



IECMHC Program Manual

PLANNING DOCUMENT

THE INTERACTIVE GUIDE TO WRITING A PROGRAM MANUAL

Effective implementation of an Infant and Early Childhood Mental Health Consultation (IECMHC) program requires all team members to have a clear understanding of the program design and their role in implementation. This not only prevents role confusion, but helps to ensure consultation services are being provided as intended. Fidelity to program design is particularly important when evaluating program outcomes; without fidelity, one cannot truly assess program impact given the variability in service delivery.

A program manual is a valuable tool for achieving these goals. By clearly describing the core elements of the program and providing implementation guidance within a manual, IECMH consultants and other team members can work with clarity and cohesion. As such, the Center of Excellence for Infant and Early Childhood Mental Health Consultation (CoE) created this planning document to help programs develop customized program manuals.

CONTENTS

How to Use this Planning Document . . .	2
Section One: Introduction	4
Section Two: About Our IECMHC Program	8
Section Three: Program Design . . .	12
Section Four: Program Staffing, Training & Support	16
Section Five: Outreach & Eligibility Determination	21
Section Six: Consultation in Action	24
Section Seven: Data Collection & Analysis	33
Section Eight: Appendices	38

HOW TO USE THIS PLANNING DOCUMENT

Consultation work is complex; the task of communicating what IECMHC is and how to implement your program's version of it can understandably feel daunting. The goal of this planning document is to help make this task more manageable by distilling the essential information needed to develop a simple, yet thorough, IECMHC program manual.

As you embark on this guided process, keep in mind that an IECMHC program manual should strike the right balance between being descriptive and prescriptive. IECMHC inherently requires some flexibility to ensure that consultants can meet consultees "where they are" and tailor services to their strengths and needs. Still, a strong, guiding framework is required to prevent staff from drifting away from the program model.

It is also important to note that this resource is not structured to produce a detailed training manual¹ or a policies and procedures handbook. The goal of this planning document is to support development of a clear, concise blueprint of your program and its core implementation elements. However, over time, programs may opt to expand content to include these elements as programs grow and/or the ability to devote resources to manual development increases. It is best to approach your program manual as a living document, and anticipate that it will evolve with your program.

While the resulting program manual will benefit the entire program team, the majority of the content is geared towards IECMH consultants and guiding them in service implementation.

The information provided in this document may be used in individual program manuals, but please cite the CoE for IECMHC.

Planning Document Format

The planning document is divided into eight sections that users might envision as tabs in a program manual. Note that the italicized text found throughout the planning document is designed to provide the user with additional summary information and guidance. For example, each section and subsection is prefaced by a summative statement in italics, and additional recommendations are infused throughout the planning document in italics, as appropriate.

Programs are encouraged to use local terminology, customize section headers, and add sections as needed. As with consultation, this planning document is designed to be structured yet responsive to individualization!

The planning document sections are:

SECTION ONE: INTRODUCTION

- Before You Begin: Foundational IECMHC Information
- How to Use this Program Manual

SECTION TWO: ABOUT OUR IECMHC PROGRAM

- Program Background
- Program Philosophy
- Program Funding
- Program Administration

SECTION THREE: PROGRAM DESIGN

- Service Setting(s) & Eligibility
- Service Array
- Service Dosage

¹ For guidance on training, see the Workforce section of Center of Excellence's website: <https://www.iecmhc.org/resources/workforce/>

SECTION FOUR: PROGRAM STAFFING, TRAINING & SUPPORT

- Program Staff Composition & Organizational Structure
- Initial Training/Onboarding
- Ongoing Professional Development
- Reflective Supervision & Support

SECTION FIVE: OUTREACH & ELIGIBILITY DETERMINATION

- Outreach Plan Overview
- Referral & Screening Process
- Support to Non-eligible Referrals

SECTION SIX: CONSULTATION IN ACTION

- Relationship-Building
- Consultation Phases
- Consultation Activities
- Required Forms & Tools
- Timelines & Schedules

SECTION SEVEN: DATA COLLECTION & ANALYSIS

- Data Collection Rationale & Recommendations
- Program Data Summary
- Program Measures & Administration Schedule
- Data Entry, Analysis & Reporting

SECTION EIGHT: APPENDICES

In the planning document appendix, users will find a variety of supplementary materials:

- **I. Resources/Examples:** A curated collection of online resources, organized by section topics.
- **II. Program At-A-Glance Worksheet:** Using information collected via this planning document, users can populate a simple outreach handout to support program communication efforts.

