

Using ARPA to Grow Infant and Early Childhood Mental Health Consultation Systems

A STATE, TRIBE, AND TERRITORY DECISION MAKER'S GUIDE

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**CHILDREN'S EQUITY
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Introduction

Mental health issues have increased significantly during the pandemic, and the early childhood workforce and the young children and families they serve are feeling the impact. Black, Latino, Indigenous, and other people of color, low-income communities, and immigrant communities have faced disproportionate hardships. Making effective mental health supports readily available for all is a critical strategy for helping children and adults recover from the pandemic and successfully reengage in learning, play, and work.

In March 2021, the American Rescue Plan Act (ARPA) awarded funds to states, territories and tribes to provide relief from the economic and health impacts of COVID-19. Federal agencies identified mental health concerns among the top priorities to be addressed, and infant and early childhood mental health consultation (IECMHC) as a key approach. IECMHC brings mental health supports directly to child and family-serving programs; focuses on child, family, and staff wellbeing; and results in lasting change through increasing program and provider capacity to address mental health issues and promote wellness.

The purpose of this brief is to offer state, territorial, and tribal decision makers concrete and actionable recommendations for using ARPA funds to increase access to high quality IECMHC, especially for those priority populations that have experienced disproportionate impacts from the pandemic. The brief is tailored to administrators who oversee Child Care, Head Start/Early Head Start, and IDEA Part B and Part C programs; however, IECMHC is a strategy that can be implemented in a wide range of programs and works optimally when there is collaboration and shared vision and investment across multiple sectors (including, for example, home visiting, behavioral health, child welfare, and primary care in addition to early care and education).

Though many states, territories and tribes have made ARPA funding decisions already, there are still funds yet to be allocated, and funds that have been allocated but have been spent down at lower than predicted rates. These factors create opportunities to make deeper and more meaningful investments in infant and early childhood mental health systems while the need is acute.

This brief is organized into three sections:

SECTION I

Section I provides a brief description of the mental health impacts of the COVID-19 pandemic and illustrates how IECMHC is an effective tool for addressing mental health in early childhood settings.

SECTION II

Section II summarizes the federal agency guidance for expenditure of ARPA funds within Child Care, Head Start, and IDEA Part B and C, highlighting each sector's unique opportunity to contribute to the advancement of IECMHC systems.

SECTION III

Section III consists of specific recommendations for states, tribes, and territories to build or advance IECMHC systems using five overarching strategies:

1. Strategic planning and sustainability
2. Expanding and training the IECMHC workforce
3. Program and model development
4. Increasing reach and access
5. Data and evaluation

SECTION I

BACKGROUND

The scope of the problem and the inequitable impacts of the pandemic

Even prior to the pandemic, access to mental health services for those in need was a serious concern, with lack of insurance coverage, too few providers, and significant disparities in access to care (by race, ethnicity, income, language, and immigration status) among the major barriers.

Two years into the pandemic, the level of need has gone up and access to mental health services has declined even further. Trends indicate rising symptoms of anxiety and depression among adults in the U.S., with widening racial gaps. In 2021, 40% of adults reported experiencing symptoms of anxiety and depression,¹ up from 27% in July 2020,² and roughly 10% in 2019.³ Non-Hispanic Black adults (48%) and Hispanic or Latino adults (46%) were more likely to report symptoms of anxiety and/or depression than Non-Hispanic White adults (41%).⁴ Pregnant people faced an increase in PTSD, depression, and anxiety. One study reports that during the COVID-19 pandemic pregnant people's instances of depression doubled.⁵ Black, Latine, Indigenous, and other people of color, historically and currently, have had less access to mental health prevention and treatment services compared to their White counterparts⁶ and have historically been subject to harm from medical systems, including mental health.

Adult worsening mental health profiles raise concerns about children's wellbeing. In a nationwide study in 2020, 14% of parents reported that their children had developed more serious mental health and behavioral challenges since the start of the pandemic.⁷ Rates of social, emotional and behavioral challenges were found to be 1 to 4 times higher among racial and ethnic minorities; for example, Black parents reported more negative impacts of the pandemic on their children's education, their ability to care for their children, and their relationships with family members than White parents.⁸ In a recent study from Yale School of Medicine, child care providers reported that children were exhibiting 64% more externalizing behaviors, 63% more internalizing behaviors, and 49% more somaticizing symptoms than before the pandemic began.⁹ A staggering number of children in the U.S. (more than 140,000) have experienced the death of a parent or grandparent caregiver as a result of COVID-19.

The COVID-19 pandemic has also negatively affected the mental health of child care providers, particularly BIPOC providers. In the spring of 2022, new data show that child care workers have suffered morbidity losses higher than the general workforce.¹⁰ More than 88,000 child care jobs were lost between February 2020 and July 2022.¹¹ Rates of reported hunger among childcare providers had climbed

to one in three by February 2022.¹² Adults experiencing household job loss during the pandemic also consistently report more symptoms of anxiety and depression compared to adults not experiencing job loss (53% vs. 32%, respectively).¹³ A recent large-scale study found that just under half of child care providers screened positive for depression, exceeding the general U.S. adult population.¹⁴

This combination of a shrinking and heavily burdened early childhood workforce; stressed and depressed parents; and young children experiencing grief, anxiety and increased behavioral issues returning to early care and education programs adds up to an urgent mental health crisis. ARPA funding provides an opportunity to increase mental health services to tackle these problems and prevent more serious adverse outcomes. While IECMHC alone cannot address the problem, consultation is a non-stigmatized, accessible mental health support and can be a linkage to other services for families and front line providers. Using ARPA funds to increase availability of, and access to, IECMHC programs is an effective way to assist in family and community recovery.

