A Statewide Infant Early Childhood Mental Health Consultation Report and Three-Year Plan

NEW MEXICO
Early Childhood
Education & Care Department

May 2021

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Early Childhood
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Dear New Mexico Early Childhood Stakeholders,

May 2021

It is with great pleasure and optimism that we present the Early Childhood Education and Care Department's three-year plan to implement Statewide Infant Early Childhood Mental Health (IECMH) Consultation for early care and education and home visiting programs. We are incredibly grateful to the individuals who committed their time, wisdom, historical knowledge, and passion for families and children to the development of this plan.

We want to thank Project ECHO and the National Center of Excellence in Infant Early Childhood Mental Health Consultation for their leadership, coordination, expertise, and encouragement. This work is also informed by New Mexico's Birth-Five Needs Assessment and the related Native American Perspectives report, which include feedback from thousands of New Mexicans. We are excited to share that many of the goals and objectives outlined in this Plan align directly with the actions outlined in the New Mexico Early Childhood Strategic Plan 2021–24.

IECMH consultation is a multi-level mental health strategy that spans the care continuum from promotion, prevention to intervention. By collaborating with the primary people in children's lives, IECMH consultation supports, or where needed, strengthens caregiving practices, thereby promoting optimal development for children. While directed at preserving the social emotional wellbeing and relational health of all the involved constituents, IECMH simultaneously serves as a prevention, intervention, and coordination function for those children/families at risk for or exhibiting mental health difficulties.

> **IECMH simultaneously serves a prevention, intervention, and coordination function for those children/families at risk for or exhibiting mental health difficulties.**

In the United States, the estimates of serious emotional disorders in young children range from 4 to 10 percent. Additionally, implicit bias is fueling racial disparities in preschool expulsion. By intervening with the important adults in young children's lives, IECMH consultation is evidencing promising outcomes in reversing the deleterious and strengthening the positive impacts of early relational experiences.

We look forward to working collaboratively with our public and private sector partners to implement this ambitious and important plan.

Sincerely,

Elizabeth Groginsky
Cabinet Secretary

Bryce Pittenger
CEO of the New Mexico Behavioral Health Collaborative

Table of Contents

Background and Purpose

Background

In March 2019, Governor Michelle Lujan Grisham signed the New Mexico Early Childhood Education and Care Act and created the Early Childhood Education and Care Department (ECECD), see NMSA 1978, § 9-29-1, et seq. (2019). The creation of ECECD brought together the early childhood programs and services that previously resided within other agencies of government, creating the country's fourth cabinet-level early childhood agency.

The Department's commitment is to create a more cohesive, equitable, and effective early childhood system in New Mexico. That means coordinating a continuum of programs from prenatal
to age five—and ensuring that families in every community in the state can access the services they need.

One of ECECD's first priorities was to convene an Infant Early Childhood Mental Health (IECMH) consulation Task Force to focus on developing a comprehensive, statewide plan for IECMH consultation. Funded through the New Mexico Preschool Development Block Grant, Birth to Five (PDG B–5), the established Task Force developed a plan that balanced New Mexico's longstanding, broad-based efforts and accomplishments in early childhood and infant mental health with expansion and integration of evidence-based practices in the sub-specialty of IECMH consultation.

The 28-member Infant and Early Childhood Mental Health Consultation Task Force was comprised of experienced practitioners and leaders from all sectors of New Mexico's early childhood, education, medical, behavioral health, and early intervention systems, as well as leadership from the Early Childhood Education and Care Department.

Facilitating the work was Kadija Johnston, a national expert consultant associated with the Center of Excellence for IECMH consultation with the support of Project ECHO. The Task Force spent six months meeting, analyzing critical data and information to develop a three-year comprehensive, statewide plan.

The Task Force paid particular attention to issues of diversity, equity, and inclusion. Unique cultural backgrounds and diverse settings, including rural and frontier populations, were highlighted while concomitantly acknowledging the challenges associated with providing equitable service delivery given the chronically under-resourced infant and early childhood system in the state.

Purpose

Growing understanding of the lifelong impact of early experience has heightened appreciation and suggests that intervention in this period is not only possible but optimal. Simultaneously, awareness of the damaging effects of trauma, relational disruptions, and disorders in the early years is expanding. While there is great variability in the percentages cited, anywhere from 10 to 40 percent of preschool-age children regularly display behavior that their teachers and or parents label as problematic (Raver & Knitzer, 2002).

Estimates of serious emotional disorders in young children range from 4 to 10 percent (Brauner and Stephens, 2006; Egger and Angold, 2006). Additionally, implicit bias is fueling racial disparities in preschool expulsion, with African American boys being almost four times more likely to be excluded than their peers. By intervening with the important adults in young children's lives, IECMH consultation is evidencing promising outcomes in reversing the deleterious and strengthening the positive impacts of early relational experiences.

Thanks Early Childhood Mental Health Consultation Task Force Members

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★ **Sophie Bertrand**, Director, Early Childhood Learning Network Division, Center for Development and Disability, Early Learning Network – UNM

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★ **Claire Dudley-Chavez**, Director of Policy, Research and Quality Initiatives, State of New Mexico Early Childhood Education and Care Department

★ **Dorothy Forbes**, Program Director, Eight Northern Indian Pueblos Council Circle of Life Program

★ **Clarissa Franco**, Senior Program Manager, Project ECHO – UNM

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★ **Bryce Pittenger**, Chief Executive Officer, Behavioral Health Collaborative

★ **Jes Radaelli-Nida**, Senior Training & Development Consultant, Early Childhood Services Center – UNM

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★ **Christopher Tsosie**, Mental Health Manager, Jicarilla Child & Family Education Center

★ **Jacqui Van Horn**, Infant Mental Health Mentor, The Parent-Infant Study Center

Task Force Planning Process

The Task Force began with an overview of the national landscape and orientation to seminal principles and practices of IECMH consultation. This work was followed with cross system and multidisciplinary conversations that provided the foundation for shared language about IECMH and specifically IECMH consultation (see Glossary of Terms on page 27).

Grounded in a common terminology around conceptualization and definition of IECMH consultation, the group was charged with developing a mission and vision. These aspirational statements provided a guiding framework for the diverse set of stakeholders and an articulated end point for gauging success.

Through collaborative discussions and remote meetings beginning in Fall of 2020, the Task Force identified best approaches to integrate IECMH consultation with existing early childhood support services and to expand and strengthen a qualified workforce to provide IECMH consultation. The Task Force felt a strong need to uplift New Mexicans by using a proactive and positive approach and demonstrate respect for diverse populations across the state and prioritize family resiliency.

Commitment, Mission, and Vision of the IECMH Consulation Statewide Three-Year Strategic Plan

The Task Force developed the following statements to guide their work.