- **III. Program Manual Appendix Ideas:** A list of possible items programs might consider including in their customized program manual's appendix.

Each section includes:

- **Section Guidance:** A brief overview of what the section will cover.
- **Core Content:** A listing of essential elements to include in the section. For some elements, sample language is provided.
- **Optional Content:** Information that may or may not be applicable to the program, but if so, may be worthy of inclusion. Optional content may not be included in all of the sections. If it is, it will be indicated by *[optional]* or *[if applicable]* notations.

Additional Resources

Finally, as users progress through this planning document, the resources from the [CoE](#)¹ may be helpful. In particular, the [Program Planning and Reflection Tool](#) (PPRT)², which guides program administrators through the program design process, aligns well with this planning document.

1 iecmhc.org

2 iecmhc.org/pprt/intro

Introduction

SECTION GUIDANCE

It is essential that everyone working in your IECMHC Program has a firm understanding of what IECMHC is and is not. Given that consultation is such a unique type of mental health intervention, confusion is common. As such, foundational IECMHC information is an important component of an IECMHC program manual. The introductory section should also convey the rationale for a program manual and how it can help all team members. Optional language has been provided below for these program manual subsections.

CORE CONTENT **BEFORE YOU BEGIN: FOUNDATIONAL IECMHC INFORMATION**

A basic introduction to IECMHC — what it is, why it matters, and how it makes a difference.

• **What is Infant and Early Childhood Mental Health Consultation (IECMHC)?**

Sample Language: IECMHC is a prevention-based approach that pairs an IECMH consultant with adults who work with infants and young children in the different settings where they learn and grow, such as child care, preschool, home visiting, early intervention and their homes. Mental health consultation is not about “fixing kids.” Nor is it therapy. Mental health consultation equips caregivers to facilitate children’s healthy social and emotional development.

Mental health consultation is unique in its focus on supporting young children’s social and emotional health indirectly by strengthening the adult caregivers’ capacity to foster positive IECMH. Rather than using a prescribed training/intervention package, IECMH consultants draw upon their clinical skills, mental health training and knowledge of evidence-based strategies to help identify individual and/or program needs and address them collaboratively through the caregivers they support. The consultant’s role is distinct from and complementary to a continuum of early childhood supports and services, such as child care quality coaches, nurse consultants, or Pyramid Model coaches.

IECMHC is grounded in a set of practice-based principles, which are captured in the list below.

THE PRACTICE-BASED PRINCIPLES OF IECMHC (KAUFMANN ET AL., 2012)

1. Relationship-based
2. Collaborative
3. Individualized
4. Culturally and linguistically responsive
5. Grounded in developmental knowledge
6. Evidence-informed
7. Data-driven
8. Delivered in natural settings
9. Spans the continuum from promotion through intervention
10. Integrated with community services and supports


Mental health consultation is a multilevel service and encompasses three types of consultation, which are described below. While these category types are not mutually exclusive, they do provide useful guidance when categorizing consultation service activities for data collection, training and organizational purposes. It is important to note that consultants often work across these consultation types simultaneously, given their complementary nature and cumulative ability to impact the child-serving setting.

INFANT AND EARLY CHILDHOOD MENTAL HEALTH CONSULTATION TYPES¹

Consultation Type	Description
Child and Family	Centers around an infant’s or child’s behavioral challenges or a caregiver’s mental health. Through partnership with families and staff or other providers, consultants gather information and collaboratively design an individualized plan to improve the well-being of the infant, child and/or caregiver. ²
Classroom and Home-Focused	Supports the social and emotional development of all infants and children in the home and classroom. Through collaboration with caregivers, home visitors and early care and education (ECE) providers, consultants strive to positively impact the classroom and home settings by promoting equitable, warm and trusting relationships; steady routines; and development-enhancing interactions. ³
Programmatic	Involves enhancing programmatic functioning by building a program’s capacity to consider its overall social and emotional climate; solve problems that affect more than one child, staff member, and/or family; analyze and use disaggregated data to track program-wide disparities in both opportunity and outcomes and develop and implement policies that create more equitable experiences for children and families.

• What is the Impact of IECMHC?

