

Program Planning and Reflection Tool: All Domains

This worksheet covers all 115 action steps across 5 domains: Program Structure, Workforce, Equity, Program Evaluation, Policy & Financing. The short online version (31 steps, about 15 minutes) is at iecmhc.org/pprt.

Program Structure Domain

The Program Structure module consists of action steps for program leadership to take to create and/or strengthen an Infant and Early Childhood Mental Health Consultation (IECMHC) program. Completing this module will help program teams better determine their program's progress in designing and operationalizing key program structure elements such as who will receive consultation, what services will be provided, and how and when services will be delivered.

Resources for this domain: [iecmhc.org resources for Program Structure](https://iecmhc.org/resources-for-Program-Structure)

Instructions

It is best to complete the PPRT as a program team, rather than working through it independently. The PPRT is designed to foster collaborative discussion and reflection that will lead to strategic action.

Users are advised to use the “opt out” rating sparingly, if at all.

If the volume of tasks feels overwhelming, please remember to prioritize action steps and pursue them incrementally according to your program's needs and resources.

Ratings

- **Completed (C).** Use this rating if the program has completed this action step.
- **In progress (I).** Use this rating if the program has started to work on this action step but has not finished yet.
- **Assistance needed (A).** Use this rating if the program is unclear as to how to complete this action step or needs more resources or support to complete it.
- **Not yet begun (N).** Use this rating if the program has not yet started to work on this action step but is interested in doing so in the future.
- **Opt out (O).** Use this rating if the program is not planning to pursue this action step.

Sub-domain 1: Understanding the Community

Objective: Understand the community's needs and assets.

ACTION STEP	SUPPLEMENTAL GUIDANCE	RATING
1.1 Meet with members of the community to whom the program will be providing services to ascertain the community's needs related to supporting, promoting, and addressing infants' and young children's social-emotional, development, and mental health concerns.	For example, in a program planning to provide consultation services in early care and education (ECE) settings, key community members to engage would include: center directors, center teachers, caregivers, resource and referral agencies, state department that oversees the center, and providers (e.g., EI and IMH providers).	☐ C ☐ I ☐ A ☐ N ☐ O
1.2 Collect demographic information about the community to understand the population to whom services will be provided.	For example: data on racial, ethnic and tribal composition, language(s) spoken, and socioeconomic status.	☐ C ☐ I ☐ A ☐ N ☐ O

ACTION STEP	SUPPLEMENTAL GUIDANCE	RATING
1.3 Regularly meet with members of the community where the program will be providing services to understand its strengths and needs related to infants' and young children's social-emotional development.	Examples of information to gather include: • Information about community strengths; • Information about existing supports and resources related to supporting children and families (e.g., diaper banks, food pantries, early intervention services, behavioral health services); and • Information about community members' attitudes toward mental health.	☐ C ☐ I ☐ A ☐ N ☐ O
1.4 Regularly elicit feedback from consultees, in a culturally responsive way, about the program's consultation services, its impact, and if there should be any changes or shifts in services.	For example, in a consultation program providing services to a home visiting program, evaluation surveys may be regularly administered to: home visitors, HV program supervisor, and parents or caregivers. Culturally responsive actions might include translating materials into participants' preferred languages.	☐ C ☐ I ☐ A ☐ N ☐ O

Notes: Use this space to identify which areas are In progress (I) and Assistance needed (A). With your team, develop a plan, discuss the challenges, and decide how you will address them.

Sub-domain 2: Program Service Setting

Objective: Understand where and to whom the program provides services.

ACTION STEP	SUPPLEMENTAL GUIDANCE	RATING
2.1 Determine where or in what setting consultation services are delivered.	Common consultation delivery settings include: ECE settings, HV programs, child welfare services, EI programs (i.e., Part C), family child care homes, and pediatric clinics.	☐ C ☐ I ☐ A ☐ N ☐ O
2.2 Determine the client(s) to whom consultation services are provided.	For example, if a program provides consultation services to an EI program, does it provide services to EI providers only or also to caregivers involved in the EI program?	☐ C ☐ I ☐ A ☐ N ☐ O
2.3 Identify eligibility requirements for programs or providers to receive consultation services.	For example, if a program provides consultation services in pediatric settings, does it provide services to pediatric providers who accept Medicaid only? If it provides consultation services in ECE settings, does it provide services to settings that serve infants and young children within the foster care system only?	☐ C ☐ I ☐ A ☐ N ☐ O

ACTION STEP	SUPPLEMENTAL GUIDANCE	RATING
2.4 Encourage consultants to communicate with and involve caregivers, in a culturally responsive way, through consultant training, consultant supervision, the program manual, and other methods.	For example: • Provide sample letters for consultants to give providers and caregivers that describe consultation services. • Create trainings that consultants can offer to caregivers on typical behavioral challenges. • Discuss individual family or caregiver meetings in reflective supervision. Remember that letters, trainings, and materials should be culturally responsive to the needs of program providers and caregivers and should be in their preferred languages.	C I A N O

Notes: Use this space to identify which areas are In progress (I) and Assistance needed (A). With your team, develop a plan, discuss the challenges, and decide how you will address them.

Sub-domain 3: Program Design

Objective: Understand the services the program provides.

ACTION STEP	SUPPLEMENTAL GUIDANCE	RATING
3.1 Clearly define the services the consultation program provides. These services span the full social-emotional continuum: from promotion of social-emotional and behavioral health to prevention of challenging behaviors to intervention for infants and young children exhibiting challenging behaviors to reduction in racial/ethnic, gender, language, or disability-based disparities.	Note: Intervention is used here to refer to supports put into place in the consultee setting, such as supporting a caregiver to use positive reinforcement. It does NOT refer to therapy (individual or group). Examples of consultation services in an ECE setting include: • Assisting teachers or caregivers in implementing social-emotional teaching strategies that are culturally responsive to the needs of infants, young children, and families; • Teaching caregivers about positive discipline and positive behavior strategies for managing challenging behaviors; • Sharing information about how to work with families, as they are co-partners in infants' and young children's social-emotional development; and • Assisting in the design of supportive environments that promote social-emotional growth.	C I A N O

ACTION STEP	SUPPLEMENTAL GUIDANCE	RATING
3.2 Differentiate consultation services from related social-emotional services, if applicable, that may be offered through the consultation program's administrative home.	Examples of non-consultation services include: • Leading parenting groups; • Serving as a Pyramid Model coach for teachers;* • Leading social skills groups; and • Providing direct therapy. It is important to differentiate between consultation and other MH services in the program and policy manual as well as in any contracting material provided to consultees. *See Understanding Infant and Early Childhood Mental Health Consultation and the Pyramid Model for detailed discussion. Understanding Infant and Early Childhood Mental Health Consultation and the Pyramid Model: www.iecmhc.org/files/iecmhc-and-pyramid-model.pdf	C I A N O
3.3 Determine if the program consultation model is program-focused, individual provider-focused, child-family focused, or some combination.	For example, consultation to a pediatric practice at the individual provider level might involve shadowing medical providers during examinations or meeting with them to discuss specific cases, whereas ECE setting consultation would involve the consultant observing teachers in the classroom and meeting with them to discuss classroom management and/or infants and young children exhibiting challenging behavior. See competencies 5, 6 and 7 in IECMHC Consultant Competencies or the Foundational Modules. IECMHC Consultant Competencies: www.iecmhc.org/files/2024/05/IECMHC-competencies_w-copyright-updated.pdf Foundational Modules: www.iecmhc.org/for-consultants	C I A N O

ACTION STEP	SUPPLEMENTAL GUIDANCE	RATING
3.4 Explicitly address equity and disparity in the program's service delivery.	Examples of addressing equity and disparity include: • Consultants receive training on equity issues, including: Explicit and implicit bias and systemic racism and their resulting manifestations and disparities. How bias affects adult behavior and the experiences of infants, young children, and families from historically marginalized and oppressed communities. • Consultants apply knowledge they gained through these trainings in the context of the settings where they work and to the populations with whom they work. • Consultants regularly reflect on questions related to equity and bias in team activities and reflective supervision. • Consultation program applies a racial equity impact analysis* (REIA) to its practices. *Racial Equity Impact Analyses help assess a practice, policy, structure, and/or system based on how equitable the outcomes are for various groups. REIA resources: Local and Regional Government Alliance on Race and Equity, Race Matters Institute, Annie E. Casey Foundation, Race Matters Toolkit, and Race Forward's Racial Equity Impact Assessment Toolkit.	C I A N O
3.5 Train and support consultants to work with consultees who have been exposed to trauma (including racialized trauma, historical trauma, and family violence).	Examples of trauma-informed-program activities include: • Train consultants on 1) the impact of trauma on infants and young children; 2) secondary traumatic stress; 3) the impact of systemic racism, discrimination, individual prejudices, and microaggressions on infants', young children's, and families' experiences; and 4) how to talk about trauma with consultees • Support staff well-being through supervision, peer support, and promoting work-life balance	C I A N O

Notes: Use this space to identify which areas are In progress (I) and Assistance needed (A). With your team, develop a plan, discuss the challenges, and decide how you will address them.

