



# *Consultation: The Key to Any Infant and Early Childhood Mental Health System*

A presentation for NASMHPD

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## Disclaimer

- This webinar was developed [in part] under contract number HHSS283201200021I/HHS28342003T from the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS). The views, policies and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA or HHS.

# Today's Presentation

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Infant/Early Childhood Mental Health Consultation (IECMHC) is a relationship-based, collaborative support designed to improve the capacity of early childhood professionals to promote children's mental health as a primary effort to address significant mental illness in young children and families.

This prevention-focused specialty-workforce is the key to intervening early for at risk children and families. Additionally, IECMHC often serves to address racial biases as well as early patterns of suspension and expulsion that reflect systemic racism and are the precursors to the preschool to prison pipeline.



# Objectives

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- Participants will have the opportunity to learn about the IECMH Consultation model of promoting social emotional well-being, preventing behavioral health concerns, and addressing early manifestations of mental health (SED) challenges in very young children.
- Participants will also hear about long-term efforts to build internal capacity of the consultation workforce to address components of white-supremacy and racism that show up within early childhood spaces, as well as the considerations for building and supporting a multidisciplinary workforce that understands components of family systems, development and early education as well as mental health and behavioral interventions for the 0-5 population.
- Discussion will also focus on replication and finance opportunities within webinar attendees' states, territories and communities.



Margo Candelaria  
& Kate Sweeney



***PIEC (Parent Infant Early Childhood) Program***  
*The Institute for Innovation & Implementation*  
*University of Maryland School of Social Work*

***The Institute:*** The University of Maryland's Institute for Innovation & Implementation serves as a training, technical assistance, evaluation, policy, systems design, and finance center to supports local, state and national governments and organizations to implement effective systems and practices to best meet the needs of children and youth with complex behavioral needs and their families. The Institute brings with it nationally recognized expertise in the fields of children's behavioral health, systems of care, evidence-based and promising practices, care management, finance, policy, systems design, evaluation, juvenile justice and child welfare.

***PIEC Unit:*** The Parent, Infant, and Early Childhood (PIEC) unit within the Institute is focused specifically on infant and early childhood mental health efforts throughout the state of Maryland and currently partners with a range of providers as well as state and local agencies to support the growth of the system of care targeting at-risk parents and young children. The PIEC team is comprised of experts in the field of maternal and child health policy, program development, research and evaluation and partners with National content experts as well as the Institutes' National Technical Assistance Network to raise the voice of infants and young children in issues related to mental health financing, homelessness in transition age youth, adult substance use and intimate partner violence. PIEC work output includes: federal and state quarterly and annual reports, policy and position papers, scientific publications as well as local and national presentations and lectures. All projects include robust evaluation and data collection, including the management and analysis of two state-wide electronic databases used in a CQI process to inform program development and workforce support.



**Eva Marie Shivers, J.D., Ph.D. – Founder and Executive Director**

Action research firm

Community Based Participatory Research and Evaluation

TA, Policy Consultation, Training, Facilitation – Racial Equity / Healing Justice

Early Childhood Systems

Early Education

Infant and Early Childhood Mental Health

**Center the lenses of anti-racism and liberation in all our work**

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## PARTNERSHIP WITH PIEC

2-Day Racial Equity Retreat 2021

Facilitate Equity Leadership and Planning Group (Monthly 2021-present)

Facilitate Small Group Equity Facilitator Coaching (Monthly 2021-present)

Consultation on equity systems evaluation (as needed)

A young child with dark hair, wearing a black and white striped long-sleeved shirt, is shown from the chest up. The child is covering their eyes with their right hand. The background is a solid blue color with several white, hand-drawn smiley faces scattered across it. The text "What is Early Childhood Mental Health?" is overlaid in white, centered on the image.

# What is Early Childhood Mental Health?

"A two-year-old is kind of like having a blender, but you don't have a top for it."  
-Jerry Seinfeld

*Starting with the premise that kids, and parenting, and families are stressful!*



# *Defining Mental Health for Early Childhood*



Infant-early childhood mental health is the developing capacity of the child from birth to 5 years of age to form close relationships, experience, tolerate and express a range of emotions without lasting collapse, and explore the environment and learn.

