



## Designing an IECMHC Program: Four Essential Building Blocks



THE CENTER OF EXCELLENCE FOR  
Infant and Early Childhood  
Mental Health Consultation

## IECMHC Programs and IECMHC Models

A **PROGRAM** is any IECMH consultation service that includes the four core building blocks described in this guide.

A **MODEL** is an IECMHC program that has proven success and that other programs can replicate by following the manual for that model.

Regardless of size, setting, or design, all IECMHC services focus on improving outcomes for young children by building the capacity of early childhood professionals and families to understand and promote children's social and emotional development.

### The Four Essential Building Blocks of the IECMHC Program



## Designing an IECMHC Program: Four Essential Building Blocks

IECMHC programs are as unique as the different settings in which they exist. Yet all programs need some essential ingredients to create a foundation for success. The Center of Excellence conducted an extensive review of existing IECMHC consultation programs around the country and found that all successful programs require four foundational building blocks: **(1) eligibility, (2) service design, (3) workforce, and (4) infrastructure.** This guide defines each of the four building blocks and offers examples of how they have been implemented in a range of programs.

The goal of this guide is not to prescribe a single IECMHC model, but rather to help new programs become familiar with the building blocks of IECMHC so they can provide the best services possible to meet the needs of their community. These building blocks do not need to be approached in sequence, but rather are all necessary for the foundation of a strong IECMHC program. This guide will also help administrators of existing programs to assess and strengthen their programs' core building blocks.

States, tribes, or communities can use this guide in conjunction with the interactive Planning Guide for *Developing and Implementing an Infant and Early Childhood Mental Health Consultation Model* (available in the [Models section](#) of the IECMHC Toolbox).



# The Building Blocks of an IECMHC Program

## 1. ELIGIBILITY

**ELIGIBILITY** describes the population the program serves. Eligibility is determined by defining the **target population, geographic reach, and service delivery setting**.

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**TARGET POPULATION** refers to the individuals who ultimately benefit from IECMHC program services. A program may define the target population based on personal characteristics, such as age, or on risk factors such as low socioeconomic status.

*For example*, Michigan's Child Care Expulsion Prevention Program serves families with children from birth to age 5 in home-based child care settings. Consultants work with the home-based child care providers.

**GEOGRAPHIC REACH** describes specifically where a program delivers its services and the degree to which services are accessible and available to the target population. Access may be targeted or universal. *Targeted access* means that only some individuals or programs within a geographic area qualify for services, and *universal access* means that the entire population has access to the services.

*For example*, Maryland has 12 regional IECMHC programs covering all 24 of its counties. This statewide IECMHC program serves licensed child care programs in the state, with outreach to those that serve low-income families (i.e., targeted access).

**SERVICE DELIVERY SETTING** describes where the professionals receiving the IECMHC service work. Service delivery settings include but are not limited to family child care programs, preschools, Head Start programs, child care centers, health care offices, child welfare agencies, Early Intervention programs, and home visiting programs.

*For example*, the Illinois Early Childhood Home Visiting Project provides IECMHC to home visitors, and the service delivery setting is the social service agency that provides the home visiting service. The IECMH consultants meet with the home visitors at the social service agency.

**Consultation services always focus on building the capacity of staff and caregivers, with the ultimate goal of enhancing care for young children and their families**

## 2. SERVICE DESIGN

**SERVICE DESIGN** describes how the program delivers IECMHC services; it includes **service dose, consultant capacity, and service access.**

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**SERVICE DOSE** refers to the range and scope of services necessary for consultation to be effective, including duration, frequency, and intensity. *Duration* refers to the length of time that the consultant provides services to a program. This can range from short-term (approximately three to six months) to long-term, where consultants do not have a specified timeline for exiting a program. *Frequency* refers to how often services are provided. Many programs deliver consultation services weekly or bi-weekly. Intensity refers to the number of hours the consultant spends with the program or consultee at each visit.

*For example*, the Children Thrive program provides services for one year (duration). Consultants visit early care and education (ECE) centers once a week (frequency) for half a day to a full day (intensity), depending on the number of classrooms in each center and the current needs.

**CONSULTANT CAPACITY** describes the consultant's workload, based on the program dose, the service design, the program goals, and the total hours that consultants are available to provide services. Programs should strive for both efficient and high-quality service delivery.

*For example*, at Children Thrive, each full-time consultant has a caseload of five ECE centers, and each center has six to eight classrooms.

**SERVICE ACCESS** describes the process for how a service delivery setting (such as an ECE or home visiting program) can initiate services with an IECMH consultant. Before the consultation services begin, the service delivery setting and the consultant or IECMHC program should develop a formal agreement that clarifies the mutual expectations for services, including service dose and consultant capacity. Service access is sometimes clarified by the *referral process*; referrals may come directly from the consultant, through the service organization, or programs that are interested in accessing consultation services can enroll in services directly.