Commitment: We will promote, respond, and preserve the mental health and well-being of New Mexico's babies, infants, and toddlers. We will secure funding and develop and deploy a knowledgeable and competent IECMH consultation workforce to provide equitable, culturally reflective, intensive, and coordinated services to children and families which supports and enhances the capacities of their providers, caregivers, and communities.

Mission Statement
All of New Mexico's infants, young children and the adults who care for them will have access to equity informed early childhood mental health consultation within their communities.

Vision Statement
The physical, mental, emotional and spiritual well-being of New Mexico's infants and young children will be nurtured, preserved and promoted through healthy relationships.

Task Force Subcommittees

Five subcommittees were established based on individual expertise and tasked with creating SMART goals and objectives. **See Appendix A for the subcommitees guiding questions.** The subcommitees were aligned with content categories identified by the National Center of Excellence for Infant and Early Childhood Mental Health.

The Task Force was co-chaired, by Elizabeth Groginsky Cabinet Secretary of ECECD, and Jovanna Archuleta Assistant Secretary for Native American Early Childhood Education and Care, and they were supported by subcommittee co-chairs.

Content Categories

1. **Program Model:** Identify and endorse a conceptual approach with considerations for consultation service delivery.

2. **Equity:** Define and commit to equity practices in all aspects of planning and implementation.

3. **Workforce Development:** Identify who will do the work, provide IECMH consultation and consider resources for training and ongoing support of consultants.

4. **Policy and Financing:** Identify current sources of revenue, polices that support IECMH consultation and plans for sustainability.

5. **Data and Evaluation:** Identify data that currently exists to support the need for IECMH consultation, select key measures, and create an evaluation plan to be used during plan implementation.

Infant Early Childhood Mental Health Consultation and the National Perspective

What is Infant and Early Childhood Mental Health (IECMH) Consultation?

IECMH consultation is a multi-level mental health strategy that spans the care continuum from promotion, prevention to intervention.

The developmentally and equity-informed, relationship-focused practice pairs a mental health professional with other providers who care for, or offer services to, infants, young children and their families. The capacity building endeavor is aimed at increasing social-emotional awareness and knowledge and enhancing reflective confidence and competence in the adults that support young children.

By collaborating with the primary people in children's lives, IECMH consultation supports, or where needed, strengthens, caregiving practices, thereby promoting optimal development for all children in a setting or service system. While directed at preserving the social emotional wellbeing and relational health of all the involved constituents, IECMH consultation simultaneously serves a prevention and intervention function for children/families at risk for or exhibiting mental health difficulties.

Collaborative Relationships

The consultation process involves two or more individuals with different areas of expertise, such as: the mental health expertise of the consultant, the early care and education expertise of the child care provider, and the parenting expertise of the family or caregiver. Each individual offers a valuable perspective and a unique role when working together on shared goals through a process that requires respect, sensitivity to context and culture, and open communication.

When Consulting to Early Childhood Education Programs, IECMH consultants generally provide three types of services:

1. **Child-Focused Consultation:** When a specific child's behavior is of concern to parents or teachers, the Consultant helps these adults understand, assess, and address the child's needs by developing an individualized plan with the parents and teachers.

2. **Classroom-Focused Consultation:** The Consultant works with teachers to improve the care offered to all children in their classroom by helping to identify attitudes, beliefs, practices, and conditions that may be undermining quality relationships between teachers and children.

3. **Program-Focused Consultation:** Directors and other program leaders are supported by the consultant to make changes in their practices and/or policies to benefit all the children and adults in their setting.

(The RAINE Group, 2014)

Capacity Building

The consultation process involves assisting staff and caregivers to develop attitudes and skills that will help them function more effectively. With new perspective, skills, and strategies, caregivers can address and solve current problems as well as future concerns that might arise in supporting the social and emotional health of young children.

Indirect Nature of Intervention Services

A consultant's intervention is indirect, working with and through staff and caregivers. By working in collaboration with staff and caregivers and building their capacity to problem solve and change practices, the consultant influences the experience of and outcomes for an individual child, family, staff member, and program.

System Navigation

An early childhood mental health consultant helps to link and bridge systems and services on behalf of a child, family, and program. Similar to a case manager, a mental health consultant can assist the child and family in integrating their services through a team approach: Identifying community resources and advocating for the type of services (frequency and intensity) that meet the child and family needs; and facilitating planning and communication among families, caregivers, and service providers so that services are well coordinated.

Culturally Sensitive Approach

Because many aspects of early childhood practices are influenced by the culture of the child and family, mental health consultants must be attuned to these nuances as they work with staff and families. Care must be taken to be attentive and responsive to cultural differences

between staff and families as well as among staff members; designing services and interventions that are culturally and linguistically appropriate. (Hepburn, et al., 2007, pp.5–6)

Who are IECMH consultants?

While there are not yet established criteria for an IECMH consultant, the nationally recognized, Substance Abuse and Mental Health Services Administration (SAMHSA) supported, Center of Excellence for Infant and Early Childhood Mental Health Consultation recommends that the service be provided by a licensed or license eligible mental health professional. Additionally, the Center developed and endorsed a set of core competencies essential to competently provide IECMH consultation (see Appendix B on page 34).

The information below offers a general overview of the recommended knowledge, skills, and attributes that an IECMH consultant should possess.

Head Start and Early Head Start

"Head Start and Early Head Start have a long-standing commitment to IECMHC and the positive outcomes it supports at the child, family and program levels. The Head Start Program Performance Standards require IECMHC in all program models and outline requirements for how a mental health consultant must collaborate with staff and families to promote positive mental health and reduce suspensions and expulsions. Working collaboratively with program staff and families, mental health consultants can assist programs to implement a continuum of strategies including prevention, early identification and intensive interventions to support children and families. IEMHC is also an effective component in the elimination of preschool expulsion." (National Center on Early Childhood Health and Wellness, 2017)

How Does IECMH Consultation Work?

IECMH consultation programs are embedded into early childhood systems and work within their communities. Over the past decade, researchers and practitioners have sought to answer the questions: How does IECMH consultation work? What is the mechanism of change? What makes an IECMH consultation practitioner or program effective?

The report, "What Works ?" A Study of Effective Early Childhood Mental Health Consultation Programs (Duran, F. et al., 2009), identifies and describes common components of effective early childhood mental health consultation. The study examined IECMH consultation programs that have demonstrated positive child, family, staff, and/or program outcomes. The three program design features found to consistently characterize IECMH consultation programs that have positive outcomes are: solid program infrastructure, highly qualified mental health consultations, and high-quality services.

Solid Program Infrastructure

A solid program infrastructure includes factors like strong and knowledgeable program leadership; a well-articulated approach to, and clear model of, IECMH consultation service delivery and evaluation and strategic community and fiscal partnerships. While various models of IECMH consultation exist and have proven effective, they are all based on a clearly articulated and agreed to theory of change that is operationalized through policies, procedures and with written standards describing and directing the ways in which IECMH consultation is delivered.