IECMHC has been shown to improve children’s social skills and emotional functioning, promote healthy relationships, reduce challenging behaviors, reduce the number of suspensions and expulsions, improve classroom quality, and reduce provider stress, burnout, and turnover. For a deeper exploration of the research base around IECMHC, see [Status of the Evidence for Infant and Early Childhood Mental Health Consultation](#).

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1 These consultation types or levels have been utilized for several decades. As IECMHC is growing and being utilized in settings outside of ECE and Home Visiting, these demarcations have reduced utility. Our suggestion is to use what makes sense for your setting and add language for increased clarity. If a classroom is not part of your service setting for example, eliminate. The most useful language will include examples relevant to your program.

2 IECMHC Foundational Module 5: Child and Family Focused Consultation. <https://www.iecmhc.org/resources/foundational-modules/>

3 IECMHC Foundational Module 6: Classroom and Home Focused Consultation. <https://www.iecmhc.org/resources/foundational-modules/>

 *Core Content: Before You Begin: Foundational IECMHC Information*

HOW TO USE THIS PROGRAM MANUAL

A description of the intent of the program manual and how it can benefit program staff.

Sample Language: This program manual was created to promote a clear, shared understanding of our IECMHC program and to support efforts to deliver services in accordance with our program design. Some specific uses for this manual include:

- Communication tool – gets everyone on the same page about the program and prevents confusion over what our program does and how we do it
- Training resource– provides an overview of what the program team needs to know and do, which can inform training and professional development activities
- Implementation fidelity – supports efforts to deliver services as intended, a critical element when trying to evaluate, “Did we do what we said we would do?” and, subsequently, “How did our program (as designed) make a difference?”

Program staff is encouraged to refer back to the program manual, as needed, when questions arise about what our program model looks like and how to implement it.

SECTION TWO

About Our IECMHC Program

SECTION GUIDANCE

This section of the program manual offers an overview of the foundational elements of your IECMHC program. As you work on this section, consider whether you might extract this information from a prior funding or grant application to avoid duplication of effort.

CORE CONTENT **PROGRAM BACKGROUND**

The program's "origin story."

- **Why IECMHC was chosen as the intervention**
- **Timeline of events/opportunities that led to program creation**
- *[If applicable]* **Community Needs & Strengths Assessment** — process, findings, and how findings informed program design

PROGRAM PHILOSOPHY

The program's approach to IECMHC and guiding principles.

- **Mission/Vision/Values Statement**
- **Theory of Change & [Logic Model](#)**
- **Other tenets guiding your program**

For example:

- The “Consultative Stance”
- Equity

CORE CONTENT **PROGRAM FUNDING**

A snapshot of all your program's funders.

- **Primary Funder(s)**
- **Additional Funders**
- *[Optional]* **Brief summary of each funder's mission and/or links to their websites**

PROGRAM ADMINISTRATION

An overview of the individuals and entities responsible for program oversight and management.

- **Description of Administrative Entity(s) and Program Role(s)**
- *[If applicable]* **Advisory Board Composition and Role**
- *[Optional]* **Administrative Organizational Chart**
This may be useful for programs embedded within a broader agency or organization.

SECTION THREE

Program Design

SECTION GUIDANCE

This section details the nuts and bolts of your program – whom you serve and what services you provide. Note that the information in this section can provide the basis for outreach and marketing materials. See the Appendix for a Program At-A-Glance Worksheet that may be useful to your communication efforts.

CORE CONTENT **SERVICE SETTINGS & ELIGIBILITY**

An overview of your program scope.

- **Geographic Service Area** [e.g., statewide, local jurisdiction, specific entity(s)]
- **Setting(s) Served**
- **Ages Served**
- *[If applicable]* **Other Eligibility Criteria**
- *[Optional]* **Program Size** (e.g., annual numbers served)

The services offered by your program.

Consultation Types

Specify which of the following your program provides, and include descriptions of each type. Emphasize that these are not mutually exclusive and that working on more than one type simultaneously is common. (Definitions provided in Program Manual Introduction above.)

- Child and Family
- Classroom and Home-Focused
- Programmatic


Scope of Consultation Services


Clarify what your consultants do and don't do. Include any other non-consultation services that might warrant discussion here to avoid role confusion among consultants.

