

# Webinar #4: Key Considerations for Building a Quality IECMHC Model, Part 1 Designing an IECMHC Approach

## Questions and Answers

**Q: Will this webinar be recorded? Will it be posted online?**

A: Yes, we will post a video summary of this webinar presentation on [our webinar and podcasts webpage](#).

**Q: Will the presentation and handouts be available?**

A: The presentation slides are not available at this time but a recast of the webinar that incorporates the slides is available. In addition, you can access the two handouts on messaging IECMHC within home visiting on [our podcasts and webinars webpage](#).

**Q: Do you offer certificates or CEUs for your webinars?**

A: Unfortunately, we are unable to provide certificates or attendance credit for our webinars at this time.

**Q: How many states that have IECMHC also have an IECMH state plan before they try and do a MHC program? If they don't have a plan first, does that impact developing a model - in other words - how critical do you feel a state IECMH plan is for developing a strong MHC program?**

A: The Center of Excellence (CoE) is compiling lessons learned as we provide intensive Technical Assistance services to 14 pilot sites. The CoE recommends developing a state plan in order to ensure that IECMHC work is situated within a strong infrastructure and is able to be part of a comprehensive system of care. At this point in time, the CoE is aware of following states who have an IECMHC plan: Pennsylvania, Connecticut, Arizona Louisiana, Arkansas, Maryland, Illinois Michigan, and Ohio

**Q: What's the best way to convey the difference between an IECMHC programmatic plan and an IECMHC state plan to policymakers?**

A: A state plan reflects how IECMHC fits into the state's or tribe's array of services and early childhood systems. A programmatic plan reflects how IECMHC will be implemented on an operational level. In addition, a state plan is put in place by an established group of policy-makers and experts who have knowledge of the state's resources, strengths and greatest needs with regard to planning, implementation and delivery of IECMHC. Typically, programs within those states will attempt to match their local implementation model to the state-wide standards and plans in whatever ways possible. At times, due to the specific resources, strengths and needs of the populations they serve, their models may need to be adapted for their unique communities.

**Q: How have these systems intersected with state Quality Rating Improvement Systems (QRIS) work and infant and toddler consultation in that setting? I find that sometimes QRIS consultation to improve quality generally is conflated with Mental Health Consultation.**

A: Several states have begun to integrate IECMHC within the QRIS system. For example, Michigan, through their Early Learning Challenge grant, has developed a framework to provide a level of support through Masters prepared mental health consultants. Referrals flow through the childcare and resource referral agencies. Quality Improvement Specialists facilitate the link between a provider and the IECMH consultant to address programmatic or targeted child level concerns that adults may have. The CoE works closely with BUILD, the organization that supports states in their QRIS efforts. CoE staff have presented at BUILD conferences regarding the intersection of QRIS and IECMHC. The CoE will link to crosswalk resources as they become available.

**Q: Who is in Colorado's funders' network? Are private philanthropists in the mix?**

A: Colorado's situation is unique. The state has many local foundations who fund a variety of services and programs for children and families.

Other states may have philanthropic organizations interested in early childhood mental health issues. In Colorado, local foundations formed a network to educate themselves about mental health issues, community needs, MH providers' needs, early childhood providers' needs, and families' experience.

If a program is interested in this type of support, but the program's state or tribal community is not in a position where they can turn to a funders' network for information about philanthropic organizations, a program can reach out to local community philanthropies to build working relationships. These philanthropies may be hospital-based or private family foundations or larger philanthropic organizations. Together, the program and foundations can discuss how philanthropy can partner with organizations, state agencies, and local nonprofits to achieve shared goals.