Highly Qualified Mental Health Consultants

IECMH consultants who are considered to be highly qualified come to the position minimally with a master's degree in a mental health field (i.e. social work, psychology, counseling, marriage and family therapy, or psychiatry).

Figure 2: Framework for Effective Early Childhood Mental Health Consultation Programs

(Duran, F. et al., 2009, p. 5)
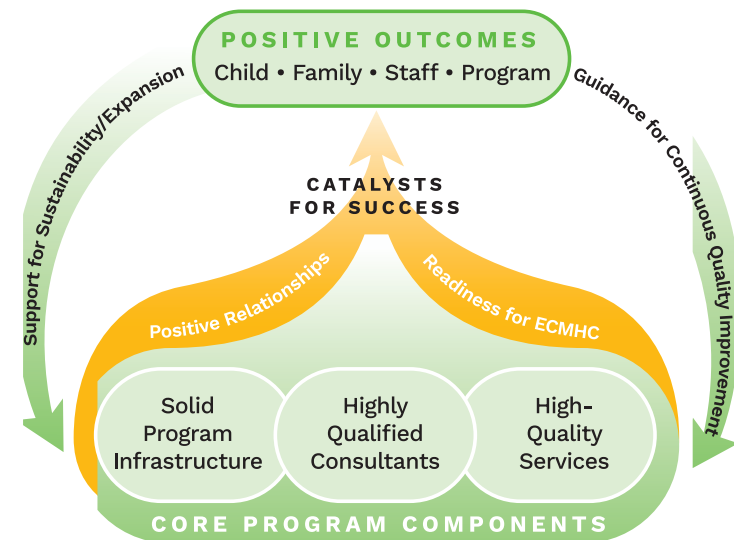
Academic training is foundational but not sufficient. The knowledge, skills and attributes that are needed to practice the subspecialty of IECMH consultation must be acquired and are not widely available. Therefore, robust pre-service and in-service training and ongoing clinical reflective supervision are essential and commonly viewed as critical to developing and sustaining a highly qualified IECMH consultation workforce.

High-Quality Services

The authors of the "What Works?" study point to the array of activities and how IECMH consultants engage in these practices as central contributors to quality. These central consultation activities include observations, individual and group meetings with consultees (i.e. teachers, home visitors), and meeting directly with families, as well as securing referrals to needed services and acting as the liaison between the family and the consultee agency. How these activities are engaged in is equally important. Collaboration, flexibility, availability, consistency, and cultural sensitivity are regularly referenced by researchers and the recipients of IECMH consultation as integral to the efforts perceived usefulness.

IECMH consultants, at a minimum:

- Have a Master's degree in mental health
- Are licensed or license-eligible and well-trained in their field
- Have at least two to three years of work experience as a mental health professional
- Possess attributes and skills critical to this work (e.g., facilitate partnerships, culturally sensitive, flexible, empathetic, and curious)
- Have specialized knowledge (e.g., knowledge of early care and education systems, consultation, and child development; an understanding of the impacts of stressors on child development and mental health, and understanding of how domestic and community violence can impact mental well-being; the relationship between adult mental illness and infant social and emotional development). (The RAINE Group, 2014)

Why is IECMH Consultation Taking Off?

IECMH consultation is bourgeoning. More than half of the states in the nation report that these services are occurring, at least in pockets, and 15 states have statewide programs.

The service began, and the expansion is occurring most extensively in early care and education settings. Increasingly, IECMH consultation is being implemented in a variety of settings and systems and serves families prenatally and their children up to six years of age. Recognizing the efficacy of ECMH Consultation and capitalizing on the momentum, the federal government launched their own effort to extend the strategy. The Center of Excellence for Infant and Early Childhood Mental Health Consultation (CoE) was created by SAMHSA in 2015 and is administered by Georgetown University Center for Child and Human Development.

Many factors are contributing to the growing interest and associated expansion in IECMH consultation. Appreciation for the importance and long-term impact of early relational experiences, including trauma, relational disruptions, and

disorders in the early years, is expanding. Estimates of serious emotional disorders in young children range from 4 to 10 percent.

Less extreme but no less concerning, 10 to 40 percent of preschool age children regularly display behavior that their teachers and or parents label as problematic (Brauner, & Stephens, 2006; Egger &, Angold, 2006). The factors contributing to the range of concerning behaviors in children three to five years of age are as varied as the numbers themselves. Objective factors like domestic violence, substance abuse, maternal depression, and economic instability are regularly referenced and highly correlated to children's distress and difficulty.

While objective factors impose challenges, we must also acknowledge that subjective perceptions are powerful and affect how children's behaviors are experienced and labeled.

Research indicates that teacher reports of behavioral problems vary depending upon whether the child and the teacher are ethnically similar or different and upon the percentage of children of color in the classroom.

Racial disparities in preschool expulsion mirror those of incarcerated adults, with African American boys being almost four times more likely to be excluded than their peers. While African American children make up 19 percent of preschool enrollment, they comprise 47 percent of preschoolers suspended one or more times . Walter Gilliam's groundbreaking study found that higher rates of expulsion were associated with higher reports of teachers' stress and depression, larger "classroom" sizes, and less access to mental health consultants and other support systems. (Gilliam & Shahar, 2006).

Tribal Considerations

While the need for IECMH consultation is equally evidenced in Indigenous populations, access, especially to culturally appropriate services, is extremely limited. Acknowledging these limitations, the Center of Excellence for Infant and Early Childhood Mental Health Consultation suggests, "Although some tribes have IECMH consultants who are from the community and are tribal members themselves, due to both the newness of the IECMH field and the general lack of IECMH consultants nationally, tribal programs may obtain the services of a consultant who is new to tribal work. In the latter case, programs can take some or all of the following steps to integrate a consultant into ongoing efforts to support infants, young children, and their caregivers:

- Provide a cultural guide or mentor—someone who guides the IECMH consultant with questions, to learn about the community, and to engage in ongoing reflection. A simple explanation of why things happen in a certain way may clear up potential misunderstandings, and consultants will appreciate the opportunity for guidance so they may avoid inadvertent errors.

- Consultants may also find their own previously held assumptions or perceptions shifting, and an opportunity to discuss, question, and ponder those assumptions and perceptions will support their personal development. (Center of Excellence for Infant and Early Childhood Mental Health Consultation Competencies, 2020)

Is IECMHC Working? The Evidence Base

IECMH consultation has risen to national prominence in large measure because of its impact on reducing preschool expulsions. Expulsion is an extreme bellwether for racial, ethnic, gender, and immigrant bias. Data collected in Arizona shows that IECMH consultation is impacting these less extreme, but none the less dangerous distortions. Initially cast as deficient or problematic, the behavior of children

of color, specifically African American and Latino boys, is perceived more positively and teachers are willing to keep working with a child after receiving mental health consultation.