Sub-domain 4: Consultation Phases

Objective: Understand what happens and when.

ACTION STEP	SUPPLEMENTAL GUIDANCE	RATING
SUBSECTION A: RECRUITMENT		

ACTION STEP	SUPPLEMENTAL GUIDANCE	RATING
4A.1 Create a thorough outreach plan so potential consultees can find out about the program.	Examples may include: • Distributing program fact sheets or brochures. • Providing community presentations. • Developing relationships with strategic referral partners including local educational agencies (LEAs), the state Department of Social Services, public health centers, the Special Supplemental Program for Women, Infants, and Children (WIC), housing projects, MH centers, and homeless shelters. • Participating in committees or networks related to infancy and early childhood.	C I A N O
4A.2 Create an inclusive outreach plan that includes strategies to advance equity by increasing access to program services.	Some examples may include: • Perform an REIA to ensure that outreach activities and promotional materials are culturally sensitive and accessible to all. • Develop and maintain formal and informal partnerships with community-based organizations (see Item 4A.1, above) that provide services to black, indigenous, people of color, as well as marginalized and vulnerable children and families.	C I A N O
4A.3 Create a structured referral and screening process that is easy for all potential consultees to access	For example, potential consultees can request services in multiple ways, including e-mail, website, and phone.	C I A N O
SUBSECTION B: INTAKE		
4B.1 Create an interview script or talking points for consultants to use when signing up programs.	Script or talking points may include: • Program demographic information to include race/ethnicity; language(s) spoken by infants and young children, families, and program staff; and socioeconomic status of the population served. • Program contact information.	C I A N O
4B.2 Create a document that provides guidance on what the consultant will and won't provide and what the consultee is expected to provide.	Document may include: • When and how often the consultant will be on site. • What information from consultant meetings with staff will be shared with the program director. • Goals for consultation; ideally these are created in collaboration with the consultee program.	C I A N O
SUBSECTION C: SERVICE DELIVERY		

ACTION STEP	SUPPLEMENTAL GUIDANCE	RATING
4C.1 Determine consultant job duties.	Aspects to be considered include: • Direct services, such as on-site activities and case load. • Indirect services, such as e-mailing, creating, or collecting resources and traveling. • Program requirements, such as staff meetings, annual meetings, and professional development.	☐ C ☐ I ☐ A ☐ N ☐ O
4C.2 Determine how often a consultant will visit a consultation site.	Visit frequency is based on site size and number of consultees. For example, in an ECE setting that has fewer than 8 classrooms, consultants might visit every other week; whereas in larger settings, they might visit weekly.	☐ C ☐ I ☐ A ☐ N ☐ O
4C.3 Determine how much time a consultant is expected to spend on site during a visit (referred to as “direct service”).	Time spent is based on site size, number of consultees, and need. Variations in direct service time can vary from site to site. Some reasons for variation include: • Setting size and number of consultees; for example, a larger ECE setting or pediatric practice may need a consultant to be there longer to spend time with each provider, compared with a smaller setting. • Degree of need (related to barriers to access, opportunity, resources, and supports of infants, young children, and families at the site owing to their experiences with systemic racism and discrimination).	☐ C ☐ I ☐ A ☐ N ☐ O
4C.4 Determine how long a consultation lasts (referred to as “service duration”).	Questions to consider include: • Will the program provide services for a pre-determined amount of time (e.g., 3 months, 6 months, 1 year) or will this be a long-term, permanent relationship with no set end date? • Will there be follow-up visits after consultation ends? • Can a program have a repeat round of consultation?	☐ C ☐ I ☐ A ☐ N ☐ O
SUBSECTION D: SERVICE CONCLUSION		
4D.1 Create guidelines for how a consultant closes out a consultation.	Information to share with the consultee as services conclude: • When the consultant's last visit will occur. • How the consultant can be reached in the future. • How additional consultation visits can be requested. • Wrap up discussion about the consultation experience.	☐ C ☐ I ☐ A ☐ N ☐ O

ACTION STEP	SUPPLEMENTAL GUIDANCE	RATING
4D.2 Administer measures or surveys for the consultant and consultees to complete that assess the impact of the consultation.	See the CoE's interactive search tool, Outcome Measures for IECMHC. Outcome Measures for IECMHC: www.iecmhc.org/resources/choose-and-use-tools	☐ C ☐ I ☐ A ☐ N ☐ O

Notes: Use this space to identify which areas are In progress (I) and Assistance needed (A). With your team, develop a plan, discuss the challenges, and decide how you will address them.

Workforce Domain

The Workforce domain consists of action steps program leadership can take to recruit, hire, train, and maintain a qualified and diverse staff of Infant and Early Childhood Mental Health (IECMH) Consultants. Completing this module will help program teams better determine their program's progress in hiring, supporting, and maintaining high-quality consultants.

Resources for this domain: [iecmhc.org/resources for Workforce](https://iecmhc.org/resources-for-workforce)

Sub-domain 1: Recruiting and Hiring

Objective: Build a qualified team of consultants

ACTION STEP	SUPPLEMENTAL GUIDANCE	RATING
1.1 Take steps to recruit a diverse workforce.	Recruit and/or post job announcements in places that serve and/or are accessed by BIPOC and immigrant communities, as well as people with disabilities. For example: • Graduate schools at historically black colleges and universities; Hispanic-serving Institutions; and tribal colleges and universities • Culturally diverse social work associations such as NABSW, ALLSWE, NAPRHSW • National Pan-Hellenic Council • Community-based organizations and religious organizations. historically black colleges and universities: sites.ed.gov/whhbcu/one-hundred-and-five-historically-black-colleges-and-universities/ Hispanic-serving Institutions: www.hacu.net/assnfe/CompanyDirectory.asp?STYLE=2&COMPANY_TYPE=1%2C5 social work associations such as NABSW: www.nabsw.org/ ALLSWE: www.allswe.com/ NAPRHSW: www.naprhw.com/ National Pan-Hellenic Council: nphcq.com	C I A N O
1.2 Recruit consultants with master's degrees, who are license-eligible, and who have experience in early childhood settings and/or IECMH.	Sample profiles of qualified mental health providers: • Licensed Professional Counselor (LPC), working toward license, experience includes directing a child care center • Licensed Clinical Social Worker (LCSW), licensed, working toward infant mental health (IMH) endorsement • Marriage and Family Therapist (MFT), Registered Nurse (RN), working toward licensure, experience as a pediatric nurse.	C I A N O

ACTION STEP	SUPPLEMENTAL GUIDANCE	RATING
1.3 Create a consultant job description that aligns with the Consultant Competencies and community needs assessment.	For examples, see the Center of Excellence's IECMHC Hiring Guidance e-learning module and Consultant Competencies. Consultant Competencies: www.iecmhc.org/files/2024/05/IECMHC-competencies_w-copyright-updated.pdf IECMHC Hiring Guidance: www.iecmhc.org/resources/hiring-guidance	C I A N O

Notes: Use this space to identify which areas are In progress (I) and Assistance needed (A). With your team, develop a plan, discuss the challenges, and decide how you will address them.