- Consultation Activities
 - For example:
 - Assessment (formal and informal)
 - Collaborative Goal-Setting/Action-Planning
 - Resource Sharing
 - I/ECMH Knowledge Sharing
- Activities Outside the Scope of IECMHC
 - Direct Therapy
 - Other Non-Consultation Services
 - *[If applicable]* Describe process for linking a consultee to direct therapy and/or other non-consultation services

[If applicable] Service Partnerships

- Describe established and/or formalized collaborations with other early childhood professionals (e.g., Pyramid Model coaches, nurse consultants) and how tasks are delineated

 *Proceed to the next page to write this content.*

 *Core Content: Service Array*

CORE CONTENT **SERVICE DOSAGE**

The parameters guiding consultants' workloads.

Given that IECMHC is a flexible intervention, consider offering ranges for service dosage (i.e., 4 to 6 hours on site). Some programs develop tiered frameworks, in which higher complexity cases receive a greater dosage of consultation than lower-complexity cases. If that scenario applies to your program, be sure to include a decision tree or similar guidance for determining what tier of complexity is assigned to each situation.

- **Caseloads** (i.e., how many)
- **Frequency** (i.e., how often)
- **Intensity** (i.e., how much time per visit)
- **Duration** (i.e., how long consultation services last overall)
- *[If applicable]* **Description of Tiered Service Delivery Framework**

Program Staffing, Training & Support

SECTION GUIDANCE

This section describes team composition and the roles and responsibilities of each team member, as well as training and support requirements and opportunities offered by your program. Much of this information may be readily available for import from existing job descriptions and training materials.

CORE CONTENT **PROGRAM STAFF COMPOSITION & ORGANIZATIONAL STRUCTURE**

A snapshot of the program team that implements the program.

- **Program Staff Composition** (e.g., names, titles and roles/responsibilities)
- **Staff Organizational chart**
- *[If applicable]* **Key Program Partners**

INITIAL TRAINING/ONBOARDING

An overview of the onboarding process for new hires.

- **Training and Onboarding Requirements Overview/Outline**
- **Training Schedule/Timeline**

ONGOING PROFESSIONAL DEVELOPMENT

A summary of ongoing professional development requirements and opportunities.

- **Professional Development Requirements Overview/Outline**
- **Recommended Professional Development Resources and/or Opportunities**, for example:
 - Recurring national/state/local conferences or trainings
 - Listservs/organizations to join to keep abreast of IECMHC happenings
- *[If applicable]* **Professional Development Protocols** (e.g., annual stipends, training requests)

An introduction to reflective supervision.

An introduction to reflective supervision — a term and process that may be unfamiliar to many staff members — as well as a description of how reflective supervision is integrated into your program. Please note Reflective Supervision should not be confused with administrative or clinical supervision.

- **Reflective Supervision Definition**

Sample language: “Reflective supervision is a collaborative relationship for professional growth that improves program quality and practice by cherishing strengths and partnering around vulnerabilities.”¹

- **Reflective Supervisor(s)**

- Name, title/credentials and experience

- **Reflective Supervision Plan Overview**

- Frequency and duration of reflective supervision sessions
- Structure and goals of supervision sessions

- **Other Support Mechanisms**


For example:

- Peer-to-peer support opportunities
- Program staff meetings
- Contact information for other individuals who can offer support/guidance

- *[If applicable]* **Program Staff Wellness Plan**

For example:

- Stress reduction workshops/activities/resources
- Staff team-building opportunities

 *Proceed to the next page to write this content.*

1 Shamoon-Shanok, Rebecca. 2009. “What is Reflective Supervision?” in A Practical Guide to Reflective Supervision, edited by Sherryl Scott Heller & Linda Gilkerson, page 8. Washington, D.C.: ZERO TO THREE.

 *Core Content: Reflective Supervision & Support*

Outreach & Eligibility Determination

SECTION GUIDANCE

This section provides an overview of your program's outreach activities and eligibility determination process.

Remember to include how your program will respond to referrals deemed ineligible for IECMHC services.

Understandably, the level of support your program can provide to these individuals will depend on both internal resources and availability of external child and family service partners in your community.

CORE CONTENT **OUTREACH PLAN OVERVIEW**

Details on how you will garner referrals and get the word out about your program.

- **Outreach Audiences**
- **Outreach Strategies**
- **Outreach Materials**
- **Equity/Inclusion Considerations**, for example:
 - Materials in multiple language/diversity in imagery
 - Strategies that address hard-to-reach populations

REFERRAL & SCREENING PROCESS

Clear and concise summary of your program's eligibility determination process.