# *Social emotional readiness*



## **Why does getting ready for kindergarten include focusing on social emotional development?**

- Children who are viewed as ready for kindergarten typically exhibit high attention, approach, and adaptability coupled with low activity and reactivity.
- These characteristics tend to be especially valued by teachers and describe a child who is “teachable,” or school ready.
- Since many children enter formal schooling earlier by attending pre-K for 4-year olds, often called 4-year-old kindergarten, there is a need to examine school readiness earlier than kindergarten, which may look very different developmentally.

# *By the end of the preschool period children are expected to:*

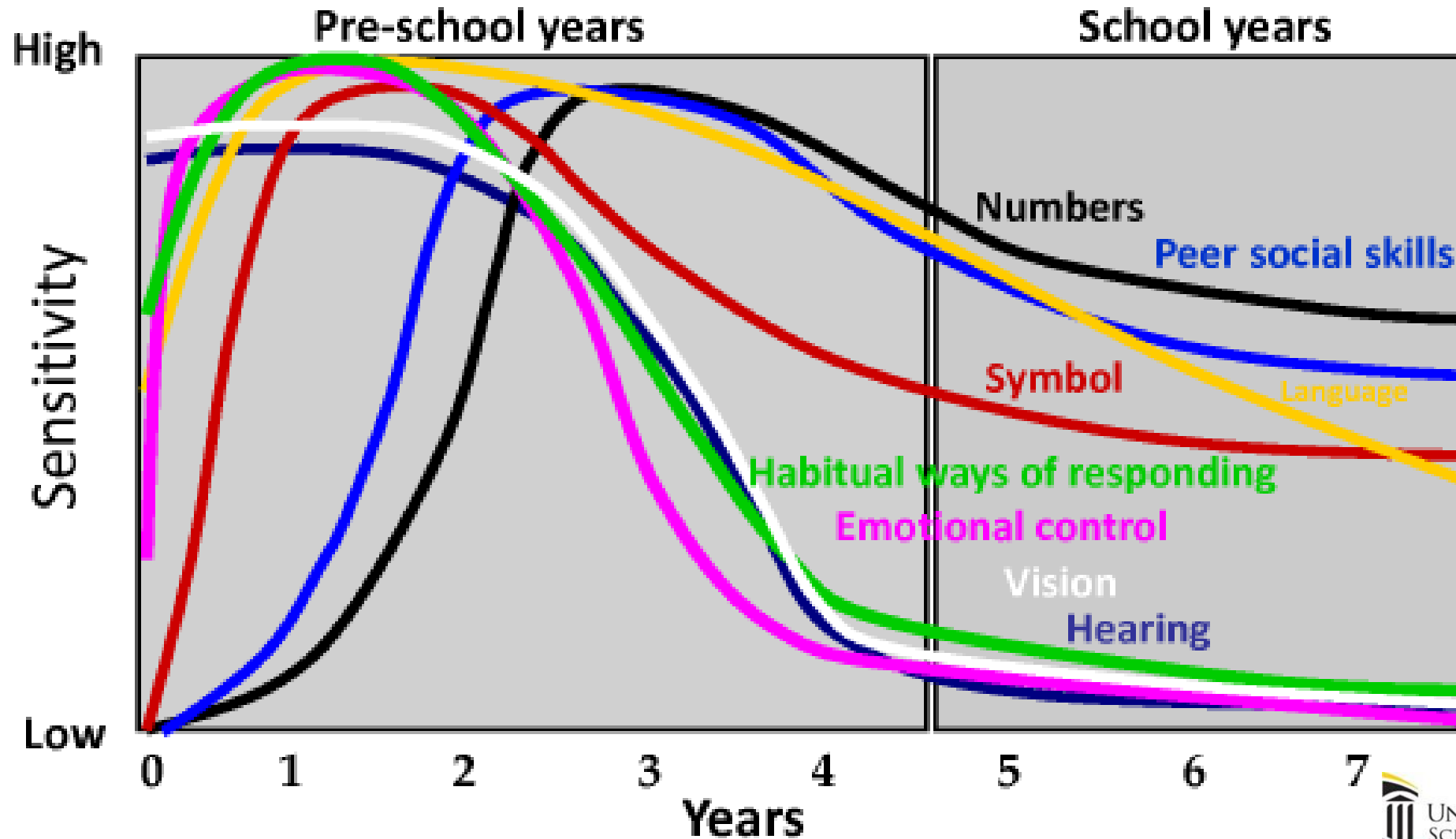
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- Direct attention away from stressful triggers
- Anticipate another person's emotions
- Talk comfortably about emotions
- Use emotions to negotiate social interactions
- Use language to communicate feelings
- Use strategies to prevent being overwhelmed
- Stop from expressing inappropriate emotions
- Stop from exhibiting inappropriate emotional behavior, comfort her or himself
- Approach or withdraw from situations
- Use play to deal with difficult challenges
- Understand the need to use regulation strategies
- Remain somewhat organized when faced with strong emotional events and situations
- Connect specific and appropriate feelings with events



