

Program Planning and Reflection Tool: Program Structure Domain

This program structure domain of the PPRT consists of action steps a program’s leadership can take to create and implement an Infant and Early Childhood Mental Health Consultation (IECMHC) program. Completing the assessment will help leadership to better determine their program’s progress in shaping important program structure elements such as who will receive consultation, where and what consultation services will be provided, program infrastructure and policy, and program model or design.

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. Each subsection of this module lists several action steps for the team to consider and assign a rating that indicates the extent to which the program has implemented that action item. The rating system is below. Users are advised to use the “opt out” rating sparingly, if at all. Throughout the module, the supplementary guidance column offers best practice tips, resources and examples to help programs thoroughly understand and make plans, as needed, for each action step. Within each module, there is space for programs to jot down notes or reflections to help program planning move forward.

As a final note, the PPRT provides a detailed framework of recommended action steps in each domain. Depending on your program’s developmental stage, you may find that many of the tasks have already been completed, or you may discover that there is still much to do. 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.

To access an interactive version of the PPRT, visit www.iecmhc.org/pprt/intro. To access additional resources to support program implementation, visit www.iecmhc.org/resources/.

Ratings

For each of the action items in this section, please use the ratings below to indicate the program’s progress so far related to determining its IECMHC sustainability strategies.

C – Completed. Use this rating if the program has completed this action step.

I – In progress. Use this rating if the program has started to work on this action step but has not finished yet.

A – Assistance needed. 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.

N – Not yet begun. 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.

O – Opt out. Use this rating if the program is not planning to pursue this action step.

1. Understanding the Community: Understand the community's needs and assets.

Rating	Item #	Action Step
	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 (MH) 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., early intervention (EI) infant MH providers).
	2	Collect demographic information about the community (e.g., racial, ethnic and tribal composition, language(s) spoken, socioeconomic status) to understand the population to whom services will be provided.
	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: <ul style="list-style-type: none"> • 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). • Information about community members' attitudes toward mental health.
	4	Regularly elicit feedback from consultees about the program's consultation services , its impact, and if there should be any changes or shifts in services. Feedback requests should be culturally responsive to consultees' needs, to include materials in participants' preferred languages. For example, in a consultation program providing services to a home visiting (HV) program, evaluation surveys may be regularly administered to: Home visitors, HV program supervisor, and parents or caregivers.

Use the space below to identify which areas that are **I – In progress** and **A – Assistance needed**, with your team, develop a plan, discuss the challenges, and how you will address them.

2. Program Service Setting: Understand where and to whom the program provides services.

Rating	Item #	Action Step
	1	Determine where or in what setting consultation services are delivered. Common consultation delivery settings include: Early Care and Education settings, Home Visiting programs, Child welfare services, Early Intervention programs, Family childcare homes, Pediatric clinics.
	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?
	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?
	4	<p>Encourage consultants to communicate with and involve caregivers through consultant training, consultant supervision, the program manual, and other methods. For example:</p> <ul style="list-style-type: none"> ● Provide sample letters for consultants to give providers and caregivers that describe consultation services. ● Create trainings consultants can provide for caregivers on typical behavioral challenges. ● Discuss individual family or caregiver meetings in reflective supervision. <p>Letters, trainings, and materials should be culturally responsive to the needs of program providers and caregivers and should be in their preferred languages.</p>

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3. Program Design: Understand the services the program provides.

Rating	Item #	Action Step
	1	<p>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^[1] for infants and young children exhibiting challenging behaviors to reduction in racial/ethnic, gender, language, or disability-based disparities. Examples of ECE setting consultation services include:</p> <ul style="list-style-type: none"> ● Assist teachers or caregivers in implementing social-emotional teaching strategies that are culturally responsive to the needs of infants, young children, and families. ● Teach caregivers about positive discipline and positive behavior strategies for managing challenging behaviors. ● Share information about how to work with families, as they are co-partners in infants' and young children's social-emotional development. <p>Assist in the design of supportive environments that enhance social-emotional growth.</p> <hr/> <p>^[1] 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).</p>
	2	<p>Differentiate consultation services from related social-emotional services, if applicable, that may be offered through the consultation program's administrative home. 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. Examples of non-consultation services include:</p> <ul style="list-style-type: none"> ● Facilitate parenting groups. ● Serve as a Pyramid Model coach for teachers (see <u>Understanding Infant and Early Childhood Mental Health Consultation and the Pyramid Model</u> for specifics). ● Facilitate social skills groups. ● Provide direct therapy.