- **Fielding Referrals**
- **Screening/Eligibility-Determination Protocol**
 - *[If applicable]* Decision-Making Tree
- **Next Steps Based on Eligibility Results**
 - Eligible/Prepare for Service Initiation
 - Not Eligible
 - *[If applicable]* Wait Listed (e.g., eligible, but services at capacity)

SUPPORT FOR NON-ELIGIBLE REFERRALS

Guidance on what to do when a referral is ineligible for your program's services.

- **Materials and/or Processes**, for example:
 - Direct Linkages to Other Service Partners (e.g., warm hand-off)
 - Resource Handout (e.g., IECMH websites, contact information for other local organizations and agencies)

SECTION SIX

Consultation in Action

SECTION GUIDANCE

This section reviews the phases of consultation and the consultants' various activities. As consultants prepare for service delivery, it is worth sharing the following reflection from the “[Best Practice Tutorial Series](#)”: “How services are delivered is a critical determinant of whether the consultant will be effective or not. A consultant’s approach to service delivery can have a significant impact on whether or not he/she will be able to form positive relationships with consultees, put successful strategies into place, and ultimately achieve effective IECMHC.”¹

CORE CONTENT **RELATIONSHIP-BUILDING**

Prime the consultant mindset and set them up for success.

- **The Relationship-Based Nature of IECMHC**

Sample Language: Given the level of collaboration required for successful consultation, building a warm and trusting relationship with and among consultees is essential. Relationship-building can take time, and may present some common challenges. For example, consultation is an unfamiliar approach to many and, despite recent strides to reduce stigma, a ‘mental health program’ may be met with trepidation. To support relationship-building efforts, consultants should be well-versed in the “consultative stance” and its tenets (see below), and consider how they might leverage existing positive relationships to get a new consultant/consultee relationship off to a good start.

- **The “Consultative Stance”**

In addition to the box below, refer to the Center of Excellence’s resource brief: [10 Elements Comprise the Essential Core of an Effective Consultative Stance](#) for ideas and inspiration on covering this important topic.

Tenets of the Consultative Stance (Johnston & Brinamen, 2006)

The centrality of relationships:

MHC understands and is guided by the perspective that development occurs within the context of relationships

Parallel process as an organizing principle:

MHC understands that her relationship with consultees indirectly models “ways of being” for those adults to implement with children

1 Best Practice Tutorial Module 3: The Effective Mental Health Consultant <https://www.iecmhc.org/tutorials/consultants/>

Avoiding the position of the expert:

MHC collaborates with adults to learn about their context and children, rather than dispensing advice from a position of authority

Mutuality of endeavor: the MHC and consultee(s)

both contribute their perspectives, ideas and reactions to collaboratively work towards change

Understanding another's subjective experience:

MHC takes the consultee's perspective to understand the influence of their personal experiences, beliefs and context on consultation.

Considering all levels of influence:

MHC considers the interacting influences of center policies, staff interactions, organizational culture, etc.

Hearing and representing all voices:

MHC elicits and shares information from all participants, including voicing the child's perspective

Wondering instead of knowing:

MHCs are curious and avoid making assumptions, encouraging others to be open-minded and facilitate the creation of shared understanding

Patience: MHC understands and guides others to appreciate that change takes time

Holding hope: MHC offers support and empathy while articulating her belief that adults and children can grow and change

CONSULTATION PHASES

A descriptive overview of the three sequential, yet flexible main phases of consultation.


• **Consultation Phases Overview**

Sample Language: The phases framework is a useful tool for organizing consultant activities and helping consultants determine, “What should we do first?” and “What comes next?” The phases of consultation are not necessarily a straight sequence of events, as effective consultation must be responsive to the uniqueness of each consultation case. If new concerns surface or progress stalls, consultants may need to circle back to a previous phase to explore new challenges and/or develop new strategies before moving on to the next phase. Further, consultants may spend varying lengths of time in each phase as relationships with individual consultees develop at their own pace.