What is IECMHC, and why is it a good solution now?

IECMHC is a preventative strategy for addressing the mental health needs of young children and their caregivers that can be implemented in a wide range of child and family-serving programs. Although IECMHC has been used most widely within early care and education settings, states are increasingly developing IECMHC programs that serve multiple sectors. Additionally, over the past five years emerging research suggests that IECMHC has potential for reducing the negative effects of adult bias on the healthy development of young children, especially Black children and Black boys.¹⁵

IECMHC helps adult caregivers to:

- understand young children’s social and emotional development and the impacts of toxic stress and trauma;
- recognize the importance of early caregiving relationships and the impact of provider mental health and wellness on young children’s development;
- develop strategies for addressing social and emotional issues that children experience, like anxiety and depression;

- recognize and reduce biases that negatively impact caregiving relationships and disproportionately harm Black, Indigenous, Latine, and other children of color and their families;
- appreciate how biased perceptions of behavior and development influence relationships, discipline decisions, and other actions that affect children’s experiences and social emotional outcomes;
- build trusting relationships with families and understand children’s behaviors in the context of their environments and cultures;
- implement strategies that promote healthy social and emotional development in young children;
- implement social, emotional, and behavioral screening and assessments; and
- make appropriate referrals for children, families and caregivers needing additional mental health services or supports.

IECMHC SUPPORTS STAFF WELLNESS

IECMH consultants assist programs and staff in adopting strategies for supporting their own mental health, and wellbeing, and professional growth, such as opportunities for peer support, stress-reduction, and mindfulness techniques. Consultants provide trainings on mental health and wellness-related topics and facilitate group consultation to build staff skills, reflective capacities, and confidence. IECMH consultants are especially helpful when staff experience the challenges of working with children in distressing life situations, helping them to recognize and manage the feelings that come from this work so they do not interfere with caring for themselves and the children and families in their programs. IECMH consultants do not offer mental health *treatment* services to staff but can be instrumental in helping individuals connect with appropriate mental health care when needed.

IECMHC SUPPORTS PROGRAM-WIDE IMPROVEMENTS

IECMH consultants partner with programs to support them in making policy and practice changes that result in program-wide improvements. Activities focus on improving programs’ social and emotional climate, including using data to inform policy changes that lead to more equitable experiences for children and families. For example, children with disabilities

are overrepresented among those expelled and suspended from early care and education programs, and are more likely to experience punitive practices like seclusion and restraint in K-12 settings.¹⁶ IECMH consultants regularly work with programs to identify where these disparities exist and support policy and practice changes for more inclusive, enriching, and developmentally appropriate environments and less harsh and exclusionary discipline.

OUTCOMES OF IECMHC

The research on IECMHC has demonstrated significant positive outcomes for children, providers, and programs:

- **Child-level outcomes:** Increased social emotional competencies (such as self-regulation and social skills) and decreased challenging behaviors and expulsions.¹⁷
- **Provider-level outcomes:** Increased self-efficacy in addressing challenging behaviors, increased knowledge of social-emotional development, increased levels of closeness and sensitivity in teacher-child interactions,¹⁸ and lower levels of educator stress. Decreased teacher-child conflict has also been observed, particularly for Black boys.^{19 20 21}
- **Program-level outcomes** in early care and education settings: Reductions in staff turnover and improvements in program quality and classroom climate.²²

TO READ AND LEARN MORE ABOUT IECMHC PRACTICE:

[The Center of Excellence for Infant and Early Childhood Mental Health Consultation](#)

[Early Childhood Mental Health Consultation: Policies and Practices to Foster the Social-Emotional Development of Young Children](#)

[Infant and Early Childhood Mental Health Consultation: Overview of Research, Best Practices, and Examples](#)

[Georgetown Manual for School-Based Early Childhood Mental Health Consultation Services](#)