In addition to expulsions, empirical evidence indicates that IECMH consultation in early care and education (ECE) settings supports reductions in children's challenging behaviors, especially externalizing behaviors (Perry et al., 2010). Conversely, the practice is correlated to gains in young children's pro-social behavior including self-control, communication, coping skills, social-emotional functioning, and interpersonal and play skills (Bleecker et al., 2005; Gilliam & Shahar, 2006; LaBuffe & Nglieri, 1999, 2003; Mackrian & LeBuff, 2007; Perry et al., 2010; Williford & Shelton, 2008). One study showed that parents were able to maintain work because they were not regularly called to come get their child from child care (Gilliam, 2014).

At the provider level, IECMH consultation has been shown to reduce staff stress and turnover, increase teachers' sense of efficacy, competence and capacities for reflection and sensitivity (Alkonet al., 2003; Brennan et al., 2008; Gilliam & Shahar, 2006; Raver et al., 2008;. Virmani & Ontai, 2010). Related studies show that the intervention improves teachers' skills in classroom management and enhances the quality of interactions that ECE teachers have with children and their parents (Brennan et al., 2008).

Although IECMH consultation in home visiting programs has not been implemented or evaluated as extensively as in the ECE setting, recent studies show similarly positive results.

Findings from a pilot study suggest a sustained positive impact on home visitors' practice. Home visitors reported significant gains in their knowledge of both child and adult mental health disorders. They could better engage families in supporting their children, and experienced program leadership as able to support them in meeting the mental health needs of children and families (Lambarth & Green, 2019).

All IECMH consultation services focus on improving outcomes by building the capacity of early childhood professionals and families. As research on outcomes continues to grow, states will have the capacity to develop evaluation systems and measurement tools to expand on outcomes related to children, staff, programs, and families.

Child Outcomes
- Decreased problem behaviors, especially externalizing ones
- Decreased numbers of children expelled for behavior
- Greater gains in socialization, emotional competence, and communication
- Improved social skills and peer relationships

Staff Outcomes
- Improved self-efficacy for staff
- Increased confidence working with children
- Reduction in teacher stress levels
- Increased teaching skills and communication with families
- Increased sensitivity when working with children
- Increased involvement with parents

Program Outcomes
- Reduced staff turnover
- Increased shared philosophy of mental health (when consultants were seen as a partner)
- Inconsistent findings on improved classroom environments

Family Outcomes
(Fewer studies included measures of family outcomes.)

- Access to mental health services
- Improved communication with staff
- Improved parenting skills
- Inconsistent findings on parenting stress
  (Zero to Three, 2016)

Infant and Early Childhood Mental Health, Deep Roots in New Mexico's Early Childhood System

Over the last 20 years, extensive work has been done in New Mexico to promote, implement, and further develop infant and early childhood mental health informed services. The well-established infant early childhood mental health system perfectly positions New Mexico to expand infrastructure and the clinical expertise of mental health providers to encompass the subspecialty of IECMH consultation.

The intent of this plan is to build our state's capacity to develop and provide specialized IECMH consultation and to articulate the distinct services that consultants can provide and the benefits they can offer to early childhood professionals.

The following section provides the 20-year timeline of New Mexico's investments in IECMH.

Timeline

Infant Early Childhood Mental Health in New Mexico's Early Childhood System 2001–Present

Infant Early Childhood Mental Health in New Mexico's Early Childhood System 2001–Present

2001: The New Mexico Infant Mental Health Collaborative Committee

"The New Mexico Infant Mental Health Collaborative Committee included parents, advocates, providers and state agency representatives who recognize the importance of social and emotional development during a child's first three years. The intent of this unique collaboration was to coordinate and develop resources for providing infant mental health services on a statewide basis" (New Mexico Infant Mental Health Strategic Plan, 2003, p.5).

2004: New Mexico Infant Mental Health Infrastructure Development Project

Funded by Children Youth and Families Department (CYFD), this project focused on a statewide needs assessment that represented the perspectives of families, recipients of early childhood mental health support, and those providing services. It was supported by a statewide public awareness campaign, Love and Learn! The campaign included targeted focus group with foster parents, families receiving services, teen parents, families living on the border, and Native American families.

2005: The New Mexico Infant Mental Health Collaborative Committee incorporated as the New Mexico Association for Infant Mental Health (NMAIMH), a 501(c)(3) organization

This enabled New Mexico to be licensed to use the MI-AIMH competencies and to implement the MI-AIMH Endorsement® for Culturally Sensitive, Relationship-based Practice Promoting Infant Mental Health.

2001 · 2002 · 2003 · 2004 · 2005

2003: New Mexico Infant Mental Health Strategic Plan

The strategic plan offered a systematic approach for promoting the development of infants who will grow up with the self-esteem and confidence they need to reach their full potentials (New Mexico Infant Mental Health Strategic Plan, 2003). The plan outlined six goals to chart the development of a statewide infant mental health system.

2004: Georgetown University provided early childhood mental health consultation training

105 NM professionals participated in the two-day training, leading to pilot programs planned for Rio Arriba, San Juan, and Bernalillo counties.

Goals for a Statewide Infant Mental Health System

GOAL 1 Identify strengths and weaknesses in existing programs

GOAL 2 Raise awareness of infant mental health

GOAL 3 Secure funding for researching, developing, and evaluating statewide infant mental health services and programs

GOAL 4 Develop a system for ongoing support and consultation

GOAL 5 Coordinate integration of statewide infant mental health services

GOAL 6 Develop a system to evaluate the impact of infant mental health services

2004–2005: NM Human Services Department prepared to "carve out" Behavioral Health from managed care (effective July 2005)

The purpose was to develop a baseline picture of current mental health services for families with infants and young children and the qualifications needed to provide those services as well as qualifying diagnoses and payment sources.

2006–2008: Early Childhood Mental Health Training Institute

The first Early Childhood Mental Health Training Institute was established as a two-year training for mental health professionals throughout New Mexico to further their knowledge and skill in policy, supervision, consultation, and direct service provision.

2008: Growth of Statewide Home Visiting

Initial development of the statewide Infant and Early Childhood Home Visiting program integrated the NMAIMH Endorsement® competencies into service and ongoing professional development expectations and eventually into program standards. Funding was provided to support training in Circle of Security for home visitors and clinical intervention.

2006 · 2007 · 2008 · 2009 · 2010

2004, 2006, 2008: Regional Summits raise awareness

As a result of the 2003 New Mexico Infant Mental Health Strategic Plan, Regional Summits were held around the state to publicize the Strategic Plan to bring awareness to the need for a coordinated response to promotion, prevention, and intervention services for children birth to five years of age.

2007: Refinement of higher learning

The Early Childhood Higher Education Task Force began to rework Early Childhood pre-service course offerings. Eventually, this led to the incorporation of the NMAIMH competencies into ECE courses at AA, BA, and MA levels.