Sub-domain 2: Initial Training

Objective: Prepare staff to provide consultation

ACTION STEP	SUPPLEMENTAL GUIDANCE	RATING
2.1 Provide standard, thorough training to new hires before they begin providing consultation.	Training may include: readings about IECMHC, materials about program design and the onboarding resource: IECMH Consultant Training and Support Guide. IECMH Consultant Training and Support Guide: www.iecmhc.org/resources/training-and-support-guide	C I A N O

SUBSECTION A: PRE-SERVICE TRAINING

2A.1 Pre-service training topic: Program-specific information.	Some examples of what to include are: Policy and procedure manual, service-delivery process, program design, and consultation approach.	C I A N O
2A.2 Pre-service training topic: Core consultant competencies	Eight core consultation competencies can be found at IECMHC Consultant Competencies. Note that the CoE has created a set of foundational modules and a consultant assessment based on the competencies. IECMHC Consultant Competencies: www.iecmhc.org/files/2024/05/IECMHC-competencies_w-copyright-updated.pdf foundational modules: www.iecmhc.org/for-consultants consultant assessment: www.iecmhc.org/assessment	C I A N O
2A.3 Pre-service training topic: Program evaluation	Some examples of what to include are: 1) the importance and benefits of program evaluation and 2) consultant duties in the program-evaluation process (including review of assessment measures and data collection protocol).	C I A N O

ACTION STEP	SUPPLEMENTAL GUIDANCE	RATING
2A.4 Pre-service training topic: Diversity, equity, and inclusion	Some examples of what to include are: • How to advance equity through IECMHC • Deepening understanding of strategies to ensure meaningful and full inclusion of infants and young children with disabilities. • Implicit bias and its effects on the perceptions of behavior, expectations, and decision-making. See the CoE's Beyond the 101: Equity, Disparity & Bias. • Cultural norms in child-rearing Explore the CoE's Equity webpage for resources, including the Equity in IECMHC Webinar Series and the Racial Equity Toolkit. Beyond the 101: Equity, Disparity & Bias: www.iecmhc.org/resources/beyond-the-101-equity Equity webpage: www.iecmhc.org/resources/equity Equity in IECMHC Webinar Series: www.iecmhc.org/resources/sets/2020-equity-in-iecmhc-webinar-series Racial Equity Toolkit: www.iecmhc.org/resources/coe-equity-toolkit	C I A N O
2A.5 Pre-service training element: Shadowing	Provide new consultants with the opportunity to shadow more experienced consultants before building up and managing their own caseload. To prepare for shadowing and service initiation, new consultants can also review the CoE's A Day in the Life of a Mental Health Consultant. A Day in the Life of a Mental Health Consultant: www.iecmhc.org/files/Day_in_the_Life_MH_Consultant.pdf	C I A N O

Notes: Use this space to identify which areas are In progress (I) and Assistance needed (A). With your team, develop a plan, discuss the challenges, and decide how you will address them.

Sub-domain 3: Ongoing Professional Development

Objective: Develop and maintain a skilled consultation team

ACTION STEP	SUPPLEMENTAL GUIDANCE	RATING
3.1 Provide regularly scheduled professional development training and activities for consultants.	Some examples include: offer annual training retreats; schedule monthly book discussions; provide financial support to attend conferences; and regularly schedule reflective supervision that includes sharing and discussing equity issues.	C I A N O

ACTION STEP	SUPPLEMENTAL GUIDANCE	RATING
3.2 Assess consultant training needs and provide training to meet those needs.	Some examples include: Discuss training needs at staff meetings or in supervision and poll supervisors for training recommendations. The CoE's Consultant Assessment can help consultants determine areas for further professional development. Consultant Assessment: www.iecmhc.org/assessment	☐ C ☐ I ☐ A ☐ N ☐ O
3.3 Provide ongoing training on diversity and equity topics and ensure that diversity and equity are infused throughout all training.	Consider requiring consultants to read and/or view select equity training modules and resources from the CoE's collection. Particularly recommended are the Equity in IECMHC Webinar Series, the Equity Chat Series and the Racial Equity Toolkit. Create a space and process for reading and discussing books addressing racial disparity issues as a group. equity training modules and resource: www.iecmhc.org/resources/equity Equity in IECMHC Webinar Series: www.iecmhc.org/resources/sets/2021-equity-in-iecmhc-webinar-series Equity Chat Series: www.iecmhc.org/resources/sets/equity-chat-series Racial Equity Toolkit: www.iecmhc.org/resources/coe-equity-toolkit	☐ C ☐ I ☐ A ☐ N ☐ O
3.4 Create an annual consultant evaluation to assess consultants' performance and provide constructive feedback.	Information to evaluate consultants should include: responses from consultee surveys, consultant performance on administrative tasks, and formal observation.	☐ C ☐ I ☐ A ☐ N ☐ O

Notes: Use this space to identify which areas are In progress (I) and Assistance needed (A). With your team, develop a plan, discuss the challenges, and decide how you will address them.

Sub-domain 4: Clinical/Reflective Supervision and Supports

Objective: Ensure consultant quality and competence

ACTION STEP	SUPPLEMENTAL GUIDANCE	RATING
4.1 Provide consultants with regular reflective supervision, separate from administrative supervision.	This can be done through weekly or bimonthly individual reflective supervision, group reflective supervision, and reflective activities during training.	☐ C ☐ I ☐ A ☐ N ☐ O

ACTION STEP	SUPPLEMENTAL GUIDANCE	RATING
4.2 Hire reflective supervisors who are licensed MH providers with experience in consultation and training in providing reflective supervision.	Some examples include: a program director who has received reflective supervision and attended regional trainings on providing reflective supervision, or a reflective supervision consultant in another state who has been a MH consultant in a home visiting program and is endorsed in IMH*. *IMH providers can receive endorsement through the Alliance for the Advancement of Infant Mental Health or in some cases through their state's IMH endorsement system (e.g., Ohio, California, Illinois). To provide reflective supervision, the provider needs to be endorsed at a certain level or specifically in reflective supervision, depending upon the endorsement system being used.	C I A N O
4.3 Support formal and informal mechanisms for consultants to connect with one another.	For example: book or journal clubs, virtual or in-person coffee or lunch hours, and/or private team Facebook page. For additional suggestions, see the CoE's Sustaining IECMH Consultants in Their Jobs. Sustaining IECMH Consultants in Their Jobs: www.iecmhc.org/files/2024/05/CoE_Resource_SustainingIECMHC-fixed_w-copyright.pdf	C I A N O
4.4 Provide clinical supervision to consultants working toward licensure.	This should include: regular clinical supervision with a supervisor licensed in the same discipline and also reflective supervision.	C I A N O

Notes: Use this space to identify which areas are In progress (I) and Assistance needed (A). With your team, develop a plan, discuss the challenges, and decide how you will address them.

Sub-domain 5: Service-Delivery Support

Objective: Strengthen consultants' direct service skills

ACTION STEP	SUPPLEMENTAL GUIDANCE	RATING
5.1 Support consultants' continuous exploration of new and different delivery strategies to meet the varying needs of consultees.	For example: - In a setting using a social-emotional curriculum, infuse that curriculum's language and ideas into the work the consultant does with teachers. - In a pediatric setting, use caregiver-child interaction therapy strategies to help caregivers with challenging behavior.	C I A N O

ACTION STEP	SUPPLEMENTAL GUIDANCE	RATING
5.2 Identify and provide opportunities for consultants to build and update their resource materials.	For example: • Provide peer-networking opportunities. • Provide resource materials. • Offer specialized development sessions that include a focus on equity.	☐ C ☐ I ☐ A ☐ N ☐ O
5.3 Train consultants in the use of standardized screening measures.	Refer to the PPRT Domain on Program Evaluation or the guidelines on screening measure selection. For more information on measures and measure selection, check out the CoE's Outcome Measures for IECMHC. Outcome Measures for IECMHC: www.iecmhc.org/resources/choose-and-use-tools	☐ C ☐ I ☐ A ☐ N ☐ O
5.4 Support consultants in building and maintaining relationships with community agencies that serve and support the same population.	For example, create time for consultants to participate in director network meetings, engage with technical assistance personnel, and connect with state early intervention programs (i.e., Part C).	☐ C ☐ I ☐ A ☐ N ☐ O

Notes: Use this space to identify which areas are In progress (I) and Assistance needed (A). With your team, develop a plan, discuss the challenges, and decide how you will address them.