CONSULTATION PHASES (ADAPTED FROM HUNTER ET AL., 2016)

Phase	Goals
Initiation	<ul style="list-style-type: none"> • Lay the foundation for a positive relationship • Introduce services and explain IECMHC • Establish expectations/scope of work • Sign contracts/partnership agreements/consent forms
Service Delivery	
a. Plan Development	<ul style="list-style-type: none"> • Gather/explore information • Initial brainstorming • Collaborative service planning
b. Plan Implementation	<ul style="list-style-type: none"> • Provide ongoing support to build capacity
c. Plan Revision	<ul style="list-style-type: none"> • Modify the plan as needed
Programmatic	<ul style="list-style-type: none"> • End consultation services in a positive and predictable way • Put supports in place to maintain the gains, as feasible



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 *Core Content: Consultation Phases*

A summary of what consultants are expected to do in each consultation phase.

Depending on the program, it may make sense to organize activities by consultation phase AND consultation type (e.g., child and family; classroom and home-focused; and programmatic). Some general activity examples are provided below, as well as a snapshot of a sample activity guide for consultants. Please note that the activities listed below are not meant to be exhaustive, but a starting point for consideration and customization. For additional information and inspiration, see the Appendix for a sample “Consultation Year-At-A-Glance” excerpt from a local IECMHC program manual.

Consultant Activities by Phase, for example:

• **Initiation Activities**

- Set up initial face-to-face meeting
- Introduce the program and mutually discuss expectations
- Assess consultees’ “readiness” to participate in consultation services (informally or formally via a Readiness Assessment tool)
- Discuss logistics, including best day, time and location for subsequent meetings
- Secure needed signatures on partnership agreements, consent forms, etc.

• **Service Delivery/Plan Development Activities**

- Identify and prioritize concerns; address “crisis” needs immediately
- Gain an understanding of what has been tried and the extent to which it has worked
- Explore what “success” would look like to each consultee
- Conduct observations
- Identify initial strategies to suggest
- Collaboratively decide upon goals, strategies and indicators to track progress, and capture this information in a written plan that is endorsed by the consultee/s


• **Service Delivery/Plan Implementation Activities**

- Provide instructional guidance to support implementation of identified strategies
- Provide emotional support to consultees as they implement strategies
- Use reflective questions to encourage consultees’ self-reflection and capacity-building around IECMH and equity
- Monitor and track progress towards goals, using identified indicators
- In collaboration with the consultee/s, assess the need to revise the plan

• **Service Delivery/Plan Revision Activities**

- Collaboratively identify additional strategies to meet unmet goal(s)
- If a new concern develops, return to the plan development stage to gather information and identify additional goals, strategies and progress indicators

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 *Core Content: Consultant Activities*

REQUIRED FORMS AND TOOLS


A snapshot of the various forms and tools required by your program.

- **List of required forms and tools, and when they are to be used/administered**
(Note: this may result in one resource that combines the data collection schedule for both administrative and evaluation tools. See Section Six below.)
- **Clear guidance on where these materials can be found/accessed**

CORE CONTENT **TIMELINES & SCHEDULES**

A clear timeline of service activities.

- **Outline recommended time allocation** to each consultation phase and/or task
- **Provide a clear schedule or sequencing for required elements**, such as securing consent forms or administering assessment measures
- **Acknowledge that timelines may need to shift** given the individualized nature of IECMHC
- **Clearly state any non-negotiable deadlines**, such as reporting requirements

 *See next page for a sample activity guide.*

The following table provides a snapshot of how activity information might be formatted for ALL phases, using the Initiation phase only as an example. Programs may opt to include a fourth column to provide best practice guidance on completing each task.

SAMPLE ACTIVITY GUIDE FOR CONSULTANTS		
PHASE 1: INITIATION, Targeted Time Frame: 2 weeks		
Consultant Activity	Schedule	Materials/Resources
Review the referral form and become familiar with case details before meeting with any consultees	Week One	<ul style="list-style-type: none"> • Program Referral Form
Make the initial face-to-face contact and lay the foundation for a good relationship with each consultee	Week One	<ul style="list-style-type: none"> • Consultative Stance resource brief • A Day in the Life of a Mental Health Consultant
Introduce the program and explain how you can help	Week One	<ul style="list-style-type: none"> • “About Our Program” outreach materials
Determine how willing/able the consultee is to participate in consultation services	Week Two	<ul style="list-style-type: none"> • Readiness Checklist/Assessment Tool
Get signatures on required program documents	Week Two	<ul style="list-style-type: none"> • Partnership Agreement • Caregiver Consent Form

SECTION SEVEN

Data Collection & Analysis

SECTION GUIDANCE

This section offers guidance on good data collection practices for consultants, and outlines your program's data collection tools, administration schedule, and protocols. The amount of detail provided in this section will vary based on the extent to which program staff are collecting, entering, analyzing and reporting data.