2008: Funding for child mental health treatment while in protective custody

Funded Infant Mental Health Teams in First Judicial District, using CYFD general funds and Medicaid reimbursement to support mental health treatment services for infants and young children, birth to three in protective custody. It also funded Child Parent Infant Psychotherapy (CPP) designation for reimbursable services.

2007: Dedicated funding for IHM services

General Funds were dedicated to IMH as well as a pyramid approach to promotion, prevention, and treatment for IMH services and designated funds for each, including home visiting.

Infant Early Childhood Mental Health in New Mexico's Early Childhood Systems — continued

2013–present: First Child-Parent Psychotherapy (CPP) Learning Cohort

Since 2013, there have been four additional cohorts, every cohort is composed of 25–30 licensed clinicians. All CPP rostered clinicians in New Mexico can be found online at https://childtrauma.ucsf.edu/cpp-provider-roster.

2015: IECMH Leadership Academy

The purpose of this 10-month academy was to Identify and mentor a small group of next-generation leaders in the field of IECMH. Many of the articipants now head agencies and are CPP State Trainers, and/or provide consultation, supervision, and training in New Mexico.

2011 · 2012 · 2013 · 2014 · 2015

2015–2017: New Mexico Expands Home Visiting Programs, with a focus on IECMH

New Mexico Home Visiting programs adhere to comprehensive standards that ensure high quality service delivery and continuous quality improvement.

Home visiting programs understand the importance of relationship-based practices and ensure they are addressing the social and emotional needs of the child and family. Home visitors screen, assess, and use evidenced-based curriculum to focus on the parent/caregiver-child relationship; this work is guided by Infant Mental Health Principles. Home visitors are required to receive reflective supervision on a regular basis by a qualified practitioner and have access to at least one Master's level licensed mental health professional that is available for consultation when potential high risk situations, crises, and/or other clinical issues or concerns arise.

2016 • **2017** • **2018** • **2019** • **2020**

2020: **Implementation of CPP Fidelity Coaching**
CPP State Trainers provide consultation to all CPP Learning Cohort participants providing CPP IECMH services.

2020: **New Early Childhood Education and Care Department convenes an Infant Early Childhood Mental Health Consultation Task Force**

Through funding from the federal Preschool Development Grant Birth to Five (PDG B-5), the New Mexico Early Childhood Education and Care Department (ECECD) engaged in a partnership with Project ECHO and Kadija Johnston LCSW, a national IECMH consultation expert, to support a rigorous and detailed planning process. ECECD also received technical assistance from the Center of Excellence for Infant Early Childhood Mental Health Consultation. The Task Force met monthly over the course of six months and established five subcommittees, resulting in a three-year plan with six concrete goals and 32 objectives focused on implementation and evaluation of a statewide IECMH consultation initiative.

Goals and Objectives

GOAL 1 – PROGRAM MODEL

Develop a model of IECMH consultation that draws on exiting frameworks, knowledge, and expertise within the broader early childhood system.

Objective A. Convene a group to identify a Theory of Change and develop a Logic Model to guide development and implementation of a model of IECMH consultation.

Objective B. Identify existing IECMH consultation services within early childhood education (ECE) and home visiting.

Objective C. Propose a model of IECMH consultation that will best compliment and expand the Early Childhood system's ability to build capacity in ECE and home visiting providers to support the social and emotional development and relational health of all children and families.

Objective D. Review and analyze information on statewide IECMH consultation programs and models that have proven effectiveness.

Objective E. Articulate a model of IECMH consultation that honors existing relationships among ECE home visiting providers, and families; ensures seamless movement from promotion, prevention to intervention as needed and incorporates characteristics of proven models.

GOAL 2 – EQUITY

Commit to equity and diversity informed practices in the planning and implementation for infant and early childhood mental health consultation.

Objective A. Cultivate a pipeline to expand the diversity of the IECMH consultation workforce, while simultaneously investing in culturally relevant equity training and equity focused reflective supervision for the existing workforce.

Objective B. Train IECMH consultants on tribal etiquette and guidelines when working within the communities. Expect and assess consultants knowledge about services available within the tribal community in which they provide consultation.

Objective C. Foster collaboration between IECMH consultants and ICWA directors, Indian Health and Behavioral Health Services to ensure that ECE, home visiting providers, and families have a referral network.

Objective D. Review existing disparity data in birth outcomes, Child Welfare involvement and preschool suspensions and expulsions to identify populations and regions with greatest need for IECMH consultation and prioritize implementation to ECE and home visiting programs
serving these communities.

Objective E. Identify ECE home visiting programs, and providers serving marginalized populations and prioritize their receipt of IECMH consultation services.

GOAL 3 – WORKFORCE DEVELOPMENT

Build the capacity of the early childhood mental health workforce to provide consultation by developing an integrated and sustainable, IECMH consultation training system.

Objective A. Review existing competencies and criteria (NMAIMH and Center of Excellence for Infant and Early Childhood Mental Health Consultation), adopting those deemed necessary for New Mexico's IECMH consultants.

Objective B. Develop a clearly articulated job description for a New Mexico IECMH consultant.

Objective C. Develop a plan to build capacity for the subspecialty of IECMH consultation, specifically targeting the additional knowledge, skills, and experience needed by IECMH clinicians trained in Child-Parent Psychotherapy.

Objective D. Create a Training Institute focused on the subspecialty of IECMH consultation, as part of a broader IECMH training system that is closely aligned with the NMAIMH and the institution overseeing IECMH consultation service delivery, aspects of which could be offered to and benefit the broader workforce supporting the Early Childhood System.

GOAL 4 – POLICY AND FINANCING

Develop an equitable and stable funding model that supports implementation of statewide IECMH consultation.

Objective A. Identify and inventory funding sources currently available to support IECMH consultation.

Objective B. Secure private sector investments for infrastructure and implementation supports around IECMH consultation.

Objective C. Develop a plan to secure funding to evaluate the impact of IECMH Sonsultation and to develop the workforce.

Objective D. Secure and/or dedicate public funding to programs providing behavioral health services to increase their capacity to offer IECMH consultation.

GOAL 5 – POLICY AND FINANCING

Develop the infrastructure needed to support and scale IECMH consultation.

Objective A. Develop and issue a Request for Proposal to select an organization that will provide oversight, legal, and fiduciary responsibility for training IECMH consultants; including the hiring and supervision of employees and contractors.

Objective B. Create a policy framework to support IECMH consultation infrastructure, i.e. training and evaluation.

Objective C. Create policies that require on-going evaluation/continuous quality improvement of the IECMH consultation workforce.

GOAL 6 – DATA AND EVALUATION

Design an implementation and impact evaluation using a mixed methods design (eg. qualitative and quantitative).

Objective A. Gather and map data relevant to statewide implementation of IECMH consultation

Objective B. Issue an RFP to select an evaluator.

Objective C. Identify, or if needed, create or modify evaluation tools or processes that measure outcomes associated with the Theory of Change, including measures of change at the child, family, early childhood professionals (e.g. child care, PreK, home visitors), and service system levels.

