tools to assist with the clear articulation of an IECMHC model, please visit the Models section of the IECMHC toolbox.

Center for Children in Poverty. Retrieved from http://www.nccp.org/publications/pdf/text_483.pdf

[8] This six-page bulletin from the U.S. Department of Health and Human Services can be found online (https://www.medicaid.gov/federal-policy-guidance/downloads/cib051116.pdf).

For more information on the development and support of skilled mental health consultants, please visit the [Workforce Development section of the IECMHC toolbox](#).

For more information on research and evaluation, please visit the [Research and Evaluation section of the IECMHC toolbox](#).

For more information on the identification of reliable funding sources, please visit the [Financing section of the IECMHC toolbox](#).

A Few Words on Setting Long- and Short-Term Goals

As states, tribes, and communities develop their plans for IECMHC, it is worthwhile to consider both immediate opportunities for change and long-range efforts. System change can be slow-moving, so setting incremental goals and celebrating small successes along the way can help maintain momentum. Also, given that some goals will inevitably have a long timeline and that policy windows of opportunity are often unpredictable, working simultaneously on multiple policy areas and maintaining a constant presence at decision-making tables is a sound strategy.

Over time, states and tribes will likely have to grapple with changes in political agendas, some of which may not align with the policy goals for IECMHC. When faced with these challenges, it is important to return to the overall vision for the early childhood system and assess what progress *can* be made toward the end goals within the current political climate. At times like these, states and tribes will need to adapt—for example, shifting efforts away from expanding Medicaid coverage and channeling them toward workforce development. Reframing the need for IECMHC services in a way that speaks to current political realities can be an effective method for gaining and maintaining momentum around IECMHC.

It is also important not to lose sight of the policies that *are* in place to support IECMHC. Consultation advocates should keep tabs on timelines for reauthorizing legislation, such as the Child Care Development Block Grant, or revising policies or regulations that bolster IECMHC efforts, and develop strategies to maintain or expand these gains.

Finally, while systems change is an essential strategy for states and tribes working to advance mental health consultation, it is only one strategy. It is important for policy work to be integrated into a multi-faceted strategic plan to implement and sustain IECMHC. The IECMHC Toolbox can help states and tribes develop viable strategic plans, and can offer the information and resources needed to bring those plans to life.

It may be instructive to read the success stories of other states and communities who have addressed systems and policy issues. Many of these can be found in the Mental Health Consultation Tool developed as part of the Head Start National Center on Health. http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/mental-health/ec-mental-health-consultation/mh-consultation-tool

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Systems and Policy Resources

♦ *A Framework for State Leadership and Action in Building the Components of an Early Childhood System. Charles Bruner, Child and Family Policy Center and the BUILD Initiative.* http://buildinitiative.org/portals/0/uploads/documents/four_ovals_paper.pdf

♦ *Comprehensive Early Childhood System Building: A Tool to Inform Discussions on Collaborative, Cross-Sector Planning.* Early Childhood Systems Working Group. http://www.buildinitiative.org/Portals/0/Uploads/Documents/ECSWG%20Systems%20Planning%20Tool_2014.pdf

♦ *What Works? A Study of Effective Early Childhood Mental Health Consultation Programs.* Georgetown University Center for Child and Human Development. http://gucchd.georgetown.edu/78358.html

♦ *Early Childhood Mental Health Toolkit: Integrating Mental Health Services into the Pediatric Medical Home. Boston Public Health Commission.* http://www.ecmhmatters.org/ForProfessionals/Documents/Toolkit/BPHC_PowerPoint_Project_Section_1_FINAL.pdf

♦ *Social and Emotional Health in Early Childhood: Building Bridges Between Services and Systems,* edited by Deborah Perry, Roxane K. Kaufmann, and Jane Knitzer

♦ *Young Minds Matter: Supporting Children's Mental Health Through Policy Change. Colorado Children's Campaign, Colorado Children's Healthcare Access Program, and Children's Hospital Colorado.* http://www.coloradokids.org/wp-content/uploads/2015/09/Childrens-Mental-Health-Policy-Paper-9-10-15-hi-res.pdf

♦ *Nurturing Change: State Strategies for Improving Infant and Early Childhood Mental Health. Zero to Three.* https://www.zerotothree.org/resources/122-nurturing-change-state-strategies-for-improving-infant-and-early-childhood-mental-health

♦ *Making It Happen: Overcoming Barriers to Providing Infant-Early Childhood Mental Health. Zero to Three.* https://www.zerotothree.org/resources/511-making-it-happen-overcoming-barriers-to-providing-infant-early-childhood-mental-health

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