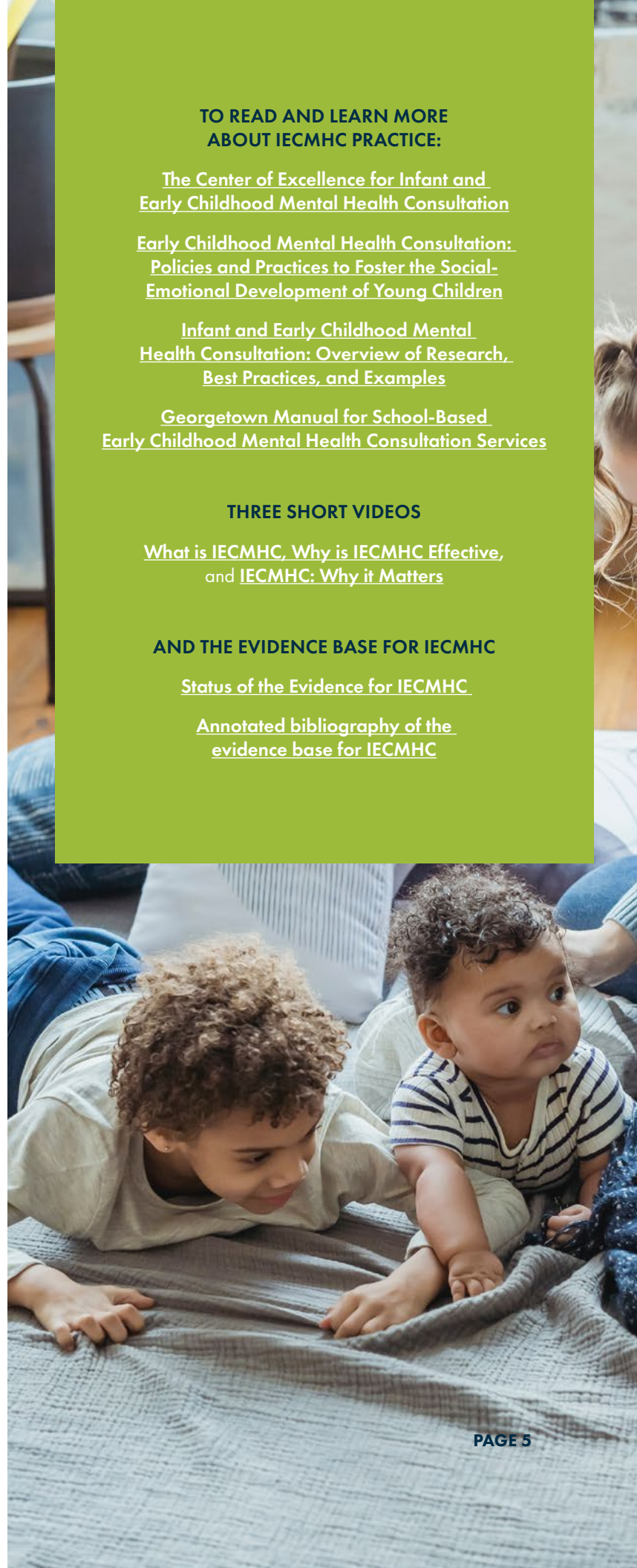
THREE SHORT VIDEOS

[What is IECMHC, Why is IECMHC Effective, and IECMHC: Why it Matters](#)

AND THE EVIDENCE BASE FOR IECMHC

[Status of the Evidence for IECMHC](#)

[Annotated bibliography of the evidence base for IECMHC](#)



SECTION II

OVERVIEW

of agency guidance to states on use of ARPA funds

Following the passage of the American Rescue Plan Act (ARPA) in March 2021, the Administration for Children and Families (ACF) and the Department of Education (ED) issued guidance to their constituents regarding priorities and allowances for use of these funds. This section provides a brief snapshot of funding amounts and guidance from federal agencies.

1. Head Start, Early Head Start, & Early Head Start/Child Care Partnerships

AMOUNT OF FUNDING

\$1 billion for Head Start programs

AGENCY GUIDANCE

ACF issued a [first Informational Memo \(IM\)](#) to Head Start (HS) and Early Head Start (EHS) grantees related to ARPA expenditures in May 2021. The memo strongly encouraged one-time investments that would have short and long-term benefits, especially for priority populations such as children with disabilities and children experiencing food or housing insecurity. Funds could be used for several activities that IECMH consultants offer or can assist agencies to accomplish, such as:

- Increasing access to mental health consultation and therapy services for staff;
- Employing mental health consultants to assist families with adverse circumstances;
- increasing the inclusion of children with disabilities, and more training for teachers and families;
- staff wellness programs; and
- Learning experiences on topics such as equity, diversity, inclusion, bias, and trauma-skilled practices.

An [additional guidance memo](#) issued in September 2021 focused more directly on promoting the wellness of HS staff. Programs were encouraged to engage in strategies such as reflective supervision, peer reflection groups, mentoring, coaching, mental health consultation, making mental health and wellness information available to staff, and providing regular opportunities to learn about mental health, wellness, and health education.



SPECIAL CONSIDERATIONS FOR IECMHC IN HEAD START/EARLY HEAD START

HS/EHS has a large stake in and can be very influential in contributing to the building of IECMHC systems in states, tribes and territories. The federal [Head Start Program Performance Standards](#) guide all HS/EHS programs to secure mental health consultation services; but in spite of this federal mandate, programs frequently struggle to get the full benefits of IECMHC because of a lack of access to IECMH consultants and programs that provide high quality and effective IECMHC services. Often HS/EHS programs contract with mental health clinicians who have neither the expertise in infant and early childhood mental health nor training in the core competencies of IECMH consultation, sometimes even in states with established IECMHC systems to which they are not connected.

This brief recommends engaging HS/EHS programs and staff at all levels as partners in building and expanding access to IECMHC services. Expanding IECMHC systems greatly benefit HS/EHS programs and can be piloted and scaled rapidly because of the organization and scope of the HS/EHS system. This applies equally to the implementation of IECMHC within center-based HS and home-based EHS programs.

2. Part B and Part C of the Individuals with Disabilities Education Act (IDEA)

AMOUNT OF FUNDING

- \$2,580,000,000 (\$2.58 billion) for IDEA Part B Grants to States (Section 611)
- \$200 million for IDEA Part B Preschool Grants (Section 619)
- \$250 million for IDEA Part C Grants for Infants and Families

AGENCY GUIDANCE

The Department of Education (Office of Special Education and Rehabilitative Services, Office of Special Education Programs) published a [Fact Sheet in July 2021](#) that provided an overview of the major statutory and regulatory requirements for use of ARPA funds in IDEA Part B and Part C. Several additional [policy letters and support documents](#) acknowledge the impacts of the pandemic on the social and emotional health of children and families, and stress the importance of providing evidence-based social, emotional, and behavioral supports.

SPECIAL CONSIDERATIONS FOR IECMHC IN PART B AND PART C PROGRAMS

Investing ARPA resources in building IECMHC systems will help Part B and C programs increase capacity to attend to the mental health needs of children with disabilities and their families. IECMHC was [recently cited](#) as a best practice for supporting infant and early childhood mental health in Part C programs.²³ Some states have already committed to utilize ARPA funds to increase access to IECMHC for Part B and C programs. Investing in IECMHC in more early care and education settings benefits the recipients of Part B and C services who are at increased risk of experiencing punitive practices and suspensions and expulsions from child care.