Sub-domain 6: Workforce Retention

Objective: Support consultant job satisfaction and prevent burnout

ACTION STEP	SUPPLEMENTAL GUIDANCE	RATING
6.1 Provide emotional support for consultants.	Some examples include: promote a work-life balance, support use of stress-management techniques, and provide reflective supervision. For more ideas and resources, check out the CoE's Sustaining IECMH Consultants in Their Jobs. Sustaining IECMH Consultants in Their Jobs: www.iecmhc.org/files/2024/05/CoE_Resource_SustainingIECMHC-fixed_w-copyright.pdf	☐ C ☐ I ☐ A ☐ N ☐ O
6.2 Provide professional support for consultants.	Allow time for consultants to prepare for licensure requirements, receive professional education support, participate in peer mentoring, and engage in reflective supervision.	☐ C ☐ I ☐ A ☐ N ☐ O
6.3 Seek better ways to compensate consultants for their expertise.	Some examples include: work to change policies impacting consultant compensation, and seek additional funding to increase consultant compensation or benefits (e.g., covering continuing education training or conference fees and travel costs).	☐ C ☐ I ☐ A ☐ N ☐ O

Notes: Use this space to identify which areas are In progress (I) and Assistance needed (A). With your team, develop a plan, discuss the challenges, and decide how you will address them.

Equity Domain

The Equity domain consists of action steps program leadership can take to advance equity at all levels of their Infant and Early Childhood Mental Health Consultation (IECMHC) program. Culture, biases, assumptions, and environments all shape relationships and behaviors, and influence settings and communities in important and meaningful ways. Every individual who is part of the IECMHC system has an important role to play in dismantling racism and promoting fair, positive, and equitable learning experiences and environments for infants, young children, and families. Completing this module will help program teams better determine what they need to implement to advance equity throughout their consultation program.

Resources for this domain: iecmhc.org/resources-for-equity

Sub-domain 1: Developing an IECMHC Program-wide Strategic Plan

Objective: Determine how to ensure equity at all levels of the program

ACTION STEP	SUPPLEMENTAL GUIDANCE	RATING
1.1 Develop a strategic plan for advancing equity and reducing disparities within program practices, policies, and procedures.	For example: • Create a clear program mission and/or position statement about the commitment to advancing equity. • Include diverse key stakeholder groups (staff, leaders, and community members, as appropriate) in the development of the program mission and/or position statement and strategic plan. • Conduct a Racial Equity Impact Analysis (REIA)* of program practices, policies, and procedures to identify disparities and root causes in program policy or professional development; incorporate findings into the strategic plan as actionable steps with goals, benchmarks, and timelines to remedy identified gaps. • Develop policies that specify the roles of program staff and leaders in mitigating disparities based on race, ethnicity, culture, language, gender, disability, socioeconomic status, sexual orientation, and other considerations. • Review the strategic plan periodically to monitor progress using data and amend as needed. • Disseminate the strategic plan to program staff and key stakeholders including consultee organizations, community-based organizations, and the board of directors. • Ensure that program marketing materials reflect its commitment to equity. • Ensure that onboarding, orientation, and continuous training and professional development opportunities include an explicit focus on advancing equity, in line with data and the strategic plan.	C I A N O

ACTION STEP	SUPPLEMENTAL GUIDANCE	RATING
1.2 Develop a strategic plan for supporting consultees the program serves in advancing equity and reducing disparities (consultee equity).	The strategic plan should: • Prioritize the foundational goal of equity in IECMHC to promote fair, positive, and equitable learning experiences for infants, young children, and families and the IECMHC program's commitment to work in partnership with the programs served to achieve this goal. • Be concrete and include specific actions and responsible parties to advance equity internally and externally in the community and with consultees. • Be shared with staff, leaders, teachers, and families from the programs served, as well as with partner organizations. • Be reviewed periodically to monitor progress and amended as needed.	C I A N O
1.3 Have procedures and protocols in place that promote equity throughout the program (procedural equity).	For example: • Integrating questions specific to addressing equity and reducing disparities in all needs assessments and implementation plans. • Requiring that all marketing materials explicitly state the program's commitment to equity as a foundational goal in IECMHC. • Intentionally embedding equity training in the onboarding process for new staff and in ongoing professional development activities. • Incorporating discussions on equity issues into reflective supervision.	C I A N O

Notes: Use this space to identify which areas are In progress (I) and Assistance needed (A). With your team, develop a plan, discuss the challenges, and decide how you will address them.

Sub-domain 2: Staff Training

Objective: Learn how to infuse an equity focus into trainings

ACTION STEP	SUPPLEMENTAL GUIDANCE	RATING
2.1 Consultants and supervisors receive initial and ongoing training in equity with skilled facilitators/trainers.	Topics should include issues on systemic racism, implicit bias, inclusion of infants and young children with disabilities, supportive services for dual-language learners, building authentic relationships with families, and disparities in outcomes that result from inequities in opportunity and resources. Use the following training resources on the CoE website to support professional development: • IECMH Consultant Training and Support Guide for Onboarding of New Hires • The Equity section on the CoE website, including the Equity in IECMHC Webinar Series and the Racial Equity Toolkit, which includes a list of resources to advance equity in IECMHC. CoE website: www.iecmhc.org/resources IECMH Consultant Training and Support Guide for Onboarding of New Hires: www.iecmhc.org/resources/training-and-support-guide Equity section: www.iecmhc.org/resources/equity Equity in IECMHC Webinar Series: www.iecmhc.org/resources/sets/2020-equity-in-iecmhc-webinar-series Racial Equity Toolkit: www.iecmhc.org/resources/coe-equity-toolkit	C I A N O
2.2 Ensure that equity trainings are led by skilled equity, diversity, and inclusion facilitators/trainers.	Trainings should: • Begin with consultants' and supervisors' self-examination of their own and others' values, beliefs, backgrounds, privilege, biases, assumptions, and experiences, and their effects on perceptions of behavior, expectations, and decision-making. • Highlight the history of race and racism and its manifestations in child-serving systems that are grounded in data. • Deepen understanding of concrete strategies to ensure meaningful and full inclusion of infants and young children with disabilities. • Deepen consultants' and supervisors' understandings of issues of culture, including cultural norms in child rearing, the connection between culture and language, and biases associated with cultural norms.	C I A N O

ACTION STEP	SUPPLEMENTAL GUIDANCE	RATING
2.3 Consultants address and infuse equity and disparity topics into trainings provided to consultees.	The consultant shares the foundational goal of equity in IECMHC to promote fair, positive, and equitable learning experiences for infants, young children, and families with program leaders and staff and works with the program to identify and address professional development needs. Training topics might include: • The effects of systemic racism, discrimination, bias, prejudices, and microaggressions on infant, young children, and family well-being. • Implicit and explicit bias and its effects on perceptions of behavior, expectations, and decision-making. • Examination of personal values, beliefs, backgrounds, privilege, biases, assumptions, and experiences, and their effect on interactions and relationships with infants, young children, families, and colleagues. • The role of culture in shaping interactions and relationships, family structures, child-rearing norms, behaviors, and infant and young child development. • Analyzing and using disaggregated data to identify and track potential disparities in both opportunity and disciplinary practices. • Understanding equity in policy and building capacity to identify the disparate impact of policies on infants and young children.	C I A N O

Notes: Use this space to identify which areas are In progress (I) and Assistance needed (A). With your team, develop a plan, discuss the challenges, and decide how you will address them.