*Macklem, G. L. (2008). Development of Emotion Regulation in Young Children. In Practitioner's Guide to Emotion Regulation in School-Aged Children (pp. 39-48). Springer US.*

# Sensitive Periods in Early Brain Development



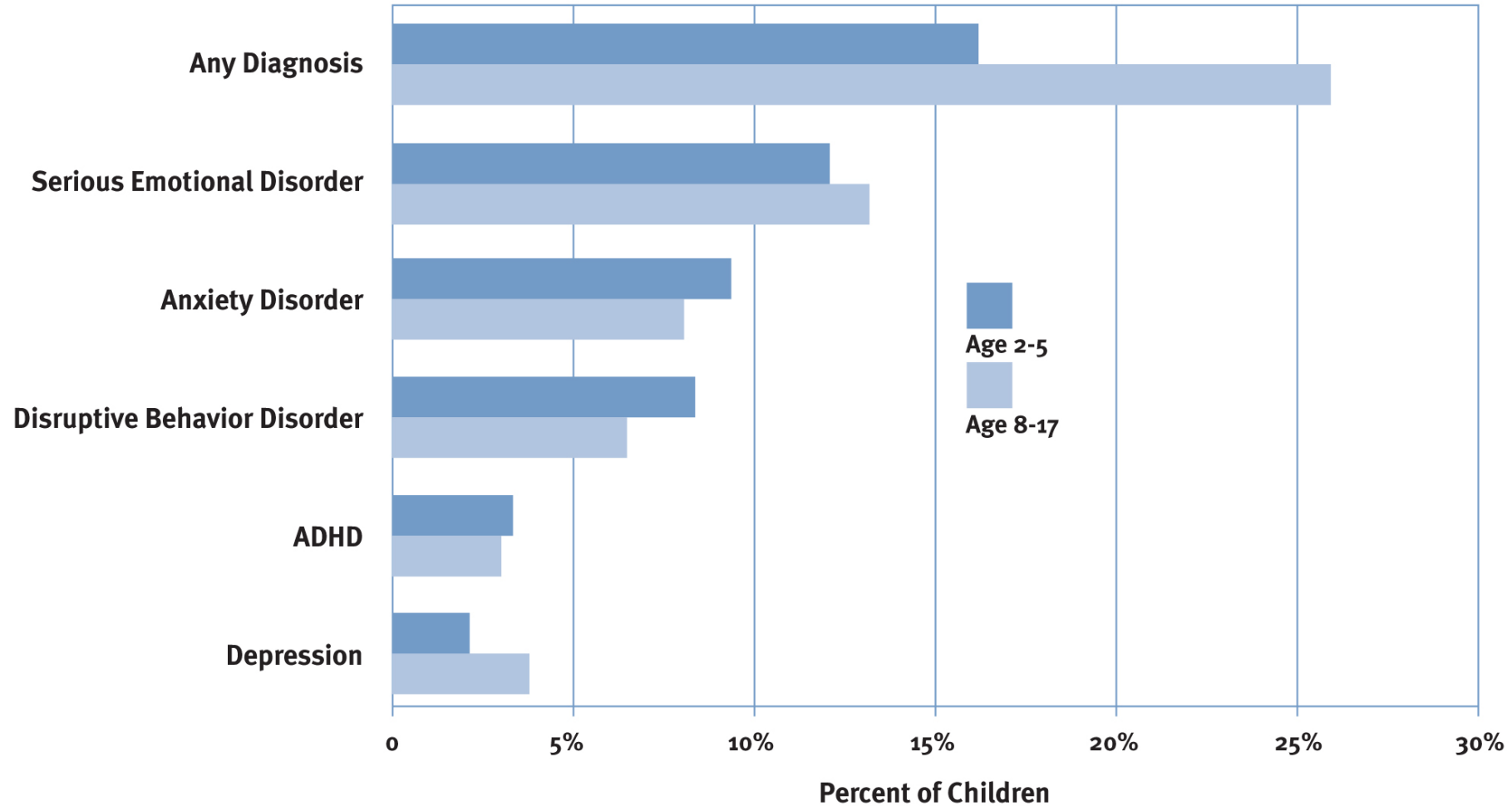
Graph developed by Council for Early Child Development (ref: Nash, 1997; *Early Years Study*, 1999; Shankoff, 2000.)