3. Child Care

AMOUNT OF FUNDING

ARPA appropriated funding for child care through three funding streams:

- Section 2201. \$14,990,000,000 for CCDF Supplemental Discretionary Funds;
- Section 2202. \$23,975,000,000 for Child Care Stabilization Grants; and
- Section 9801. \$3,550,000,000 in Mandatory and Matching funding for CCDF, a permanent annual appropriation.

AGENCY GUIDANCE

IM for Child Care Stabilization Grants (May 2021)

The [IM for Child Care Stabilization Grants](#) directs the majority of ARPA funds to be distributed as subgrants to child care providers, targeting supplemental funding to providers serving special populations. Lead agencies are encouraged to offer providers avenues to use funds for IECMHC, including through opting in to a state administered IECMHC network, or regionally- or locally-coordinated IECMHC services that the state can help arrange.

IM for CCDF Discretionary Supplemental Funds guidance (June 2021)

[The IM](#) underscores several priorities, including focusing on low-income communities, infants and toddlers, families with non-traditional work hours, rural communities, dual language learners, and children with disabilities. It encourages lead agencies to consider additional support for family child care providers. The IM specifically acknowledges the trauma and stress experienced by child care staff, family child care providers, and children during the COVID-19 pandemic and encourages lead agencies to invest in mental health supports such as IECMHC, mental health resources for families, trainings on trauma-informed care, and onsite services for children and staff.

IM for Mandatory and Matching Funds (July 2021)

[The third and final IM](#) encourages lead agencies to use funds to set payment rates that reflect the true cost of care in order to ensure that families receiving CCDF assistance have access to child care comparable to that of families not receiving CCDF subsidies. These higher payment rates can make it more feasible for child care providers serving children with greater needs to initiate and sustain IECMHC services.

IM on the Use of Tribal Child Care and Development Fund Resources to Support Early Childhood Systems Building (April 2022)

focuses on using ARPA funds to promote high quality early care and education systems in tribal communities, including implementing IECMHC as a support for the early childhood workforce.

SPECIAL CONSIDERATIONS FOR IECMHC IN CHILD CARE PROGRAMS

IECMHC has produced the strongest outcomes and been most widely implemented in child care settings. Investments of ARPA funds can address child care priorities, such as staff retention and satisfaction, professional development, and overall staff wellness. IECMHC can strengthen and support caregiving and mental health in programs serving the most vulnerable children and staff, and this one-time infusion of funds can expand access to IECMHC for more programs and put infrastructure in place for sustained IECMHC services.

SECTION III

RECOMMENDATIONS

for use of ARPA funds to increase access to IECMHC

Introduction

What follows are recommendations for making investments that develop or expand IECMHC systems of mental health supports for early childhood programs.

The recommendations below emphasize building infrastructure at the state/tribe/territory level, starting with state/tribe/territory-wide leadership (with community, program and family partnership), and **investing in planning, workforce and resource development, and evaluation efforts** that will turn this one-time investment into the foundation for an enduring system of mental health supports.

Taking a state/tribe/territory-wide approach from the outset builds from the best that currently exists within local or regional IECMHC programs while ensuring that equity, and reaching underserved and high need populations, is part of the overall plan and integrated into all aspects of the work. This approach can move a state/tribe/territory from a place where multiple IECMHC programs are operating independently to a unified and financially sustainable system with consistent standards of practice and cost efficiencies.

In places where no IECMHC programs currently exist, ARPA funds can be used to build the infrastructure and blueprint for a system, and then pilot and refine that system over time. The

brief also includes many recommendations for discrete, one-time investments that can be used to initiate or grow local or regional IECMHC programs housed in behavioral health and human service agencies.

Finally, these recommendations are not divided by sector (e.g., Head Start, Child Care, Part B and C) because a robust IECMHC system can be designed to offer IECMHC services across sectors, including early care and education as well as home visiting, primary care, child welfare and others. States, territories, and tribes may find even greater success through combining resources to build IECMHC systems collaboratively.

1. Strategic Planning & Sustainability

To create a state/territory/tribal-wide IECMHC system, it takes leadership, vision, and authority. An IECMHC lead at the state/tribe/territory level is a champion for engaging a diverse group of stakeholders, building awareness and support, and putting critical elements of the system into place. In addition to leadership, systems require strategic planning (and embedding equity into all aspects of the work), and ongoing attention to policy and funding strategies that will enable sustainability of IECMHC services.

RECOMMENDATIONS

- **Fund an IECMHC lead governmental position (possibly a cross-agency position) and contract with an outside “backbone” organization to carry out the planning, development and implementation of the IECMHC system.** The governmental authority is essential for spearheading interagency collaboration and support, while an outside organization can carry out a wide range of system-building activities.
- **Fund the development of an IECMHC strategic action plan** that will ensure that activities are coordinated, clearly articulated, and there is buy-in and shared vision across a wide range of stakeholders. The strategic action plan should be guided by an **IECMHC Advisory Group** of state/tribal/territorial staff from multiple agencies, IECMHC experts and providers, early childhood program leads and staff, families, and private partners. **Compensate parents and providers** for their time and address barriers to participation, such as paying for and facilitating transportation and child care and ensuring location and times of meetings are amenable to all participants.
- **Hire an independent consultant or researcher to do an equity audit and analysis of existing services**, determining who is currently being served through IECMHC programs and how this aligns with demographics and needs. Include diverse community stakeholders in this process and incorporate findings into the strategic action plan.
- **Include a section on funding and sustainability in the strategic action plan** that identifies strategies to a) **leverage one-time ARPA investments into sustainable funding streams;** b) **embed IECMHC into federal and state/territory/tribal discretionary and formula grants;** and c) **involves partnering with the state/territorial Office of Medicaid** to explore support and billing codes for IECMHC services. Engage local and regional philanthropies, which have been significant contributors to the growth of IECMHC systems.
- The strategic action plan should include a section on **funding and sustainability** that identifies strategies to a) **leverage one-time ARPA investments into sustainable funding streams;** b) **embed IECMHC into federal and state/territory/tribal discretionary and formula grants;** and c) **includes a strategy for partnering with the state/territorial Office of Medicaid** to explore support and billing

codes for IECMHC services. Engage local and regional philanthropies, which have been significant contributors to the growth of IECMHC systems in communities and states.