Sub-domain 3: Service Population and Service Delivery

Objective: Understand how to create and support consultees' efforts toward achieving inclusivity

ACTION STEP	SUPPLEMENTAL GUIDANCE	RATING
3.1 The program's IECMH consultants reflect the population served, and/or the program is taking specific steps to recruit a more diverse range of consultants.	Recruit and/or post job announcements in places that serve and/or are accessed by BIPOC and immigrant communities, as well as people with disabilities. For example: • Graduate schools at historically black colleges and universities; Hispanic-serving Institutions; and tribal colleges and universities • Culturally diverse social work associations such as NABSW, ALLSWE, NAPRHSW • National Pan-Hellenic Council • Community-based organizations and religious organizations. historically black colleges and universities: sites.ed.gov/whhbcu/one-hundred-and-five-historically-black-colleges-and-universities/ Hispanic-serving Institutions: www.hacu.net/assnfe/CompanyDirectory.asp?STYLE=2&COMPANY_TYPE=1%2C5 social work associations such as NABSW: www.nabsw.org/ ALLSWE: www.allswe.com/ NAPRHSW: www.naprhs.com/ National Pan-Hellenic Council: nphcq.com	C I A N O
3.2 The program encourages caregiver/family communication and engagement in IECMHC through consultant training, supervision, program manual instructions, and other means.	Consultants support consultee staff in their efforts to: • Speak with families in their preferred languages and use culturally responsive professional interpreters when same-language communication is not an option. • Apply a strength-based vs. deficit-based perspective to infants, young children, and families who are from historically marginalized communities, by committing to learning about authentic community strengths and adaptive responses to poverty, historical trauma, and other racialized experiences. • Understand how race/ethnicity, preferred language, culture, abilities, disposition, and life circumstances (e.g., historical/racialized trauma, poverty, domestic violence) influence the infant's, young child's, or family's experiences and the program's or other settings' and systems' roles in hindering or supporting wellness. • Ensure that referrals meet the diverse needs of families, with consideration given to issues concerning resources, experienced racism and discrimination, culture, and language.	C I A N O

ACTION STEP	SUPPLEMENTAL GUIDANCE	RATING
3.3 The program incorporates cultural and linguistic considerations in consultant training, supervision, program manual instructions, and other efforts.	For example: - Implement developmentally and culturally appropriate strategies to ensure that learning experiences are meaningful, relevant, and respectful of infants, young children, and families, and adapt classroom-level practices and routines to ensure continuity of care and culture between home and the early care and education (ECE) setting. - Evaluate the efficacy of program-level intervention strategies and revise them as needed to ensure that they are effectively meeting identified goals for infants, young children, and families, while respecting and responding to family culture, and values.	C I A N O
3.4 The program incorporates considerations for infants and young children with disabilities through consultant training, supervision, program manual instructions, and other efforts.	- Consultants provide training for consultees on the importance of early identification for early intervention and preschool special education services, strategies to promote infants' and young children's social-emotional development, and policies and practices that support the full and meaningful inclusion of infants and young children with disabilities. - Consultants work with consultee program leadership to identify, analyze, and use disaggregated data to track potential disparities in positive learning opportunities and disparities in infant and young child outcomes, including those related to disciplinary practices.	C I A N O
3.5 The program supports consultants in their efforts to advance equity through consultation.	Consultants are well-trained and prepared to: - Build consultees' understanding of racial equity, bias, inclusion, language, and culture. - Analyze data to identify differential treatment, disparities in outcomes and other examples of inequity, and use data to inform practice change. - Identify concrete strategies to increase awareness of bias and mitigate its effects on practice.	C I A N O

Notes: Use this space to identify which areas are In progress (I) and Assistance needed (A). With your team, develop a plan, discuss the challenges, and decide how you will address them.

Sub-domain 4: Reflective Supervision

Objective: Learn how to provide reflective supervision that builds self-awareness related to equity, inclusion, and diversity

ACTION STEP	SUPPLEMENTAL GUIDANCE	RATING
4.1 Reflective supervision and reflective activities intentionally and continuously explore equity.	Consultants reflect with supervisor and colleagues on how: • One's cultural identities (e.g., gender, race, class, religion, sexual orientation, immigration status) might influence consultative relationships. • Opportunities to be a voice for equity in one's organization and in the broader community can be used. • Personal experiences with racism, classism, sexism, able-ism, homophobia, xenophobia, and/or other systems of oppression impact their provision of diversity-informed and culturally attuned services. • Systemic racism manifests within and across systems and affects infants, young children, and families, and how to effectively communicate this to consultees. • Infants', young children's, and families' intersecting identities and interactions across systems can compound disadvantage. • To maintain awareness of inequities within the systems in which IECMHC occurs and consider these contexts when seeking to understand factors that promote or hinder the process of change. • To support consultees in understanding the impacts of these equities and inequities.	C I A N O
4.2 Reflective supervision and reflective activities intentionally and continuously explore bias.	Consultants reflect with supervisor and colleagues on how: • Personal values, beliefs, backgrounds, privilege, biases, assumptions, and experiences come into play when they are working in a supportive role with consultees. • Personal values, beliefs, backgrounds, privilege, biases, assumptions, and experiences play a role in influencing infants' and young children's behavior. • Culture, values, beliefs, and bias affects their interactions and relationships, with infants, young children, and families. • To support consultees in understanding the impacts of bias.	C I A N O

ACTION STEP	SUPPLEMENTAL GUIDANCE	RATING
4.3 Reflective supervision and reflective activities intentionally and continuously explore family communication and involvement.	- Consultants reflect with supervisor and colleagues on how personal values, beliefs, backgrounds, privilege, biases, assumptions, and experiences impact relationships with infants, young children, and families, and on how to build authentic, culturally grounded relationships with them. - Consultants support consultee staff in their efforts related to the item above, and help consultees integrate ideas, activities, and resources that infuse MH principles into the daily routines and interactions of a particular home or classroom that respect and respond to families' culture (including beliefs concerning child-rearing norms), language, and values, to support continuity of care and culture between home and the ECE setting. - Create letters, trainings, and materials that are culturally responsive to the needs of caregivers and are in their preferred languages.	C I A N O

Notes: Use this space to identify which areas are In progress (I) and Assistance needed (A). With your team, develop a plan, discuss the challenges, and decide how you will address them.

Sub-domain 5: Data Collection

Objective: Understand how to include an equity focus in research and analysis

ACTION STEP	SUPPLEMENTAL GUIDANCE	RATING
5.1 Collect demographic data about all IECMHC participants (e.g., infants and young children, administrators, families, home visitors) to allow for equity analyses, including on suspension and expulsion.	This includes ensuring that: - Data, including infant and young child outcome data, are disaggregated and analyzed by race, ethnicity, gender, language, disability, and other factors to identify potential differential impacts/disparities across groups. - Data, including teacher practices and opportunities offered to infants and young children to engage and build relationships with teachers, are tracked and disaggregated. - Data are used to develop and implement actionable policies that support positive and equitable experiences for all infants, young children, and families in programs served. Note: Disaggregation refers to the breaking down of data into smaller groupings, often based on characteristics such as sex, family income, or racial/ethnic group.	C I A N O

ACTION STEP	SUPPLEMENTAL GUIDANCE	RATING
5.2 Ensure that measurement or assessment tools are valid and reliable for the groups of infants and young children in the program and that research questions are culturally relevant and informed by the consultees and families served.	• Select measures of the constructs of interest by considering their cultural appropriateness and validity (i.e., has the measure been normed with a sample that is similar to the program's in terms of language, race/ethnicity, or tribal community). • Translate findings into families' and/or consultees' preferred languages and discuss them with families and consultees, with an emphasis on how the findings inform action or service improvement. Note: Normed or normative data is data from a reference population that establishes a baseline distribution for a score or measurement and against which the score or measurement can be compared. Normative data is typically obtained from a large, randomly selected representative sample from the wider population.	C I A N O

Notes: Use this space to identify which areas are In progress (I) and Assistance needed (A). With your team, develop a plan, discuss the challenges, and decide how you will address them.