*For example*, at Children Thrive, a teacher or parent can request a referral through the ECE program director. The director meets weekly with the consultant to discuss and approve referrals and to ensure that the child's parent or guardian has consented to consultation.

### 3. WORKFORCE

**WORKFORCE** describes the preparation and support required to be a consultant, including **training, qualifications, and reflective supervision.**

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**TRAINING** refers to the amount, content, and type of professional development that consultants receive during pre-service or new employee preparation and during employment.

*For example,* the Infant-Parent Program works in conjunction with the University of California–San Francisco to provide extensive training to employees and interns. An intensive one-year training program provides the foundational knowledge needed to conduct the work.

**QUALIFICATIONS** refer to consultants' education, licensure, credentialing, and prior work experience, all of which are needed to provide the foundation for quality IECMHC service delivery.

*For example,* Tulane's Infant and Early Childhood Consultation Supports and Services program requires consultants to have a master's degree and to be licensed or working toward a license.

**The Center of Excellence recommends that consultants have a master's degree in a relevant mental health field and be clinical license-eligible. Please visit the [Competencies](#) section of the IECMHC Toolbox for more information on the Center's recommendations for consultant qualifications.**

**REFLECTIVE SUPERVISION** supports the consultant's developing skills concerning reflective capacity, and helps the consultant explore the thoughts, feelings, actions, and reactions that IECMHC evokes. This type of supervision also ensures that the consultant's efforts fall within the boundaries and capacities of the consultant role. Reflective supervision increases IECMH consultants' effectiveness.

*For example,* the Healthy Futures Program in Washington, D.C., provides weekly individual reflective supervision and monthly group supervision. An experienced mental health consultant provides the supervision and a space to process and reflect on the challenging work.

**The Center of Excellence recommends regular, high-quality reflective supervision provided by a trained reflective supervisor. The supervision can be internal or external to the employing organization or consultation setting.**

## 4. INFRASTRUCTURE

**INFRASTRUCTURE** describes the support mechanisms that must be in place to implement an IECMHC program, including a **theory of change, a logic model, a service organization, policies and procedures, and a manual.**

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**A THEORY OF CHANGE** explains the specific mechanisms through which IECMHC services are expected to impact short- and long-term outcomes.

*For example,* the [Research and Evaluation](#) section of the IECMHC Toolbox offers several examples of how different organizations developed their theory of change.

**A LOGIC MODEL** is a visual depiction of the IECMHC program's purpose, theory of change, processes, and outcomes. The logic model states basic assumptions, the intended target population(s), specific IECMHC services, and the processes needed to support the IECMHC program. Logic models are also an essential tool for guiding measurement of the program's effects.

*For example,* Alaska created a logic model for providing IECMHC services in a rural setting. Visit the [Research and Evaluation](#) section of the IECMHC Toolbox to see this and other logic models.

**A SERVICE ORGANIZATION** is the organization that employs the IECMH consultant. Some IECMH consultants are self-employed, but most service organizations are private mental health organizations, universities, and/or community mental health organizations. The service organization may receive funding from or be managed by a broader entity, such as a state department.

*For example,* the Colorado Mental Health Consultation Program is managed by the state Office of Early Childhood (OEC). The mental health consultation program provides funds to local mental health agencies (the service organizations) to employ IECMH consultants to provide consultation services.



## 4. INFRASTRUCTURE (CONTINUED)

**POLICIES AND PROCEDURES** clearly articulate expectations for how consultants perform their job responsibilities. Policies and procedures should address the following areas:

- Onboarding
- Training and professional development
- Paperwork and documentation, including program evaluation requirements
- Referrals
- Partnering with other early childhood systems
- Supervision
- Performance requirements

*For example,* Connecticut’s Early Childhood Consultation Partnership® program manual has a dedicated section on policies and procedures in order to ensure uniformity of service delivery throughout the state.

**A PROGRAM MANUAL** describes how to conduct a consultation in the identified setting. While fluid in nature, consultation falls into three categories: child and family-focused consultation, classroom (for ECE settings) and group-focused consultation, and programmatic consultation. The manual should include detailed information on these different types of consultation.

*For example,* The Georgetown Model of Early Childhood Mental Health Consultation manual outlines how three types of consultation—programmatic, child and family, and classroom—are delivered in a public charter preschool.

## Conclusion

Every IECMHC program is unique, but all should include attention to the four building blocks outlined in this guide. For programs that are just developing, this guide is a road map for ensuring that your program provides well-defined consultation services. For existing programs, this guide will help strengthen ongoing refinement of services. For additional assistance in this process, consider using the [CoE's Building Blocks for IECMHC Worksheet](#).

Please visit the [IECMHC Toolbox](#) for additional information about IECMHC.