Objective D. Pilot the selected measures in Year Two. Assess feasibility, alignment with full plan, and importance based on best practice and existing evidence.

Objective E. Implement all aspects of the evaluation plan. Include both quantitative and qualitative measures; assess IECMH consultation's impact, including consumer experience and satisfaction (i.e. ECE and home visiting providers and families).

Objective F. Analyze and communicate results of the evaluation.

Program Model

GOAL 1

Develop a model of IECMH consultation that draws on existing frameworks, knowledge, and expertise within the broader early childhood system.

	YEAR 1	YEAR 2	YEAR 3

A. Convene a group to identify a Theory of Change and develop a Logic Model to guide development and implementation of a model of IECMH consultation. Ensure that multiple, diverse perspectives, and non-dominant bodies of knowledge are included in the process.

B. Identify existing IECMH consultation services within early childhood education (ECE) and home visiting.

C. Propose a model of IECMH consultation that will best compliment and expand the Early Childhood system's ability to build capacity in ECE and home visiting providers to support the social and emotional development and relational health of all children and families.

D. Review and analyze information on statewide IECMH consultation programs and models that have proven effectiveness.

E. Articulate a model of IECMH consultation that honors existing relationships among ECE home visiting providers, and families; ensures seamless movement from promotion, prevention to intervention as needed and incorporates characteristics of proven models.

Equity

GOAL 2

Commit to equity and diversity informed practices in the planning and implementation for IECMH consultation.

A. Cultivate a pipeline to expand the diversity of the IECMH consultation workforce, while simultaneously investing in culturally relevant equity training and equity focused reflective supervision for the existing workforce.

   i. Ensure that the IECMH consultants providing services to tribes and communities of color represent those communities and can act as mentors for and/or collaborate with other IECMH consultants.

B. Train IECMH consultants on tribal etiquette and guidelines when working within the communities. Expect and assess consultants knowledge about services available within the tribal community in which they provide consultation.

C. Foster collaboration between IECMH consultants and ICWA directors, Indian Health and Behavioral Health Services to ensure that ECE, home visiting providers, and families have a referral network.

   i. Identify the Indian Child Welfare Act (ICWA) director within each tribal community and provide quarterly trainings to best support understanding and promote ability to access IECMH consultation.

E. Review existing disparity data in birth outcomes, Child Welfare involvement and preschool suspensions and expulsions to identify populations and regions with greatest need for IECMH consultation and prioritize implementation to ECE and home visiting programs serving these communities.

F. Identify ECE home visiting programs, and providers serving marginalized populations and prioritize their receipt of IECMH consultation services.

YEAR 1   **YEAR 2**   **YEAR 3**

Workforce Development

GOAL 3

Build the capacity of the early childhood mental health workforce to provide consultation by developing an integrated and sustainable, IECMH consultation training system.

A. Review existing competencies and criteria (NMAIMH and Center of Excellence for Infant and Early Childhood Mental Health Consultation), adopting those deemed necessary for New Mexico's IECMH consultants.

B. Develop a clearly articulated job description for a New Mexico IECMH consultant.

C. Develop a plan to build capacity for the subspecialty of IECMH consultation, specifically targeting the additional knowledge, skills, and experience needed by IECMH clinicians trained in Child-Parent Psychotherapy.

D. Create a Training Institute focused on the subspecialty of IECMH consultation, as part of a broader IECMH training system that is closely aligned with the NMAIMH and the institution overseeing IECMH consultation service delivery, aspects of which could be offered to and benefit the broader workforce supporting the Early Childhood System.

Policy and Financing

GOAL 4

Develop an equitable and stable funding model that supports implementation of statewide IECMH consultation.

A. Identify and inventory funding sources currently available to support IECMH consultation.

B. Secure private sector investments for infrastructure and implementation supports around IECMH consultation.

C. Develop a plan to secure funding to evaluate the impact of IECMH Sonsultation and to develop the workforce.

    i. Establish an an IECMH consultation Training Institute in collaboration with institutions of Higher Education.

D. Secure and/or dedicate public funding to programs providing behavioral health services to increase their capacity to offer IECMH consultation.

GOAL 5

Develop the infrastructure needed to support and scale IECMH consultation.

A. Develop and issue a Request for Proposal to select an organization that will provide oversight, legal, and fiduciary responsibility for training IECMH consultants; including the hiring and supervision of employees and contractors.

B. Create a policy framework to support IECMH consultation infrastructure, i.e. training and evaluation.

C. Create policies that require on-going evaluation/continuous quality improvement of the IECMH consultation workforce.

	YEAR 1	YEAR 2	YEAR 3

Data and Evaluation

GOAL 6

Design an implementation and impact evaluation using a mixed methods design (eg. qualitative and quantitative) .

A. Gather and map data relevant to statewide implementation of IECMH consultation including:

   i. Current IECMH consultation workforce capacity and systems and regions in which it is already occurring.

   ii. Early childhood services that compliment and/or collaborate with IECMH consultants.

   iii. Need and service usage across all early childhood systems to ensure equitable access for families with children birth to five years of age who might benefit from IECMH consultation.

B. Issue an RFP to select an evaluator that will:

   i. Assist in developing a theory of change and logic model;

   ii. Develop research questions and select measurement tools; and

   iii. Conduct an implementation and impact evaluation

C. Identify, or if needed, create or modify evaluation tools or processes that measure outcomes associated with the Theory of Change, including measures of change at the child, family, early childhood professionals (e.g. child care, PreK, home visitors), and service system levels.

D. Pilot the selected measures in Year Two. Assess feasibility, alignment with full plan, and importance based on best practice and existing evidence.

E. Implement all aspects of the evaluation plan. Include both quantitative and qualitative measures; assess IECMH consultation's impact, including consumer experience and satisfaction (i.e. ECE and home visiting providers and families).

F. Analyze and communicate results of the evaluation.

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Project ECHO was originally launched in 2003 at the University of New Mexico Health Sciences Center (UNMHSC) to eliminate health disparities in rural, remote, and underserved communities. Since then, Project ECHO has grown and proven itself worldwide as an effective model for increasing access to best-practice healthcare, and is now being applied to non-medical topics such as education and early childhood development. In education and early childhood-focused ECHO programs, educators serving rural and remote communities, who often lack access to traditional training and professional development opportunities, can participate in ECHO programs for mentorship, training, and technical assistance—without having to leave their communities.

Today, more than 20 ECHO partners in three countries are using the ECHO model to increase educator capacity in the areas of STEM, social-emotional learning, college readiness, school leadership, and more.

Kadija Johnston, LCSW a clinical social worker and one of the founding members of RAINE Group, she has been a practitioner in the field of infant and early childhood mentalhealth since 1985. She is the past Director of the Infant-Parent Program at the University of California, San Francisco (UCSF), where she pioneered the Program's approach to Early Childhood Mental Health Consultation.