Program Evaluation Domain

The Program Evaluation domain consists of action steps for program leadership to develop a high-quality evaluation. A strong program evaluation, which includes a meaningful examination of equity issues, is essential for Infant and Early Childhood Mental Health Consultation (IECMHC) programs. By gathering, analyzing, and reporting data, programs can learn about what they are doing well as well as what can be improved, including where there are equity gaps and/or disparities. Completing this domain will help program teams better determine their progress in implementing a well-designed program evaluation.

Resources for this domain: [iecmhc.org resources for Program Evaluation](https://iecmhc.org/resources-for-program-evaluation)

Sub-domain 1: Creating an Evaluation Team

Objective: Determine who participates in the evaluation process.

ACTION STEP	SUPPLEMENTAL GUIDANCE	RATING
1.1 Engage key stakeholders and community members in the evaluation process.	It's important to discuss evaluation goals, methods, and potential outcomes with all interested parties, including representatives of the following groups: • Funders • IECMHC recipients • IECMH consultants • Caregivers, community members, and other indirect recipients of IECMHC from diverse populations • Other early childhood systems partners For considerations on developing evaluations for tribal communities, see A Roadmap for Collaborative and Effective Evaluation in Tribal Communities.	C I A N O
1.2 Hire an external evaluator (optional).	If the program budget allows, programs may contract with a trained evaluator with relevant expertise to co-design and carry out a process-and-outcome evaluation.	C I A N O
1.3 Train infant and early childhood mental health (IECMH) consultants in clinical applications of assessment measures.	Highlighting the value of standardized assessments as a tool to inform consultation may increase compliance with data collection. Program leaders can emphasize that measures may support consultation progress in the following ways: • Establish goals for consultation. • Identify the effect of consultation on reducing disparities; addressing biases; and providing culturally and linguistically responsive care for infants, young children, and families enrolled in the program and/or for staff. • Track change over time in clinically relevant outcomes. • Inform decisions about termination. • Help make decisions about when and to whom to refer consultees for more intensive services.	C I A N O

ACTION STEP	SUPPLEMENTAL GUIDANCE	RATING
1.4 Identify staff to collect and manage data.	Some examples include: • Incorporate data collection duties into consultants' job responsibilities, such as distributing questionnaires to respondents at predetermined time points and entering the data into a spreadsheet. • Expand the scope of data collected by MHCs to include equity topics. For example, in addition to tracking the amount of time spent onsite and with consultees, have consultants track their activities, including activities related to addressing equity issues (e.g., closing disparities, addressing biases, providing culturally and linguistically responsive care).	C I A N O

Notes: Use this space to identify which areas are In progress (I) and Assistance needed (A). With your team, develop a plan, discuss the challenges, and decide how you will address them.

Sub-domain 2: Getting Started

Objective: Identify what needs to be in place.

ACTION STEP	SUPPLEMENTAL GUIDANCE	RATING
2.1 Write a program manual.	To evaluate a program, it must first be well-defined and consistently implemented. For an example, see the Georgetown Manual for School-Based Early Childhood Mental Health Consultation Services. This resource is designed to help programs develop their manuals, although programs should customize their versions with site-specific implementation details. Georgetown Manual for School-Based Early Childhood Mental Health Consultation Services: www.iecmhc.org/files/FCC_Manual_2020_Proof2.pdf	C I A N O
2.2 Learn about evidence for the efficacy of IECMHC.	The evaluation team may read program evaluation reports and journal articles reporting on the methods and results used in other IECMHC evaluations (some are available on the CoE website). CoE website: www.iecmhc.org/resources/research-and-evaluation	C I A N O
2.3 Develop a platform for entering and securely storing data.	Programs may use data management platforms like Excel, QuickBooks, or FileMaker.	C I A N O

Notes: Use this space to identify which areas are In progress (I) and Assistance needed (A). With your team, develop a plan, discuss the challenges, and decide how you will address them.

Sub-domain 3: Identifying Research Questions

Objective: Identify what leadership wants to know about the program.

ACTION STEP	SUPPLEMENTAL GUIDANCE	RATING
3.1 Create a theory of change specific to the program.	See example theories of change on the CoE's Research and Evaluation webpage. CoE's Research and Evaluation: www.iecmhc.org/resources/research-and-evaluation	☐ C ☐ I ☐ A ☐ N ☐ O
3.2 Create a logic model specific to the program.	See examples of logic models on the CoE's Research and Evaluation webpage.	☐ C ☐ I ☐ A ☐ N ☐ O
3.3 Write research questions based on constructs from the theory of change.	For example, if the theory of change suggests that IECMHC will result in improved child social-emotional skills, the research question may be "do children's social-emotional skills improve after consultation?"	☐ C ☐ I ☐ A ☐ N ☐ O
3.4 Identify the program funder's data and reporting needs (if applicable).	Make supplemental data collection efforts as necessary. For example, funders may be interested in: • The cumulative number of infants, young children, and adults who receive consultation. • Consultee race/ethnicity, tribal composition, gender, language, disability, and socioeconomic status.	☐ C ☐ I ☐ A ☐ N ☐ O

Notes: Use this space to identify which areas are In progress (I) and Assistance needed (A). With your team, develop a plan, discuss the challenges, and decide how you will address them.

Sub-domain 4: Designing the Evaluation

Objective: Determine how to answer research questions.

ACTION STEP	SUPPLEMENTAL GUIDANCE	RATING
4.1 Determine research methods.	A common research method is a quasi-experimental design in which measures are collected from the same consultees before and after consultation and their scores are compared to gauge change over time.	☐ C ☐ I ☐ A ☐ N ☐ O

ACTION STEP	SUPPLEMENTAL GUIDANCE	RATING
4.2 Ensure that the evaluation team is prepared to design the evaluation with an awareness of the importance of racial equity.	Initial steps before evaluating data should include: • Build the team's awareness and understanding of systemic racism as the root cause of inequities and ways discrimination and implicit bias serve to perpetuate disparities. • Focus on addressing programs, policies, and practices that cause and perpetuate inequities that lead to disparities to remove the barriers that infants, young children, and families experience. • Before examining data, leadership may have the team think about their own identities. Leadership might also reflect on their biases (implicit and explicit) and challenge the assumptions. They may share their reflections with the team and commit to continuous self-reflection.	☐ C ☐ I ☐ A ☐ N ☐ O
4.3 Consider qualitative and quantitative data collection.	Quantitative data is usually collected via questionnaires with numerical or multiple-choice answer options. Qualitative data is collected via interviews and focus groups. Quantitative and qualitative measures should be linguistically and culturally responsive to the needs of the recipients to include translated or printed materials in participants' preferred language. The type of research question often determines the type of data needed to answer that question.	☐ C ☐ I ☐ A ☐ N ☐ O
4.4 Select measures of the constructs of interest by considering their cultural appropriateness and validity.	The evaluation team may investigate whether the measure has been used with a sample that is similar to theirs in terms of preferred language, race/ethnicity, and socioeconomic status. See the CoE's Outcome Measures for IECMHC. Outcome Measures for IECMHC: www.iecmhc.org/resources/choose-and-use-tools	☐ C ☐ I ☐ A ☐ N ☐ O
4.5 Design an approach for collecting process data (i.e., documenting implementation of services).	For example, consultants may complete an activity log to track the amount of time spent with consultees and strategies used.	☐ C ☐ I ☐ A ☐ N ☐ O
4.6 Design an approach for collecting demographic data for all respondents.	Demographic data may include gender, age, race/ethnicity, disability, socioeconomic status, and primary language.	☐ C ☐ I ☐ A ☐ N ☐ O

ACTION STEP	SUPPLEMENTAL GUIDANCE	RATING
4.7 Identify the population and determine the sampling strategy for the evaluation.	Consider collecting some data on all IECMHC activities and on a small group of outcomes. There is value in collecting detailed data from a sample of program participants, particularly to analyze the effect of consultation on reducing disparities, addressing biases, and providing culturally responsive care. For example, interviews can be done with teachers, directors, and caregivers of a sample of young children expelled from their preschool programs (see Perry et al., 2011). (see Perry et al., 2011): www.iecmhc.org/files/2025/10/Annotated-Bibliography_FNL-508a.pdf	☐ C ☐ I ☐ A ☐ N ☐ O

Notes: Use this space to identify which areas are In progress (I) and Assistance needed (A). With your team, develop a plan, discuss the challenges, and decide how you will address them.