	3	<p>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 <u>IECMHC Consultant Competencies</u> or the <u>Foundational Modules</u> for Competencies 5, 6 and 7.</p>
	4	<p>Explicitly address equity and disparity in the program’s service delivery. Examples of addressing equity and disparity include:</p> <ul style="list-style-type: none"> ● Consultants receive training on equity issues, including: <ul style="list-style-type: none"> ○ 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. <p>Consultation program applies a racial equity impact analysis^[1] to its practices.</p> <hr/> <p>^[1] Racial Equity Impact Analyses (REIAs) are opportunities to assess a practice, policy, structure, and/or system based on how equitable the outcomes are for various groups. There are a variety of tools and processes used in the field already, as can be found in the following group’s websites and toolkits: 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.</p>

	5	<p>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:</p> <ul style="list-style-type: none"> ● Provide training on the impact of trauma on infants and young children to consultants and for consultants to share with consultees. ● Provide training on secondary traumatic stress. ● Provide training on the impact of systemic racism, discrimination, individual prejudices, and microaggressions on infants', young children's, and families' experiences. ● Support staff through supervision, peer support, and promoting work-life balance
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4. Consultation Phases: Understand what happens, and when.

Sub section A: Recruitment

Rating	Item #	Action Step
	1	<p>Create a comprehensive outreach plan so potential consultees can find out about the program. Some examples may include:</p> <ul style="list-style-type: none"> • 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.
	2	<p>Create an inclusive outreach plan that includes strategies to advance equity by increasing access to program services. Some examples may include:</p> <ul style="list-style-type: none"> • Perform an REIA¹ 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 that provide services to black, indigenous, people of color, as well as marginalized and vulnerable children and families. Partners may include LEAs, the state Department of Social Services, public health centers, WIC programs, housing projects, MH centers, and homeless shelters.
	3	<p>Create a structured referral and screening process that is easy for all potential consultees to access. For example:</p> <ul style="list-style-type: none"> • Potential consultees can request services through multiple avenues such as e-mail, websites, and phone.

Subsection B: Intake

Rating	Item #	Action Step
	1	<p>Create an interview script or talking points for consultants to use when signing up programs. Script or talking points may include:</p> <ul style="list-style-type: none"> ● 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.
	2	<p>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:</p> <ul style="list-style-type: none"> ● 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.

Subsection C: Service Delivery

Rating	Item #	Action Step
	1	<p>Determine consultant job duties. Aspects to be considered include:</p> <ul style="list-style-type: none"> • 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 profession development.
	2	<p>Determine how often a consultant will visit a consultation site. Visit frequency is based on site size and number of consultees. For example, in one ECE setting that has fewer than 8 classrooms, consultants visit every other week; for larger settings, they visit weekly.</p>
	3	<p>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.</p> <ul style="list-style-type: none"> • 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).
	4	<p>Determine how long a consultation lasts (referred to as “service duration”). For example,</p> <ul style="list-style-type: none"> • 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?

Subsection D: Service Conclusion

Rating	Item #	Action Step
	1	<p>Create guidelines for how a consultant closes out a consultation. Information to share with consultee as the consultant is transitioning out:</p> <ul style="list-style-type: none"> • 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.
	2	<p>Administer measures or surveys for the consultant and consultees to complete that assess the impact of the consultation.</p> <p>See the Center of Excellence’s (CoE’s) Research and Evaluation page on <u>Outcome Measures for IECMHC</u></p>

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5. Consultation Program Infrastructure: Understand who is in charge and program rules.

Rating	Item #	Action Step
	1	<p>Create a document detailing leadership and staff roles. Include it in the consultant's program policies, procedures, and practices manual. (If the program is embedded in an agency that oversees the program, consultants should also have access to the agency's organizational chart.) Document may include:</p> <ul style="list-style-type: none"> ● Description of team composition. ● Organizational chart. ● Job roles and descriptions.
	2	<p>Create a document that details partnerships with other agencies, including funders and the agency in which the program is embedded, if it is embedded in an agency. Document may include:</p> <ul style="list-style-type: none"> ● Roles of each of the partners in the IECHMC program. ● Name and contact information for partner agencies.
	3	<p>Create a manual (or written guidelines) that describes all aspects of program functioning. Include detailed description of:</p> <ul style="list-style-type: none"> ○ Consultant job. ○ Program design. ○ Consultation type. ○ Consultation phases. ○ Program policies. ○ Research and evaluation process. <p>Also include consultation and evaluation measures.</p>

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