- **Consider using ARPA to pilot innovative projects that can lead to new models for IECMHC funding.** Examples include organizing a group of early care and education providers to pool ARPA funds and partner with a behavioral health agency to pilot a new IECMHC program with oversight from the state/territory/tribe. Another option is pooling funds across providers to create a virtual IECMHC program for early care and education programs in traditionally underserved areas, or specifically targeted toward family child care providers. These pilots can be part of a “learning lab” for future funding of IECMHC services with support from state/tribe/territory leadership.
- **Fund a study of the effectiveness of new telehealth and technology-based strategies** for delivering IECMHC services to help guide future funding decisions.

STATE STRATEGIC PLANNING EXAMPLES

[New Mexico Statewide Infant Early Childhood Mental Health Consultation Report and Three-Year Plan](#)

[Centering Racial Equity: Design Considerations for Oregon’s Statewide Infant and Early Childhood Mental Health Consultation Program](#)

STATE FUNDING STRATEGY EXAMPLES

[Funding Infant and Early Childhood Mental Health Consultation: Lessons Learned from Arkansas’s Project PLAY](#)

[Illinois’s Approach to Building and Sustaining Infant and Early Childhood Mental Health Consultation](#)

[Funding Infant and Early Childhood Mental Health Consultation as a Medicaid Prevention Direct Service: Michigan’s Approach](#)

2. Expanding and Training the IECMHC Workforce

Almost universally, the demand for IECMHC services exceeds the pool of consultants available, so increasing the number of mental health providers interested in specialized training to offer IECMHC services is critical. It is also important that the consultant pool is representative of the racial, ethnic, linguistic, and experiential diversity of early childhood providers and children being served, as research has demonstrated that this is a key to positive child and provider outcomes. All IECMH consultants, regardless of clinical background, need a set of [core competencies](#) that are specific to IECMHC, and beyond this ‘foundation’ of IECMHC training, there is intentional equity and population-specific training that should be part of regular and ongoing professional development for consultants. Finally, all consultants need access to high-quality, regular, and ongoing individual and/or group reflective supervision.²⁴

RECOMMENDATIONS

- **Fund a state/tribe/territory-wide training and technical assistance center that is responsible for recruiting, training, and supporting the IECMHC workforce (including Head Start consultants) to ensure high quality and consistent service delivery.** Specific activities and strategies to be carried out by a training and technical assistance center can include:
 - **Fund a statewide survey** to identify the potential IECMH consultant pool and recruit mental health providers representative of the geographically, racially, culturally, and linguistically diverse areas to be served.
 - **Conduct presentations** in high schools, colleges, and universities (including Tribal colleges and HBCUs), at professional conferences, and with independent clinicians and community-based public and private agencies to raise awareness about and cultivate interest in IECMHC among students, practitioners and programs.
- **Offer grants and technical assistance to public and private community-based behavioral health agencies to create IECMHC internships and externships.**
- **Partner with and offer financial incentives to high schools, colleges, and universities** (including HBCUs and Tribal colleges) to create courses, tracks and/or a certificate program in IECMHC to foster a diverse and sustainable pipeline of IECMH consultants.
- **Offer financial bonuses to bilingual consultants, as well as those living and working in historically marginalized communities.**
- **Sponsor a hiring fair** to recruit IECMHC candidates.
- **Invest in training experienced mental health professionals to serve as reflective supervisors** and train subsequent cohorts of supervisors to ensure high quality practice. **Invest in infrastructure needed for virtual reflective supervision** for IECMHC consultants working in remote locations.
- **Develop or expand on existing foundational IECMHC training curricula for all new consultants**, ensuring that modules for working with racially, ethnically, and linguistically diverse populations and in different settings are included. Build on content developed by the National Center of Excellence for IECMHC, such as the [consultant self-assessment](#), [core competencies](#), and [foundational training modules](#), adding state/tribe/territory specific content.
- **Contract with trainers (or develop internal capacity) to offer regular, sequential trainings for all IECMH consultants** on key topics such as equity and inclusion and working with specific sectors and priority populations. Build from the [Center of Excellence Equity Toolkit](#) and the [2021 Equity Webinar Series](#).
- If one does not exist, **invest in the establishment of a state/tribal/territorial Association for Infant Mental Health (AIMH)**. Invest in the AIMH to increase access to reflective supervision and training, including exploration of using an I/ECMH endorsement and reflective supervisor endorsement system for ensuring quality standards.

- **Underwrite costs to support individuals to go through an established IECMHC training program,** such as the [Georgetown Certificate in Infant & Early Childhood Mental Health Consultation](#).
- **Sponsor an annual IECMHC conference,** or an IECMHC-focused day at an existing mental health or early childhood conference, to promote peer learning and support.

STATEWIDE TRAINING AND TECHNICAL ASSISTANCE EXAMPLE

Colorado is creating an [Early Childhood Mental Health Network Hub](#) to provide training, TA and professional development for consultants across the state.