# *Estimated Prevalence of SED in EC:*



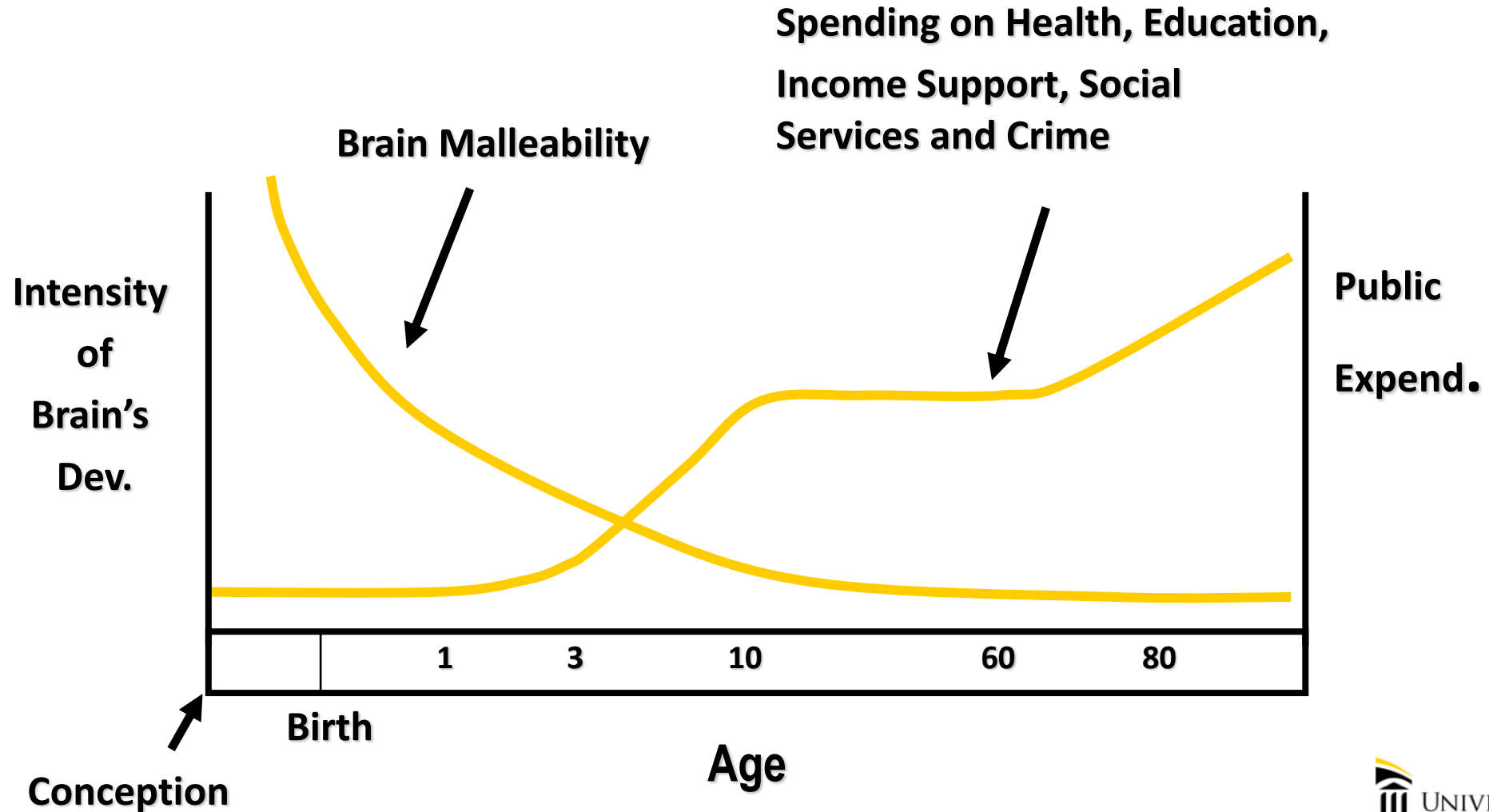
- Prevalence of mental health challenges among preschool children is similar to that of older children.
- National Survey of Children's Health: 17.4% of children ages 2-8 had at least one mental, behavioral, or developmental disorder (Cree, et al., 2018).
- Children diagnosed at age 3 are five times more likely to meet criteria for a diagnosis at age 6 (Bufferd, et al., 2012).
- Early Childhood Longitudinal Study: 10% of all kindergarten children show problematic behavior.
- Poverty is associated with higher levels of socio-emotional problems with prevalence rates of up to 30% (Qi & Kaiser, 2003).
- Young children do not “grow out” of problems.