Sub-domain 5: Data Collection and Analysis

Objective: Determine how program leadership will draw conclusions.

ACTION STEP	SUPPLEMENTAL GUIDANCE	RATING
5.1 Create protocols for ensuring timely, consistent data collection, and engage in continuous quality improvement activities.	Supervisors should check the completeness of consultants' data collection at regular intervals and troubleshoot barriers to data collection.	☐ C ☐ I ☐ A ☐ N ☐ O
5.2 Maintain an equity informed stance when collecting and analyzing data.	For example: • Ensure that data are disaggregated by all groups, such as race/ethnicity, tribal composition, gender, disability, socioeconomic status, and language, to identify any potential disparate impact on historically marginalized groups. • Analyze outcome disparities. • Examine inequities in infants' and young children's experiences, demographic factors, and dependent and independent variables.	☐ C ☐ I ☐ A ☐ N ☐ O
5.3 Analyze data using appropriate statistical and qualitative methods.	For example, programs may use a paired-samples t-test to look for significant improvements in DECA-C scores from pre- to post-consultation.	☐ C ☐ I ☐ A ☐ N ☐ O
5.4 Conduct disaggregated analyses to look at differential impacts across racial/ethnic groups and other demographic indicators.	For example, using moderation analysis, the evaluation team can investigate whether improvement in DECA-C scores from pre- to post-consultation depends upon the infant's or young child's race/ethnicity. If it does, follow-up analyses can clarify the direction of the effect (e.g., Black infants and young children show the most improvement).	☐ C ☐ I ☐ A ☐ N ☐ O

ACTION STEP	SUPPLEMENTAL GUIDANCE	RATING
5.5 Collaboratively interpret findings with stakeholders.	Once data are analyzed, but before they are disseminated, leadership may conduct conversations with key stakeholders to include teachers, caregivers, and community organizations to contextualize the findings, help understand unexpected findings, and create messages for the evaluation.	☐ C ☐ I ☐ A ☐ N ☐ O

Notes: Use this space to identify which areas are In progress (I) and Assistance needed (A). With your team, develop a plan, discuss the challenges, and decide how you will address them.

Sub-domain 6: Communicating Results

Objective: Understand how the evaluation will help the community.

ACTION STEP	SUPPLEMENTAL GUIDANCE	RATING
6.1 Use findings to achieve quality improvement.	For example, disaggregated data might reveal that outcomes improved when consultants spent more time meeting with caregivers, and the program can prioritize this activity going forward.	☐ C ☐ I ☐ A ☐ N ☐ O
6.2 Write documents appropriate for the program's target audience(s).	Documents may include a policy brief, infographic, journal article, and/or evaluation report.	☐ C ☐ I ☐ A ☐ N ☐ O
6.3 Share findings with target audience(s).	For example, a target audience might be the local school district officials making decisions about future funding for consultation.	☐ C ☐ I ☐ A ☐ N ☐ O

Notes: Use this space to identify which areas are In progress (I) and Assistance needed (A). With your team, develop a plan, discuss the challenges, and decide how you will address them.

Policy & Financing Domain

This policy and financing program assessment consists of action steps a program's leadership can take to determine how to plan for sustainable programs through financing strategies and public policies that can institutionalize consultation and help prioritize funding for consultation programs. Infant and Early Childhood Mental Health Consultation (IECMHC) financing and policy development involves a series of strategies that can lead to sustainable consultation when aligned with other activities such as evaluation, program structure, and workforce development. Completing the assessment will help leadership to recognize areas they can strengthen to support their program's sustainability.

Resources for this domain: [iecmhc.org resources for Policy & Financing](https://iecmhc.org/resources-for-policy-and-financing)

Sub-domain 1: Defining a Program

Objective: Determine what funders want to know

ACTION STEP	SUPPLEMENTAL GUIDANCE	RATING
1.1 Identify where and to whom consultation services are provided.	See the program service setting section in the Program Structure domain of the PPRT for specifics.	☐ C ☐ I ☐ A ☐ N ☐ O
1.2 Clearly define program outcomes to funders.	To do this, it is helpful to identify the program's main goals. Examples of some IECMHC program goals include: • Reducing suspensions and expulsions, and disparities in harsh forms of discipline. • Building school readiness. • Building capacity of the early care and education (ECE) workforce	☐ C ☐ I ☐ A ☐ N ☐ O
1.3 Demonstrate program efficacy through a well-planned evaluation.	Evaluation data is an important funding and policy tool. It enables programs to explain how they impacted different communities and populations. See the Program Evaluation module of the PPRT to determine the program's evaluation needs and progress.	☐ C ☐ I ☐ A ☐ N ☐ O
1.4 Accurately describe the program for funders.	Several formats to consider are: a one-pager, a short paragraph that can be inserted into various materials, and an elevator pitch* with multiple examples for different audiences including funding program officers and policymakers. *An elevator pitch is a brief description of the program's purpose.	☐ C ☐ I ☐ A ☐ N ☐ O

Notes: Use this space to identify which areas are In progress (I) and Assistance needed (A). With your team, develop a plan, discuss the challenges, and decide how you will address them.

Sub-domain 2: Financial Planning

Objective: Calculate program costs.

ACTION STEP	SUPPLEMENTAL GUIDANCE	RATING
2.1 Develop a clear and realistic budget for IECMHC.	Key considerations for the budget include: • It should not obscure IECMHC within a broader program or initiative. • It should specify direct and indirect operating costs, with line items for key program components such as workforce development, supervision, oversight, performance monitoring, evaluation, operations, and administration. It is also important to use a reliable, and preferably user-friendly, budget tracking system.	C I A N O
2.2 Determine the program's funding needs, gaps, or potential areas of growth.	It helps to create a regularly updated document that includes program costs, current funding sources, and funding opportunities.	C I A N O
2.3 Develop a fundraising strategy.	Ensure that the program has a large-scale funding strategy that encompasses various funding levels (i.e., federal, state, community). Consider including community and local opportunities for fundraising (although not as the only options). For example, giving days, wine-and-cheese events, and galas, as part of an overall fundraising strategy.	C I A N O
2.4 Pursue multiple funding streams.	One strategy is to conduct a funding-alignment analysis to determine what funds align with IECMHC, and initiate discussions to use these funds. Visit the Policy & Financing section of the CoE website to guide your analysis. Policy & Financing section: www.iecmhc.org/resources/policy-financing	C I A N O

Notes: Use this space to identify which areas are In progress (I) and Assistance needed (A). With your team, develop a plan, discuss the challenges, and decide how you will address them.

Sub-domain 3: Adapting to Changing Conditions

Objective: Prepare for and respond to changing political landscapes.

ACTION STEP	SUPPLEMENTAL GUIDANCE	RATING
3.1 Create talking points about the impact and importance of IECMHC and your program that are bipartisan and/or can respond to shifting political priorities.	Be prepared to respond to shifts in political priorities through talking points that cover multiple outcome areas, such as return on investment, improved infant and early childhood development, teacher turnover, pandemic recovery, and school readiness.	☐ C ☐ I ☐ A ☐ N ☐ O
3.2 Identify political priorities and compare these to IECMHC priorities.	When political party leadership changes, know the new leadership's priorities, and find ways to highlight how IECMHC program outcomes align with current political agendas.	☐ C ☐ I ☐ A ☐ N ☐ O
3.3 Ensure that the program model is adaptable to demonstrate how its mission can fit into current conditions.	Demonstrate the program's adaptability (e.g., how it can use IECMHC to support infants, young children, families, and providers during a crisis). See <i>Pivoting in a Pandemic</i> for examples. In doing so, however, ensure that the program remains true to its mission. Pivoting in a Pandemic: www.iecmhc.org/files/2021/11/CoE_Resource_PivotingInPandemic.pdf	☐ C ☐ I ☐ A ☐ N ☐ O

Notes: Use this space to identify which areas are In progress (I) and Assistance needed (A). With your team, develop a plan, discuss the challenges, and decide how you will address them.