Currently, Ms. Johnston, is consulting privately and a faculty at Georgetown University's Center for Child and Human Development, where she is contributing her expertise and experience in mental health consultation to the SAMHSA supported Center of Excellence (CoE) for IECMH consultation.

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Glossary of Terms

New Mexico's Infant and Early Childhood Mental Health Consultation Task Force members recognized the need to delineate and define terms used among early childhood providers and within the infant mental health and mental health communities. In an effort to connect and alternately distinguish infant and early childhood mental health consultation within prenatal to 5 systems, a glossary was created with the aim of establishing a shared language between early childhood practitioners, systems and services that support young children and families. The glossary is a working document with the premise of creating a foundation for additional terms and definitions to be added and overtime adopted by all early childhood systems.

Case Consultation

- In Infant Early Childhood Mental Health (IECMH) Consultation, case consultation is synonymous with child-focused, child-specific or family-centered consultation.
- When a specific family or child is of concern to the provider, the IECMH consultant helps the provider understand, assess and address the child's/family's needs by co-creating understanding of the meaning of the distress or difficulty and a plan for responsive action.
- In Early Childhood Education (ECE), child-specific IECMH consultation typically involves observations in the classroom, consultation meetings with provider and parents and the co-creation of a responsive action plan, as well as securing referrals to additional services as needed.
- In home visiting, family-centered consultation typically involves a case presentation by the provider. The ECMH Consultant may meet directly with the family in the context of a session with the home visitor.

Clinical Services

- The range of mental health services provided by a trained mental health professional including assessment, treatment and consultation.
- IECMH consultation is a clinical service.

Child-Parent Psychotherapy

- Child Parent Psychotherapy (CPP) is a relationship-based mental health treatment model for children from birth to age 5 who have experienced a traumatic event and/or are experiencing mental health, attachment, and/or behavioral problems, including posttraumatic stress disorder.
- The treatment is based in attachment theory but also integrates psychodynamic, developmental, trauma, social learning, and cognitive behavioral theories.
- The primary goal of CPP is to support and strengthen the relationship between a child and his or her caregiver as a vehicle for restoring the child's cognitive, behavioral, and social functioning.
- Adopted by New Mexico as the mental health treatment modality for children under 6 years of age.

Equity and Diversity Informed Practice

- Includes awareness of the influence of culture on practitioners, families, institutions, and systems
- Considers the influence of intersecting forces of oppression on provider–family relationships, data collection and evaluation and on systems of care.

- "Diversity-informed practice is a dynamic system of beliefs and values that shapes interactions between individuals, organizations and systems of care. Diversity-informed practice recognizes the historic and contemporary salience of race, ethnicity, class, gender, sexuality, age, able-ism, xenophobia, and homophobia and works to strive for the highest possible standard of inclusivity in all spheres of practice: teaching and training, research and writing, policy and advocacy, as well as direct service." (The Diversity Informed Tenets for Work With Infants, Children and Families, Irving Harris Foundation, 2018)

Infant and Early Childhood Mental Health Consultant

- Is typically someone who has masters-level or greater education in a mental health discipline; i.e. social work, psychology, counseling, psychiatry. Additionally, an IECMH consultant possesses knowledge and has been trained in infant mental health, professional consultation, trauma, systems, adult and group learning. Is committed to and has training in equity, antiracism, reflective practice and is knowledgeable of the communities they serve. Has experience in or knowledge of prenatal to 5 programs and services (e.g. child care, PreK, Head Start/Early Head Start, home visiting, early intervention etc.).

Infant & Early Childhood Mental Health Consultation

- A multi-level indirect mental health strategy that spans the care continuum from promotion, prevention to intervention.
- A developmentally and equity informed, relationship focused practice that pairs a mental health professional with other providers who care for, or offer services to, infants (e.g. schools, organizations). Assists an individual or group of individuals, known as consultees, in promoting social emotional well-being for all children and families in a system as well as preventing and/or intervening around a child or family's mental health concerns.

- Works directly with and seeks to increase the capacity of providers (e.g. ECE and Home Visiting Staff).

Infant Mental Health (IMH)

- A multidisciplinary field of practice.
- A perspective and practice articulated in a set of competencies characterized by an emphasis on the impact of early experience; development as a transactional phenomenon; reflection and relationship-focused intervention.
- IMH service delivery competence is increasingly recognized through an endorsement process.
- The developing capacities of a child, birth to 5 years of age, to form relationships, express and control emotions in the context of culture and community.

Intermediary Organization (for IECMH Consultation)

- An institution/agency or collaborative body providing infrastructure for, and oversight of, IECMH consultation.
- An organization to provide fiscal oversight, specifically should have the capability to claim Medicaid.
- May also directly provide or oversee training and development of IECMH consultants.

Intervention

- Intervention services focus on particular children/families evidencing social-emotional, behavioral and or mental health problems.
- In the case of IECMH consultation, interventions are offered to, and seek to build the capacity of providers to reduce or ameliorate the distress and/or symptoms a child/family is experiencing.

Mental Health Consultation

- A model of mental health service provision to communities or specific settings (e.g., schools, organizations) in which a clinically trained mental health specialist assists an individual or group of individuals, known as consultees, in addressing a problem presented by clients.
- Often serves the dual purpose of assisting the consultee on a specific mental health issue with a client and providing the consultee added skills and insights that will enhance his or her future functioning in dealing with similar situations.

New Mexico Association of Infant Mental Health

- A 501(c)(3) organization, that uses the Michigan Association for Infant Mental Health (MI-AIMH) competencies and implements the MI-AIMH Endorsement® for Culturally Sensitive, Relationship-based Practice Promoting Infant Mental Health.
- Individuals from varying disciplines can be endorsed at different levels of service provision.

Professional Development supports currently provided in ECE and home visiting

- Center for Social Emotional Foundations (CSEFEL) – Pyramid Model (Center on the Social Emotional Foundations for Early Learning, n.d.)
  - The Pyramid Model is a social and emotional learning framework that promotes young children's healthy development, and prevents challenging behaviors. The core work in the Model focuses on building adults' skills so that they can support children's social and emotional health.
  - The Pyramid Model is a tiered (promotion, prevention, intervention) public health framework into which care-givers, professionals, and systems can assess, align and implement evidenced based strategies and practices that support children socially and emotionally.