# *SED Concerns Across Childhood*



Egger and Angold, 2006

# Brain Development & Investment



Carneiro & Heckman, Human Capital Policy, 2003



*Generally, people don't want to acknowledge that very young children are aware of, are impacted by, or can develop mental health conditions as a result of exposure to trauma.*

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# Trauma and the Brain

## PTSD Hurts the Brain

When posttraumatic stress disorder (PTSD) occurs, the brain gets stuck in the trauma and relives it over and over again. Reminders of the trauma can trigger a flood of stress hormones before a child even knows what is happening. Reminders of the trauma might be a sound or a smell such as what a child ate for dinner the night that “mommy and daddy got really mad.” High levels of stress hormones interfere with brain development and learning.




three

Symptoms of childhood PTSD include:

- Zoning out, withdrawing
- Sleep problems such as night terrors or repeated night wakings
- Loss of developmental skills such as a child who is learning to speak suddenly stops talking
- Violent play such as acting out threats and physical attacks with toys over and over again

**By recognizing the symptoms of PTSD, we can help children to get treatment as soon as possible.** Therapists who have experience working with childhood PTSD have a variety of techniques to work with young children.



When these factors contribute to  
challenging behaviors within the  
classroom and childcare setting...

...kids, families and the ECE workforce all pay the price.



# Early Care and Education

- Kids birth – 5 are spending a significant amount of time in non-caregiver settings (e.g., outside of the home while caregivers work).
- Within the past 17+ years, there has been significant advancement in quality investments, but there is still so far to go to support SE development and needs within these early care settings.

# Expulsion Data

- A nationally representative study published in 2005 found that over 10 percent of teachers in state-funded prekindergarten programs reported expelling at least one preschooler in the past year (Gilliam, 2005).
- A 2006 study examined expulsion in child care programs in Massachusetts and found that 39 percent of teachers reported expelling a child in the past year (Gilliam and Shahrar, 2006).
- An unpublished survey of child care providers in Detroit, Michigan, found rates similar to those in Massachusetts (Grannan et al., 1999).
- 42% of infant/toddler child care centers across Illinois reported at least one expulsion in the past year (Cutler and Gilkerson, 2002).





# Expulsion Data

- Taken together, annual expulsions in state-funded pre-kindergartens are estimated to be about 3 times higher than in K-12.
- In child care programs, many of which are less-regulated, more poorly-resourced, and have a less trained workforce, it is as much as 13 times higher.