Sub-domain 4: Champions and Partnerships

Objective: Connect with strong partners and champions who will advocate for IECMHC.

ACTION STEP	SUPPLEMENTAL GUIDANCE	RATING
4.1 Develop IECMHC champions or advocates in an early childhood state government system.	One way to do this is to support state employees in child welfare, ECE, and behavioral health by recognizing the positive outcomes of IECMHC as it relates to their work. For example, in Louisiana, mental health (MH) providers at Tulane University (TU) were frustrated by the multiple expulsions of many of the young children with whom they worked and worried that the expulsions would undermine the development and wellness of these already vulnerable young children. In response to this concern, TU approached state policymakers, many of whom were unaware of the inadequate care provided at many of the state-funded ECE settings that accepted state-funded tuition vouchers. In 2003, TU arranged for state leaders to visit such settings. Afterward, the leaders were overwhelmed by the poor quality of care the setting provided. This led to the eventual creation of Louisiana's statewide IECMHC program (see Practice to Policy: How Louisiana Revamped its Approach to Preschool for a more detailed story). Practice to Policy: How Louisiana Revamped its Approach to Preschool: psychologybenefits.org/2015/01/08/practice-to-policy-how-louisiana-revamped-its-approach-to-preschool/	C I A N O
4.2 Develop state-level legislative allies so that when state-level policies are created, there will be advocates at the table who will seek out IECMHC program leadership's expert opinion and perspective.	Be sure to: • Have contact information of a state-level ally readily available and check in with them periodically to identify opportunities to support IECMHC together. • Stay abreast of opportunities for public comment, such as at legislative committee hearings, and sign up to provide expert testimony.	C I A N O
4.3 Connect the program to related systems, and ensure it is understood within, state, tribal, territorial, or local government.	Each tribal nation or community is unique in how they provide services to infants, young children, and families. To build partnerships, it is important to reach out to tribal leadership, program directors, and/or supervisors of the programs such as ECE programs, home visiting (HV) programs, health care services, and child welfare services.	C I A N O
4.4 Participate in initiatives that can support IECMHC.	For example, identify relevant boards, commissions, or councils and connect program leadership to these, such as: • Early childhood leadership commissions. • Infant mental health association boards. • Task forces or state workgroups that focus on infants' and young children's issues (e.g., child abuse and neglect, policies related to prenatal care and infants and young children ages 3 and under).	C I A N O

Notes: Use this space to identify which areas are In progress (I) and Assistance needed (A). With your team, develop a plan, discuss the challenges, and decide how you will address them.

Sub-domain 5: Communication and Messaging

Objective: Ensure that community partners and potential funders are aware of and understand the program.

ACTION STEP	SUPPLEMENTAL GUIDANCE	RATING
5.1 Regularly communicate with current funders and community partners.	Some ways to do this include: - Take a program officer out for tea, or send a friendly note to check in. - Use social media to promote awareness about the program and its impact. - Continually update the program's website to reflect program accomplishments.	☐ C ☐ I ☐ A ☐ N ☐ O
5.2 Know what program funders think of the work the program does.	Find opportunities to check in with funders and ask them how they think the program is doing.	☐ C ☐ I ☐ A ☐ N ☐ O
5.3 Ensure communication materials are responsive to the priorities and needs of funders and community partners (without losing sight of program values).	If school readiness is a priority for a funder, look for ways to structure the program to support this priority.	☐ C ☐ I ☐ A ☐ N ☐ O
5.4 Ensure communications messages are clear and have a purpose.	For example, find a community partner who is in a related but different line of work (e.g., welfare, school counseling, HV) and ask if they can review messages for clarity and purpose.	☐ C ☐ I ☐ A ☐ N ☐ O
5.5 Reach partners “where they are,” and understand the program’s participants and stakeholders.	For example, find groups with whom to discuss the value of IECMHC; research the groups to understand how the program can help support them. Identify events where the value of IECMHC can be promoted.	☐ C ☐ I ☐ A ☐ N ☐ O

Notes: Use this space to identify which areas are In progress (I) and Assistance needed (A). With your team, develop a plan, discuss the challenges, and decide how you will address them.

Sub-domain 6: Integrating IECMH into Systems

Objective: Learn how to integrate IECMHC into early childhood and MH systems.

ACTION STEP	SUPPLEMENTAL GUIDANCE	RATING
6.1 Consider integrating the consultation program budget into a dedicated state/local early childhood or MH budget.	Find a way to create a line item for IECMHC so it isn't constantly at risk as a discretionary expenditure. For example: • Colorado's state IECMHC program is included in the Office of Early Childhood's programs budget, which has a line in the state budget. • Project PLAY in Arkansas receives funding from the Child Care and Development Block Grant quality-improvement funds administered by the Arkansas Department of Human Services/Division of Child Care and Early Childhood Education. While there is no single dedicated federal funding source available for IECMHC, several federal funding streams can be paired with state and local funds to support IECMHC. For examples, visit the Policy & Financing section of the CoE's website. Policy & Financing section: www.iecmhc.org/resources/policy-financing	C I A N O
6.2 Advocate for inclusion of IECMHC as a best practice in education, mental health, or other related systems.	Ways to do this include: • Embed IECMHC into related systems as a supporting practice. • Connect with Part C programs and discuss embedding IECMHC into their structure. For example, advocates, the Erikson Institute, and other stakeholders identified the overwhelming need among providers across Illinois for training and support related to infants' and young children's social-emotional development health and MH. Working with the public sector and legislators, this group identified Part C EI and general revenue funds to support the placement of MH consultants at every Child Family Connection EI site across the state. (See Illinois's Approach to Building and Sustaining Infant and Early Childhood Mental Health Consultation for the full story). • Meet with racial equity advocates in the state and, where applicable, equity officers in government. Some states and communities have DEI administrators or leaders within government, working across programs or within specific systems, such as education. Highlight how IECMHC can be a tool for achieving equitable, high-quality ECE services. Illinois's Approach to Building and Sustaining Infant and Early Childhood Mental Health Consultation: www.iecmhc.org/files/il-approach-building-sustaining-iecmhc.pdf	C I A N O

Notes: Use this space to identify which areas are In progress (I) and Assistance needed (A). With your team, develop a plan, discuss the challenges, and decide how you will address them.

Sub-domain 7: Policy

Objective: Learn how to obtain support for the program through state level legislation, rules, and regulations.

ACTION STEP	SUPPLEMENTAL GUIDANCE	RATING
7.1 Work toward a state mandate for provision of IECMHC through state legislation.	For example, find a legislator or two who cares about infants and young children and/or MH, and work with them to introduce a bill that codifies the program. For example, in 2020, Colorado passed legislation that put the state ECMHC program into law and required the establishment of a defined model of consultation and training guidelines.	☐ C ☐ I ☐ A ☐ N ☐ O
7.2 Develop a state oversight body for IECMHC.	One way to do this is to find a connection with the legislator's mission, and advocate for housing IECMHC funds and programs within a state entity. For example, some consultation programs have been housed in: • Early childhood development offices. • Behavioral health departments. • Education departments.	☐ C ☐ I ☐ A ☐ N ☐ O
7.3 Identify where regulations for ECE settings can define and include IECMHC.	For example, Review state child care rules and regulations, and find places to define IECMHC and include it as a required or voluntary support (For example, see Colorado Child Care Rules). Colorado Child Care Rules: licensingregulations.acf.hhs.gov/licensing/states-territories/colorado	☐ C ☐ I ☐ A ☐ N ☐ O

Notes: Use this space to identify which areas are In progress (I) and Assistance needed (A). With your team, develop a plan, discuss the challenges, and decide how you will address them.