EXAMPLES OF A RANGE OF STATES' APPROACHES TO TRAINING

[Early Childhood Mental Health Consultation: Policies and Practices to Foster the Social-Emotional Development of Young Children](#)

3. Program and Model Development

States, tribes, and territories are in very different places in terms of their development of an IECMHC model, ranging from places where there are few consultants practicing independently (and not necessarily connected or consistent in their methods of practice), to places that are working towards or implementing a state-, territory-, or tribal-wide IECMHC approach with common practices and protocols across multiple agencies. ARPA funding provides an opportunity to move model development forward.

RECOMMENDATIONS

- **Develop or adopt a state/tribe/territory-wide IECMHC model. Establish a workgroup to build consensus and get buy-in and agreement on key components of a shared model for IECMHC.** Include IECMHC state/tribe/territory leads, staff from all existing IECMHC programs, child-serving program staff, and families as members. Create an IECMHC theory of change and logic model for the state/tribe/territory. **Contract with experts that have established IECMHC systems in other locales to serve as technical advisors, as needed,** and partner with communities to ensure that program design is aligned with their needs and desires.
- **As part of model development, invest in the collaborative design and dissemination of core resources** to guide consistent practice across local IECMHC programs, such as: guidance for hiring, onboarding, and supervision; paperwork and documentation guidelines; suggested referral processes and sample partnership agreements. Workgroup members should be engaged in all aspects of this process so that resources incorporate input from both IECMH consultants and 'end users' such as child-serving programs and families. **Provide technical assistance** and other support to optimize utilization of these resources and for continuous improvements over time.
- **If no IECMHC programs currently exist in your state/tribe/territory, consider building from the approaches and experiences of others.** Many state leaders are willing to share their methods and resources and serve as consultants to help other locales build their own IECMHC systems. States/tribes/territories have the option to contract with or license (for a cost) existing models, some of which are proprietary such as Connecticut's [Early Childhood Consultation Partnership \(ECCP\)](#).
- **Provide grants and technical assistance to behavioral health and human service agencies to initiate or expand IECMHC programs at the local or regional level.** Offer access to training and technical assistance, core resources, marketing materials and reflective supervisor training to enable agencies to get new IECMHC programs off the ground.

4. Increasing Reach and Access

A key objective of investing ARPA funds in IECMHC is to expand the reach of mental health supports beyond where they have traditionally been made available. Recommendations for increasing reach and access to IECMHC services are grouped into three categories: a) using technology and telehealth options to reach new populations, b) raising awareness and conducting outreach campaigns to increase the likelihood that programs and families will make use of IECMHC services, and c) developing specialized IECMHC services to better reach underserved and high need communities.

RECOMMENDATIONS

Using Technology and Telehealth

- **Create a web-based centralized point of entry or hot/warmline for accessing IECMHC services** anywhere in the state, tribe, or territory, such as the [Colorado Early Childhood Mental Health Support Line](#), the [California Infant and Early Childhood Mental Health Consultation Network](#), or the [Ohio Preschool Expulsion Prevention Partnership Hotline](#).
- **Invest in creating a virtual IECMHC program so that any provider or parent can sign up for phone or video-conference consultation sessions** (which can then be parlayed into more long-term consultation engagements), such as the [Pennsylvania Key IECMHC Virtual Office Hours](#).
- **Create a statewide database of consultants that early childhood programs can search**, such as the [Illinois Professional Development System Gateways to Opportunity](#).
- **Provide grants to IECMHC and early childhood programs to purchase equipment that facilitates virtual IECMHC.** For example, laptops and internet connection, cameras, and [Swivl robot](#) or other equipment that enables the consultant to remotely observe the setting and work remotely with adult caregivers.

Raising awareness

- **Hire a communications specialist at the state/tribe/territory level to develop an IECMHC marketing and outreach campaign and materials. Contract with family, community, and provider champions** for input and help co-creating campaign materials that are tailored to different end users (e.g., parents, child care providers, child welfare workers, pediatricians, etc.).
- **Conduct messaging campaigns in multiple languages and pay for translation and adaptation of existing materials** to be culturally and linguistically appropriate for different audiences.
- **Increase reach into underserved communities by hiring ambassadors (e.g., peer specialists, family advocates or family navigators)** to carry the message about IECMHC.

Developing specialized services

Utilize disaggregated data from the equity analysis and strategic planning processes to identify populations that are underserved and/or high priority for receiving IECMHC services. Use funds to support individual IECMHC programs, or to build state/tribe/territory-wide capacity, to serve these populations. This may include specialized training, resources, and approaches. Below are three examples:

- **Expand availability of IECMHC to home-based child care (HBCC) and Family, Friend, and Neighbor care (FFN) settings. Work with community champions to create linkages to FFN and HBCC providers** to build trust and raise awareness of IECMHC services. **Develop outreach and educational materials** that are culturally and linguistically appropriate for HBCC and FFN providers and **offer trainings** on topics such as early brain development, developmental milestones, attachment, and trauma, as well as **IECMHC services. Reduce barriers to HBCC and FFN provider participation in trainings** by providing transportation, substitutes to enable time off from work, child care for their own children, food, and compensation for their time. (For more recommendations on serving HBCC and FFN providers with IECMHC services see recent [Georgetown](#) and [Urban Institute](#) reports).