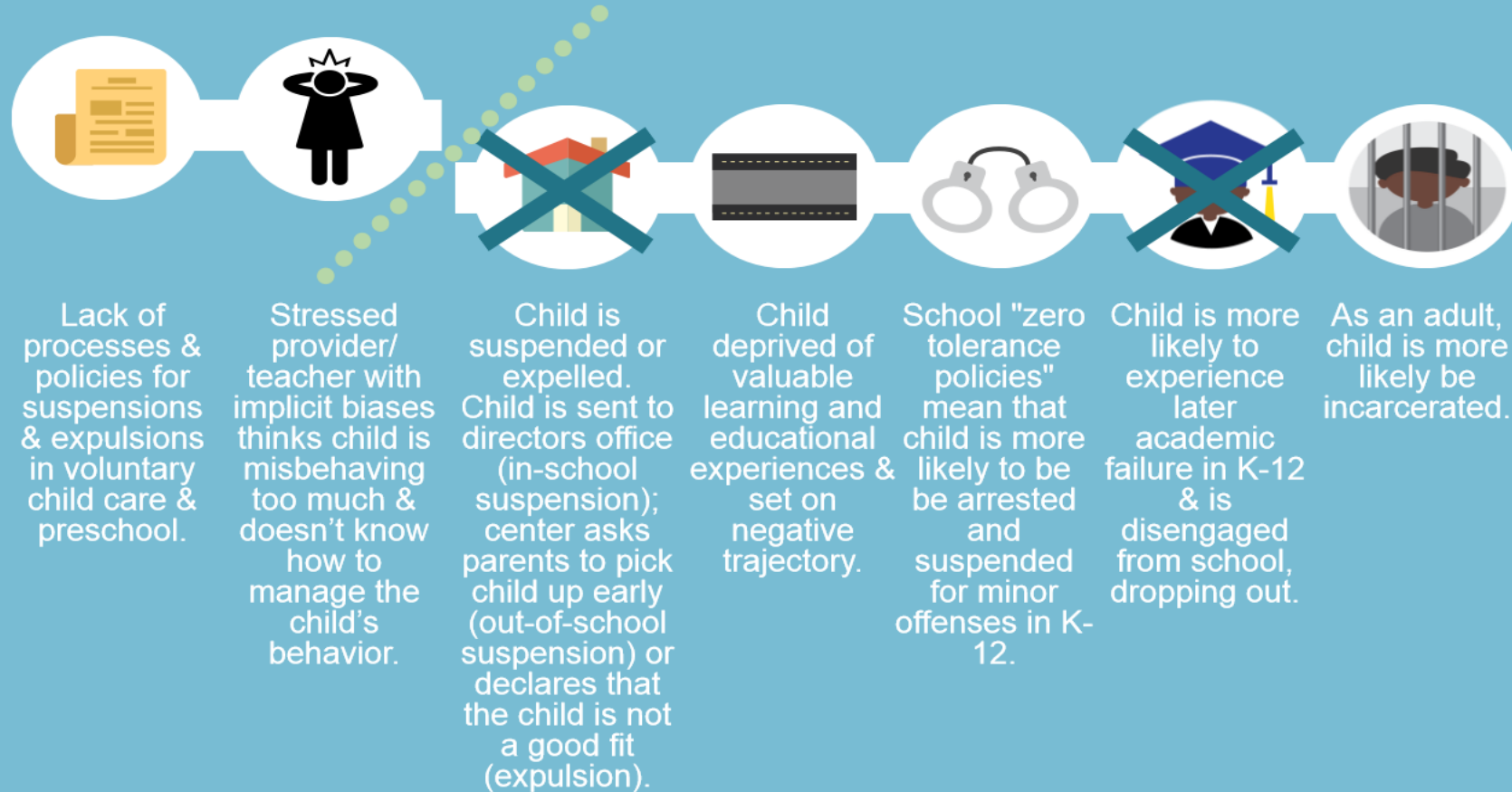


# What we don't see

- By the time a child is suspended or expelled there is so much that has impacted the child and caregiver family.
  - Exclusionary discipline practices
  - Impact on peer interactions
  - Loss of skill building opportunities with peers and adults
  - Lost opportunity to assess and refer to MH services
  - Impact on family schedules, functioning, caregiver stress and relationship with educational system, relationship with child