- Facilitating Attuned Interactions (FAN) Approach (Erickson Institute, n.d.)
  - The FAN is a conceptual approach and practical process tool for establishing attuned provider- client relationships. Developed as an approach to working with parents of fussy babies, the FAN is a framework that is generalizable and has been adapted to enhancing helping relationships in varied settings.
  - The FAN is used in early childhood programs and systems to promote parent engagement and provider/parent collaboration.
  - Parent/consultee
- Reflective Supervision; see definition below

Consultation services currently provided in ECE and home visiting programs

- Early Childhood Consultants
  - Early Childhood Education
    Training and Development Consultants utilize practice-based coaching and are responsible for providing on-site/virtual technical assistance, coaching, and training related to early childhood and criteria content knowledge as a form of professional development that positively influences the quality of learning experiences that educators, administrators, and children receive as they participate in state funded early childhood initiatives.
  - Home Visiting
    Monthly consultation services to home visiting programs typically build the capacity of home visitors and/or supervisors. This could include working on self-care, administering assessment tools, deepening their reflective practice and relationship building skills, or helping them with any other aspect of delivering quality home visiting services.

Prevention

- Services delivered prior to the onset of a disorder; these interventions are intended to prevent or reduce the risk of developing a mental health problem.

Promotion

- Strategies designed to create conditions that proactively support mental health and the ability of individuals to withstand stress and challenges.

Referral

- The referral process to determine recipients (e.g. ECE or Home Visiting Programs) of IECMH consultation is idiosyncratic to each system and is part of program/ model development.
- A provider may request child-specific IECMH consultation. However, parental permission is a prerequisite to observation of the sharing of information.
- The referral process for child-specific IECMH consultation can be initiated or grow out of an existing consultation relationship.
- Referral can also refer to an activity undertaken by the IECMH consultant. The outcome of a child–specific consultation may include securing needed services for a child or family, including but not limited to occupational therapy, physical therapy, speech therapy, neuropsychological assessment, or mental health treatment.

Reflective Supervision/Consultation

- Reflective supervision is the regular, ongoing collaborative reflection between a service provider and a supervisor/consultant aimed at supporting or enhancing the supervisee's ability to make use of experiences, thoughts and feelings in work with clients/consultees.
- Focuses on experiences, thoughts, and feelings directly connected with the work. Reflective supervision is characterized by active listening, reciprocal expectations and thoughtful questioning.
- Supervision should be consistently scheduled and conducted by a qualified practitioner who is trained and knowledgeable in infant/early childhood mental health utilizing reflective practice principles.

Theory of Change

- The set of assumptions that explain the processes by which an intervention achieves its long-term goals and the connection between those outcomes and the activities that led to achieving them
- Essentially a comprehensive description and illustration of how and why a desired change is expected to happen in a particular context.
- The first step in an IECMH consultation evaluation plan, a well-articulated theory of change enables evaluators to develop questions and identify variables necessary to accurately test hypotheses about the mechanisms of change.
- It provides a framework for program development, implementation and evaluation.

End Notes

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APPENDIX A

New Mexico's IECMH Consultation Planning Taskforce Subcommittee Guiding Questions:

Program model

- Within Home Visiting and Early Care and Education, where is IECMH consultation being implemented?
- What are the current IECHMH consultation models being implemented across the state?
- What types of consultation and associated activities are offered (i.e. child focused, classroom or program focused, referrals, training)?
- What conceptual approaches guide the provision of IECHMH consultation (i.e. relational, psychodynamic, trauma-informed)?

Equity

- Identify disparities in the experiences of families /young children of color in the systems intended to receive IECMH consultation (i.e. access, disciplinary and expulsion, birth outcomes).
- Is there existing data about disparities that currently exist in the landscape of NM?
- Identify equity practices in our planning process for IECMH consultation that would promote equity.
- Identify examples of practices in New Mexico's Early Care and Education, Home Visiting and Infant and Early Childhood Mental Health Systems that are culturally sensitive and promote equity.

Workforce

- Who currently provides IECMH Consultation in New Mexico? Are there regional gaps in qualified workforce?
- What are the current criteria for those providing IECMH consultation (i.e. mental health degree, license, training)?

- What professional development systems support IECMH consultation in New Mexico?
- What are the avenues and resources for training and ongoing support (sustainability)?

Policy and financing

- Which funding streams or entities, if any, are currently used to support the provision of IECMH consultation?
- What are the potential sources of revenue public and private?
- Describe options to braid and/or leverage existing funds to support IECMHC.
- What are the policies that support or interfere with the plan to roll out IECHMHC state-wide?

Data and Evaluation

- What current data, if any, exists regarding the provision of IECMH consultation in our state? How is it captured?
- What data exists that would support the need for IECMH consultation (i.e. racial disproportionalities in disciplinary practices and expulsion in ECE, ECE teacher stress and turnover, retention of families in home visiting programs)?
- How can we access the needed data to support IECHMH consultation?
- How are IECMH consultation models and services currently evaluated?

IECMH Competencies, Center of Excellence for Infant and Early Childhood Mental Consultation, 2020

Role of the IECMH Consultant

- Distinguishes IECMHC from other related endeavors
- Exhibits an ability to work in natural settings
- Understands and engages in the consultative process
- Embraces the consultative stance and reflective practice
- Deepens knowledge and skills through active participation in supervision or consultation
- Adheres to ethics and standards of professional conduct
- Collaborates respectfully with other agencies
- Explicitly and intentionally promotes equity—from the individual level to the systemic level

Foundational Knowledge

- Understands the multidisciplinary body of knowledge that informs consultation
- Understands the nature of and influences on development
- Understands the importance and power of vulture
- Understands the importance of self-awareness and the nature of reflective practice
- Understands the functioning of and relationships between families, caregivers, IECMH consultants, and systems

Equity and Cultural Sensitivity

- Describes and demonstrates how culture, equity, and environment shape relationships and behaviors and influence settings and communities in important and meaningful ways.

- Demonstrates an awareness of race and racism, cultural variation, and normative differences in family structure
- Demonstrates self-awareness
- Promotes cultural responsiveness in practices, policies, and procedures

Reflective Practice

- Uses self-reflection to enhance consultation
- Assists others in reflecting
- Child and Family-Focused Consultation
- Values and promotes the power of relationships and the importance of relationship-building
- Works collaboratively to understand an infant's and young child's behavior
- Supports and facilitates plan development and implementation associated with child's behavior
- Supports and facilitates referrals, service provision, and community collaboration

Classroom and Home-Focused Consultation

- Promotes secure and supportive relationships between infants, young children and adults that respect the cultures, languages, and abilities of each family
- Supports families and staff in understanding the nature of

development and possibilities for developmental support

- Supports families and staff in providing or encouraging consistent routines and developmentally appropriate and culturally responsive interactions and practices
- Fosters a deepened understanding of mental health issues and related interventions associated with child's behavior

Programmatic Consultation

- Understands and attends to program cultural context, design, and infrastructure
- Supports and facilitates program-wide approaches to supporting the mental health of infants and young children and families
- Engages in group facilitation
- Supports and facilitates plans for mental health support during crises or disasters

Systems-Wide Orientation

- Evaluates the complexity of working within multiple systems
- Bridges services to promote cohesion for infants, young children, and families
- Promotes mental health and social and emotional well-being
- Understands inequities across systems and how to address them through policy

NEW MEXICO
Early Childhood
Education & Care Department