- **Increase IECMHC supports to children and families involved in the child welfare system, including supports to the programs that serve them (e.g., child care, primary care, home visiting, and early intervention). Provide trainings to early childhood programs** to develop trauma-informed approaches and understand and manage secondary trauma responses. **Offer reflective practice groups for staff** to support wellness and manage stress. **Engage with child welfare agencies to offer IECMH consultation to caseworkers, supervisors, and managers.** Include trainings to deepen knowledge of child development and the impacts of trauma, address secondary trauma responses among staff, and support staff wellness. (For an example of support to child care centers serving children in foster care, see Arkansas' [Project PLAY and the Child Care & Child Welfare Partnership Toolkit](#).)
- **Increase IECMHC supports to children experiencing homelessness, their families, and their care providers. Offer professional development/trainings to early childhood programs** on mental health supports for families experiencing homelessness. **Support early childhood programs to implement trauma screening, assessment, and referrals. Help child care providers make appropriate adjustments to curricula, routines, and physical spaces** to accommodate the special needs of children experiencing homelessness. **Promote reflective practice for early care and education staff who work with homeless families**, including strategies to address self-care. **Pilot IECMHC services in shelters for homeless families or women and children experiencing domestic violence.** Help these programs to optimize environments to be safe and secure for young children, implement trauma-informed approaches, access training and supports for staff, and create linkages with early childhood systems and other mental health services.

5. Data and Evaluation

Investing in a state/tribe/territory-wide data system and evaluation plan enables comprehensive, reliable, and timely information about IECMHC services being delivered (what and to whom) and the outcomes of these services for children, families, and providers. These data are critical for improving service delivery; reporting on child, family, and provider wellbeing; and demonstrating the value of IECMHC services to communities, policymakers, and funders.

RECOMMENDATIONS

- **Identify a state/tribal/territorial IECMHC data and evaluation lead and contract with an experienced and independent evaluation team** to implement data and evaluation activities.
- **Create a state/tribe/territory-wide evaluation plan** in collaboration with key IECMHC providers, child-serving programs, and families. Identify desired outcomes, standardized measures, and agreed upon protocols for data collection across all sites where IECMHC is being implemented. Use the [IECMHC theory of change](#), [logic model template](#), [outcome measure guide](#), and [searchable evidence database](#) from the Center of Excellence for IECMHC as tools to assist in the process of evaluation planning.
- **Pay for the development of a state/tribe/territory-wide database** to collect data (that is easily disaggregated) on all IECMH consultants, consultant activities, recipients of consultation services and outcomes to assess impact. The database may also serve as a means to match consultants to programs; track whether consultants are representative of the children and families they are serving; and track workforce growth and diversification efforts. This may include **investing in software and hardware needed for data collection across sites, data and privacy security measures, and ongoing maintenance of the data system.**
- **Purchase valid and reliable, culturally appropriate data collection instruments** and compensate providers, parents, and research assistants for data collection. IECMHC programs should ensure that all data are disaggregated by race and ethnicity to assess progress toward the development of a more equitable IECMHC system.

- **Invest in data training and ongoing technical assistance** for IECMHC and early childhood program leaders and staff so that they are knowledgeable and prepared to collect, interpret, and use accurate and meaningful data.
- **Collect, analyze, and report on process, outcome, and continuous quality improvement (CQI) data** at regular intervals to assess progress toward equitable access, experiences, and outcomes. **Write up and disseminate findings for different audiences**, including families, programs, state/tribal/territorial leaders, policy makers and researchers to raise awareness about effective IECMHC approaches, what works and what does not work in different communities, and to contribute to advancements in the field. Include short form resources for broad audiences. (See, for example, [Michigan’s IECMHC infographic](#).)
- **Support local IECMHC programs to develop or improve IECMHC program-specific evaluations and CQI efforts.**

EXAMPLE OF STATE EVALUATION FINDINGS

[Early Childhood Consultation Partnership: Results Across Three Statewide Random-Controlled Evaluations](#)

[Findings from the Ohio randomized control trial of IECMHC](#)

[Healthy Futures: Year 5 Evaluation of Early Childhood Mental Health Consultation by the District of Columbia Department of Behavioral Health](#)

[Evaluation of the Illinois Model of IECMHC Pilot](#)

[Pennsylvania Early Childhood Mental Health Consultation Project: External Evaluation Report](#)

Conclusion

ARPA funding can create a lifeline for early childhood systems, programs and communities hit hard by the COVID-19 pandemic. Infant and early childhood mental health consultation is one means by which states, tribes and territories can offer support for the mental health and wellbeing of families and early childhood providers. Although IECMHC programs have been growing in recent decades, demand for this non-stigmatized, prevention-oriented approach to delivering mental health supports in community settings has often exceeded supply. ARPA funding offers the opportunity to address this imbalance through investing in IECMHC systems, workforce, programs, and data and evaluation efforts. This brief includes a wide range of recommendations that can help states, tribes and territories build their own IECMHC roadmaps.

