

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

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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

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