

Webinar #5: Key Considerations for Building a Quality IECMHC Model, Part 2: Developing IECMHC Service Components

Questions and Answers

Q: What is your definition of a mental health consultant?

A: An Infant and Early Childhood Mental Health consultant is an individual that:

- Demonstrates an ability to strengthen families' and early care and education/home visiting (ECE/HV) staff's capacity to support the social, emotional, and relational health of children and families in a range of settings.
- Partners with families and ECE/HV staff to prevent mental health problems from developing or increasing in intensity.
- Assists families and ECE/HV staff in responding effectively to existing mental health concerns by linking them with community-based resources and treatment when needed.

In the [Models section](#) of IECMHCToolbox, the interactive *Planning Guide for Developing and Implementing an Infant and Early Childhood Mental Health Consultation Model* can help you create or improve your program. The tool explains the education, experience, and personal attributes of the consultants that your program, state, or tribal community may need.

You can find more information about the abilities, knowledge, and skills IECMH consultants need in the [Competencies section](#) of the Toolbox.

Q: How do we meet children's behavioral needs in their Least Restrictive Environment (LRE) while maintaining overall quality classroom- or program-wide?

A: Quality practices, interactions, environmental set-up, and partnerships with families need to go hand in hand with the strengths and needs of the children in your classrooms and programs. For example, if you have a child with behavioral needs who is struggling with sitting for short periods of time during group gatherings, a quality-focused approach is to recognize that every child has a need to move (some more than others). The program should offer alternative options to sitting, while still helping the children engage with the learning opportunity. The IECMH consultant can work with the special education staff and teaching team to ensure every child's needs are met and the overall quality of the classroom is maintained and perhaps even improved with the modifications made.

Q: What suggestions can you offer around hiring qualified staff? Most states and tribal communities differ in their capacity, funding, approach, and the challenges they face – can you share a few examples?

A: A state or tribal community's capacity to hire qualified IECMH consultants can depend on the availability of qualified consultants, local higher education opportunities, and program funding. The Center of Excellence (CoE) for IECMHC encourages states and tribes to hire consultants who have a master's degree in a mental health-related field. Michigan, Louisiana, and Arizona offer examples of how some states have built an IECMHC workforce:

Michigan requires clinical staff providing state-funded mental health home-based intervention to have an infant mental health (IMH) endorsement, a master's degree in the mental health field, and experience working with infants and families. These services are typically provided through Community Mental Health Service Providers (CMHSPs). Michigan's prevention-based IECMHC program hires consultants through CMHSPs to ensure they have the education and skills to support the mental health needs of children and families. Hiring consultants through CMHSPs has many benefits, including strengthened coordination of services, access to reflective supervision for the consultant, and a link to more intensive treatment services when needed.

In Louisiana, Tulane Infant and Early Childhood Mental Health Consultant and Support's funding is subcontracted by regions. For regions that have a hard time finding qualified consultants, this program encourages consultants to assist in neighboring regions until the region has hired qualified individuals. In one region where it was consistently difficult to find qualified consultants, the subcontract for a bordering region included providing services to the understaffed region.

Arizona's statewide IECMHC program, called Smart Support, has experienced difficulty hiring qualified consultants, particularly in rural areas. Smart Support hires only master's level mental health professionals with demonstrated experience working with children in a clinical or group setting. While the master's level mental health degree is essential, Smart Support can train those with limited early childhood experience. To recruit staff in rural areas, ads in local newsletters and direct emails through local contacts often work better than posting on online job sites. While a program is waiting to find a consultant, Smart Support will serve sites with telephone consultation, and a supervisor or experienced consultant will visit as appropriate.

Q: Do you know of any center-based models that offer expanded intervention? For higher teacher/child ratios for children ages birth to 5?

A: IECMHC is a prevention-based service that pairs a mental health consultant with families and adults who work with infants and young children in various settings. The aim is to support and help build adults' capacity to strengthen and support the healthy social and emotional growth of children before intervention is needed. IECMHC is not therapy, nor is it about "fixing kids". The role of an IECMH consultant is to help equip caregivers to facilitate children's healthy growth and development.

Therefore, under our definition of IECMHC, consultants would not offer expanded intervention or address staff-child ratios. The consultant may work with other therapists involved with a child identified for expanded services, but the consultant would not deliver the services to the child.

Q: Are there any models that combine therapeutic services with consultation services?

Many times an IECMH consultant will identify a need for therapeutic services and refer a child/family for community-based services while continuing to work with the early care and education or home visiting program to ensure the setting is best equipped to promote a child/family's success. In these cases it is often beneficial for ongoing coordination of care between the consultant and outside clinician. In some instances, the IECMH consultant also serves as a clinician in some capacity. However, while serving as a consultant, the individual should not provide clinical services at the same time. The consultant must clarify to all involved when they are doing mental health consultation and when they are engaged in treatment, given the crucial distinctions between the two, as outlined in the *Crosswalk of Early Childhood Mental Health Services*, located in the [Introduction Section](#) of the Toolbox.

Q: Do you have a sample job description for a mental health consultant that you're willing to share?

A: Please see the [Competencies](#), [Workforce Development](#), and [Models](#) sections of our Toolbox. Sample interview questions are available in the *Models Interactive* in Part 2 Section 9. For more information, please see *Resources from the Interactive Models Assessment and Planning Guide*. Also, see sample job descriptions in the [What Works? A Study of Effective Early Childhood Mental Health Consultation Programs](#) report.

Q: Will you be addressing readiness for collaborators at the centers and early childhood professionals in later sessions?

A: We are always open to suggestions for future webinars, podcasts, and other technical assistance offerings. Please contact IECMHC@edc.org to share further details and ideas about additional topics you would like to see addressed. You may also want to refer to the [Family Connections](#) materials in the Early Childhood Learning & Knowledge Center (ECLKC).