Endnotes

- 1 Panchal, N., Kamal, R., Cox, C., & Garfield, R. (2021). The implications of COVID-19 for mental health and substance use: An issue brief. <https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/>.
- 2 Patrick, S. W., Henkhaus, L. E., Zickafoose, J. S., Lovell, K., Halvorson, A., Loch, S., Letterie, M., & Davis, M. M. (2020). Well-being of parents and children during the COVID-19 pandemic: A national survey. *Pediatrics*, 146(4), e2020016824.
- 3 Centers for Disease Control and Prevention, National Center for Health Statistics. (2020) *Early Release of Selected Mental Health Estimates Based on Data from the January–June 2019 National Health Interview Survey*. <https://www.cdc.gov/nchs/data/nhis/earlyrelease/ERmentalhealth-508.pdf>
- 4 Panchal, N., Kamal, R., Cox, C., & Garfield, R. (2021). The implications of COVID-19 for mental health and substance use: An issue brief. <https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/>.
- 5 King LS, Feddoes DE, Kirshenbaum JS, Humphreys KL, Gotlib IH. Pregnancy during the pandemic: the impact of COVID-19-related stress on risk for prenatal depression. *Psychol Med*. 2021 Mar 30:1-11. doi: 10.1017/S003329172100132X. Epub ahead of print. PMID: 33781354; PMCID: PMC8047399. Barbosa-Leiker, C., Smith, C. L., Crespi, E. J., Brooks, O., Burduli, E., Ranjo, S., ... & Gartstein, M. A. (2021). Stressors, coping, and resources needed during the COVID-19 pandemic in a sample of perinatal women. *BMC pregnancy and childbirth*, 21(1), 1-13.
- 6 Substance Abuse and Mental Health Services Administration. (2020) *National Survey on Drug Use and Health*. <https://www.samhsa.gov/data/release/2020-national-survey-drug-use-and-health-nsduh-releases>
- 7 Patrick, S. W., Henkhaus, L. E., Zickafoose, J. S., Lovell, K., Halvorson, A., Loch, S., Letterie, M., & Davis, M. M. (2020). Well-being of parents and children during the COVID-19 pandemic: A national survey. *Pediatrics*, 146(4), e2020016824.
- 8 Panchal, N., Kamal, R., Cox, C., & Garfield, R. (2021). The implications of COVID-19 for mental health and substance use: An issue brief. <https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/>.
- 9 Gilliam, W. (2022, March 31). *COVID-19 stress and trauma, racial aggression, bias, and why IECMHC is needed now more than ever* [PowerPoint Presentation]. Washington, DC: Center for Excellence in Early Childhood Mental Health Consultation. <https://www.youtube.com/watch?v=Eo1yUUsrNPU>.
- 10 Barnum, M. (2022). Source: Chalkbeat. The pandemic's toll: study documents fatality rates of teachers, child care workers in 2020. Available at <https://www.chalkbeat.org/2022/6/6/23157103/child-care-workers-teachers-covid-fatality-death-rates>
- 11 Center for the Study of Child Care Employment (2022, August 8). Child care sector jobs: BLS analysis. <https://cscce.berkeley.edu/publications/brief/child-care-sector-jobs-bls-analysis/>
- 12 Stanford University Graduate School of Education (2022, April 7). *Households with young children and child care providers are still facing hunger* [Fact sheet]. <https://static1.squarespace.com/static/5e7cf2f62c45da32f3c6065e/t/624f309010d33b6d1a8e4518/1649356944399/Facing+hunger+factsheet+April+2022+.pdf>

- 13 Panchal, N., Kamal, R., Cox, C., & Garfield, R. (2021). The implications of COVID-19 for mental health and substance use: An issue brief. <https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/>.
- 14 Gilliam, W. (2022). *COVID-19 stress and trauma, racial aggression, bias, and why IECMHC is needed now more than ever*. Plenary presented at the Center of Excellence for Infant and Early Childhood Mental Health Consultation 2022 IECMHC Conference. <https://www.iecmhc.org/conference/>
- 15 Davis, A. E., Shivers, E. M., & Perry, D. F. (2018). Exploring culture, race, and ethnicity in early childhood mental health consultation: The role of the consultative alliance. *Perspectives*, 3(2), 24.; Shivers, E. M., Faragó, F., & Gal-Szabo, D. E. (2021). The role of infant and early childhood mental health consultation in reducing racial and gender relational and discipline disparities between Black and white preschoolers. *Psychology in the Schools*.
- 16 Meek, S. (2022). *Start with equity: Creating equitable systems for children and families*. Plenary presentation at the Center of Excellence for Infant and Early Childhood Mental Health Consultation 2022 IECMHC Conference. <https://www.youtube.com/watch?v=AFOpGOjrghs>
- 17 Center of Excellence for Infant and Early Childhood Mental Health Consultation (2020). Annotated Bibliography: The Evidence Base for Infant and Early Childhood Mental Health Consultation (IECMHC). <http://www.iecmhc.org/documents/CoE-Evidence-Synthesis.pdf>
- 18 Ibid.
- 19 Brennan, E. M., Bradley, J. R., Allen, M. D., & Perry, D. F. (2008). The evidence base for mental health consultation in early childhood settings: Research synthesis addressing staff and program outcomes. *Early Education and Development*, 19(6), 982–1022.
- 20 Hepburn, K., Perry, D., Shivers, E., & Gilliam, W. (2013). Early childhood mental health consultation as an evidence-based practice: Where does it stand. *Zero to Three*, 33(5), 10–19.
- 21 Shivers, E. M., Faragó, F., & Gal-Szabo, D. E. (2021). The role of infant and early childhood mental health consultation in reducing racial and gender relational and discipline disparities between Black and white preschoolers. *Psychology in the Schools*.
- 22 Center of Excellence for Infant and Early Childhood Mental Health Consultation (CoE). Annotated bibliography: The evidence base for infant and early childhood mental health consultation. <https://www.iecmhc.org/wp-content/uploads/2020/12/CoE-Annotated-Bibliography.pdf>
- 23 Early Childhood Technical Assistance Center (2022). Briefing paper: infant and early childhood mental health and early intervention (Part C): policies and practices for supporting the social and emotional development and mental health of infants and toddlers in the context of parent-child relationships. FPG Child Development Institute, University of North Carolina. <https://ectacenter.org/topics/iecmh/iecmhpartc.asp>
- 24 Reflective supervision of the consultant is a critical component of IECMHC. Reflective supervision is distinct from administrative or clinical supervision and is defined as “a relationship grounded in trust and emotional safety” and “characterized by reflection, collaboration, and regularity.” Parlakian, R. (2001). *Look, listen, and learn: Reflective supervision and relationship-based work*.