CORE CONTENT DATA COLLECTION RATIONALE AND RECOMMENDATIONS

Making the case for data collection. Note that the sample language assumes that the consultant will be collecting data.

Sample Language: As a busy mental health consultant, data collection may seem like just one more thing to do. But data collection is an essential component of an IECMHC program – and one that can help you and your program succeed while better meeting consultee needs. Data offers many benefits. It provides guidance for strategy development, support for continuous quality improvement (CQI) efforts and a window into program impact. Within a relationship-based service like IECMHC, it is critical to approach data collection in a sensitive manner. Consultants should be mindful that consultees may be wary of sharing personal information and factor that into how they introduce data collection tools. Further consultants should be transparent about how the data will (and will not) be used. Likewise, when sharing feedback with consultees (e.g., findings from a classroom observation), consultants should be attuned to consultees' feelings and remember to focus on strengths as well as areas for growth. Maintaining a positive consultant/consultee relationship should always guide consultants' decisions.

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 *Core Content: Data Collection Rationale and Recommendations*

PROGRAM DATA SUMMARY

An overview of the types of data your program collects and for what purposes.

For example:

- **Demographic** — to provide a picture of those the program serves
- **Assessment** — to inform service planning
- **Outcomes** — to assess program impact and progress towards stated goals
- **Process** — to assess fidelity to program model and inform CQI efforts
- **Required Reporting** — to meet obligations to funders or other stakeholders

PROGRAM MEASURES & ADMINISTRATION SCHEDULE

The data administration schedule and responsible parties.

If your program has hired an external evaluator, that information might be briefly mentioned here.

- **Inventory and Description of Selected Measures**

- See the Program Evaluation Planning Worksheet (page 12) for a succinct way to present this information in your program manual

- **Data Collection Schedule and Staff Assignments**

- Who administers the various measures?
- How (e.g., MHC observation during visit, consultee self-report survey)?
- When (e.g., baseline and regular follow-up intervals)?

- **Data Measure Locator**

- Clearly indicate where consultants access selected measures

- **Data Collection Practices**

- How to safeguard sensitive information

Program staff responsibilities for data entry, analysis and reporting

To the extent necessary, discuss program staff responsibilities for data entry, analysis and reporting. At a minimum, program staff should understand what to do with completed forms and measures — even if it only requires a secure transmission to a designated data entry person.

• Data Entry and Analysis Overview

- Responsible parties
- Timetables for entry and analysis

• Data Reporting/Communicating Results

- Responsible parties
- Communicating Results — how and when. For example, with:
 - Consultees
 - Funders
 - Advisory Board

Appendices

- I. Additional Program Design & Program Manual Development Resources
- II. Program At-A-Glance Worksheet
- III. Program Manual Appendix Ideas

I. ADDITIONAL PROGRAM MANUAL DEVELOPMENT RESOURCES

The following resources, most of which are authored by and/or housed on the Center of Excellence website ([iecmhc.org](https://www.iecmhc.org)), may be useful as you develop and refine your program design and capture it in a program manual.

FOUNDATIONAL IECMHC INFORMATION

- Center of Excellence/IECMHC Basics Webpage: <https://www.iecmhc.org/iecmhc-basics/>
- IECMHC Foundational Modules: <https://www.iecmhc.org/resources/foundational-modules/>
- Status of the Evidence of Infant and Early Childhood Mental Health Consultation: https://www.iecmhc.org/wp-content/uploads/2023/04/CoE-Evidence-Synthesis-2022_508.pdf

PROGRAM BACKGROUND

- Sample Needs Assessment: <https://www.iecmhc.org/documents/sample-needs-assessment.pdf>
- Creating Practice-Based Principles for Effective IECMHC Services: https://www.iecmhc.org/documents/ECMHC_Principles_March%202012.pdf
- Theory of Change Resources: <https://www.iecmhc.org/resources/how-mental-health-consultation-works-a-theory-of-change-for-research-and-evaluation/>
- Logic Model Template with Guiding Questions: https://www.iecmhc.org/wp-content/uploads/2024/05/CoE_IECMHC-Logic-Model-Template-2_w-copyright.pdf
- Diversity Informed Tenets for Work with Infants, Children and Families: <https://diversityinformedtenets.org/>

PROGRAM DESIGN

- Center of Excellence/Program Structure Webpage: <https://www.iecmhc.org/resources/programs-and-models/>
- Program Planning and Reflection Tool: <https://www.iecmhc.org/pprt/intro/>

- **The Georgetown Manual for School-Based Early Childhood Mental Health Consultation Services:** https://www.iecmhc.org/documents/FCC_Manual_2020_Proof2.pdf
- **The Essential Activities of Infant and Early Childhood Mental Health Consultation: Guidance for the Field from a Consensus-Building Study:** <https://www.iecmhc.org/documents/CoE-Delphi-Report-120822.pdf>
- **10 Elements Comprise the Essential Core of an Effective Consultative Stance:** https://www.iecmhc.org/wp-content/uploads/2023/04/CoE_Resource_Consultative-Stance.pdf

PROGRAM STAFFING, TRAINING & SUPPORT

- **IECMHC Consultation Competencies:** <https://www.iecmhc.org/documents/IECMHC-competencies.pdf>
- **Equity Chat Series:** Unpacking the Revised Infant & Early Childhood Mental Health Consultation Competencies: <https://www.iecmhc.org/resources/equity/equity-chat-series/>
- **IECMH Consultant Self-Assessment:** <https://www.iecmhc.org/assessment/intro/>
- **Best Practice Tutorial Module 3: The Effective Mental Health Consultant:** <https://www.iecmhc.org/tutorials/consultants/>
- **Best Practice Tutorial 4: Mastering the Consultative Stance:** <https://www.iecmhc.org/tutorials/consultative-stance/>
- **IECMH Consultant Training and Support Guide:** <https://www.iecmhc.org/resources/training-and-support-guide/>
- **Reflective Supervision Tip Sheets for Supervisors and Supervisees**
 - **Supervisor Version:** <https://www.iecmhc.org/documents/rs-supervisor-info-sheet.pdf>
 - **Supervisee Version:** <https://www.iecmhc.org/documents/rs-supervisee-info-sheet.pdf>

DATA COLLECTION

- **Outcome Measures for IECMHC (Choose and Use Interactive Search Engine):** <https://www.iecmhc.org/resources/choose-and-use-tools/>
- **Sample Program Evaluation Report (Arizona's Smart Support):** <https://www.iecmhc.org/wp-content/uploads/2020/12/AZ-Smart-Support-State-Evaluation-Report.pdf>

II. PROGRAM AT-A-GLANCE WORKSHEET

The following worksheet can be populated with information gathered via the IECMHC Program Manual Planning Document. Customize as needed to best fit the needs of the population you serve and the audience(s) you intend to reach.

THE [XYZ] PROGRAM AT-A-GLANCE

Program Goal/Mission

Your program's mission & values statement

Program Design Summary

A brief summary of the structure and approach to consultation services. For example, an embedded model of IECMHC with consultants co-located in pediatric care settings serving low-income young children.

Program Scope

A brief summary of your service area, for example:

- *Geographic Area(s) Served*
 - *Setting(s) Served*
-

Eligibility Criteria

A brief overview of who can receive services



THE [XYZ] PROGRAM AT-A-GLANCE

Program Services

A summary of the services your program offers to give readers a sense of how your program can help

Service Intensity

A brief summary of service frequency, intensity and duration to give readers a sense of what is involved

Program Contact

Who to contact and how for more information and/or to make a referral

III. PROGRAM MANUAL APPENDIX IDEAS

A listing of potential appendix items for programs to include in their customized IECMHC program manuals.

- **IECMHC Program Consultant Job Description**
- **IECMHC Program Consultant Training Module Outline**
- **IECMHC Program Model At A Glance Handout**
- **IECMHC Program Referral Form**
- **About the IECMHC Program Handout/Brochure (all audience-specific versions)**
- **Consultant Activities At-A-Glance Summary**
- **Sample Partnership Agreement**
- **Sample Action Plans**
 - Child and Family
 - Classroom and Home-Focused
 - Programmatic
- **Assessment/Observation Tools**
- **Interview Protocols**
- **Site Readiness Checklist**
- **Sample Transition Plan**
- **Activity Log Codebook & Data Entry Form**
- **Content List for Sample Transition/Service Conclusion Resource Packet**