# Preschool to Prison Pipeline

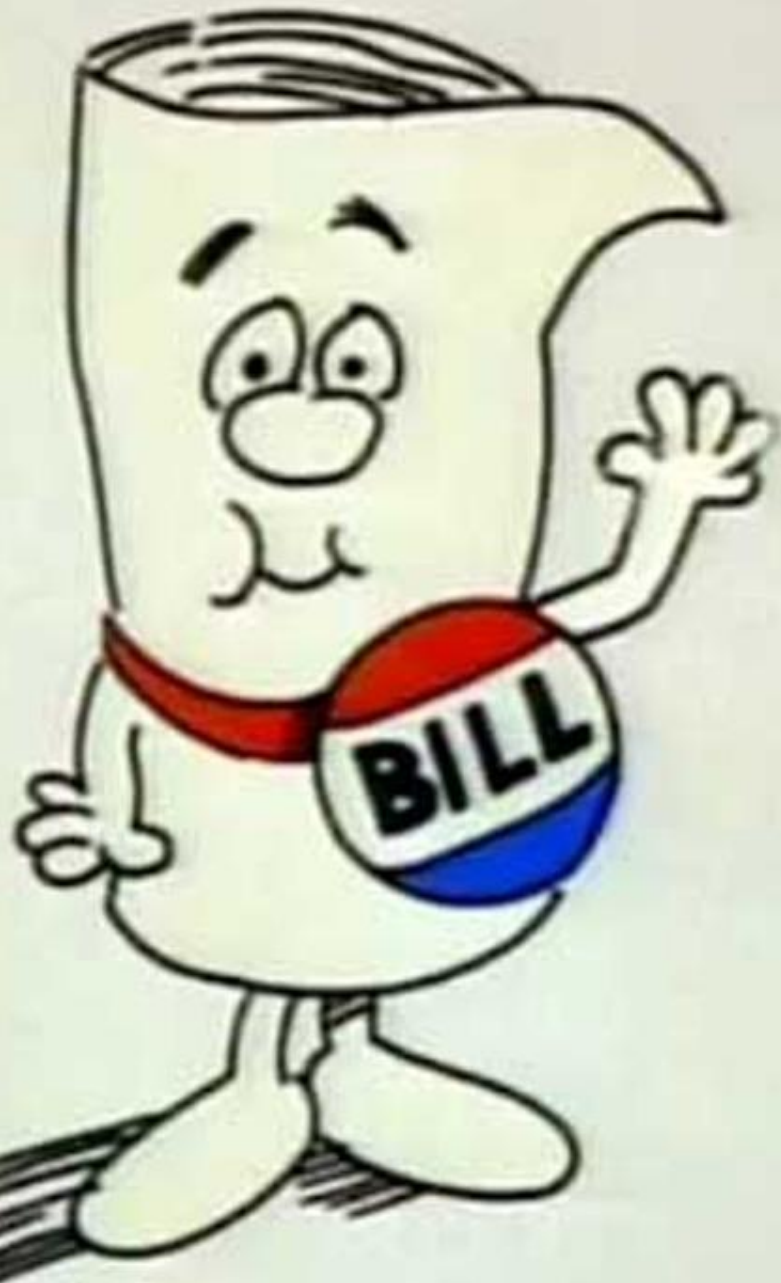
## Disrupting the Preschool To Prison Pipeline



Go to our Guide to learn about recommended policies and strategies for promoting all children's success and preventing suspensions and expulsions in early childhood settings to learn more! [preventexpulsion.org](http://preventexpulsion.org)

**SRI Education™**  
A DIVISION OF SRI INTERNATIONAL

 UNIVERSITY of MARYLAND  
SCHOOL OF SOCIAL WORK  
THE INSTITUTE FOR INNOVATION  
AND IMPLEMENTATION



# Preschool Expulsion Response:

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- **Maryland SB 651** legislates prohibition of suspension and expulsion (with some rigorous exceptions) for preK through second grade in publicly funded education programs.
  - Regulation?
  - Implementation?
  - Guidance?
  - Funding?



# Expulsion as an Adult Decision...

- Limited data on the factors that go into a teacher deciding to expel a child
- New study on the Preschool Expulsion Risk Measure (Gilliam & Reyes, 2018) identifies 4 clusters of factors:
  - Classroom disruption
  - Fear of accountability
  - Hopelessness
  - Teacher stress



## Who is expelled?

- Boys 3.5 times more likely
- 4-year-olds 50% more likely
- Black children expelled at 2x the rate of White children; 5x the rate of Asian children
- Black children make up 18% of preschool enrollment, but 48% of preschoolers suspended more than once
- Latino and Black boys combined represent 46% of all boys in preschool, but 66% of all boys suspended
- Girls who are Black, Native Hawaiian, or Pacific Islander represent 30% or more of all out-of-school suspensions than girls who are White, Latina, and Asian

### Implications

Regardless of the study, there are significant disparities by race intersectionality: these risks for expulsion are multiplicative, e.g., a 4-year-old boy who is Black is exponentially more at risk for expulsion than a 3-year-old girl who is White or Asian

# Four 'Drivers' of Expulsion to Consider

- Structural Quality
- Knowledge About Social and Emotional Development
- Bias
- Trauma

McCann, 2018



# Other Related Explanations

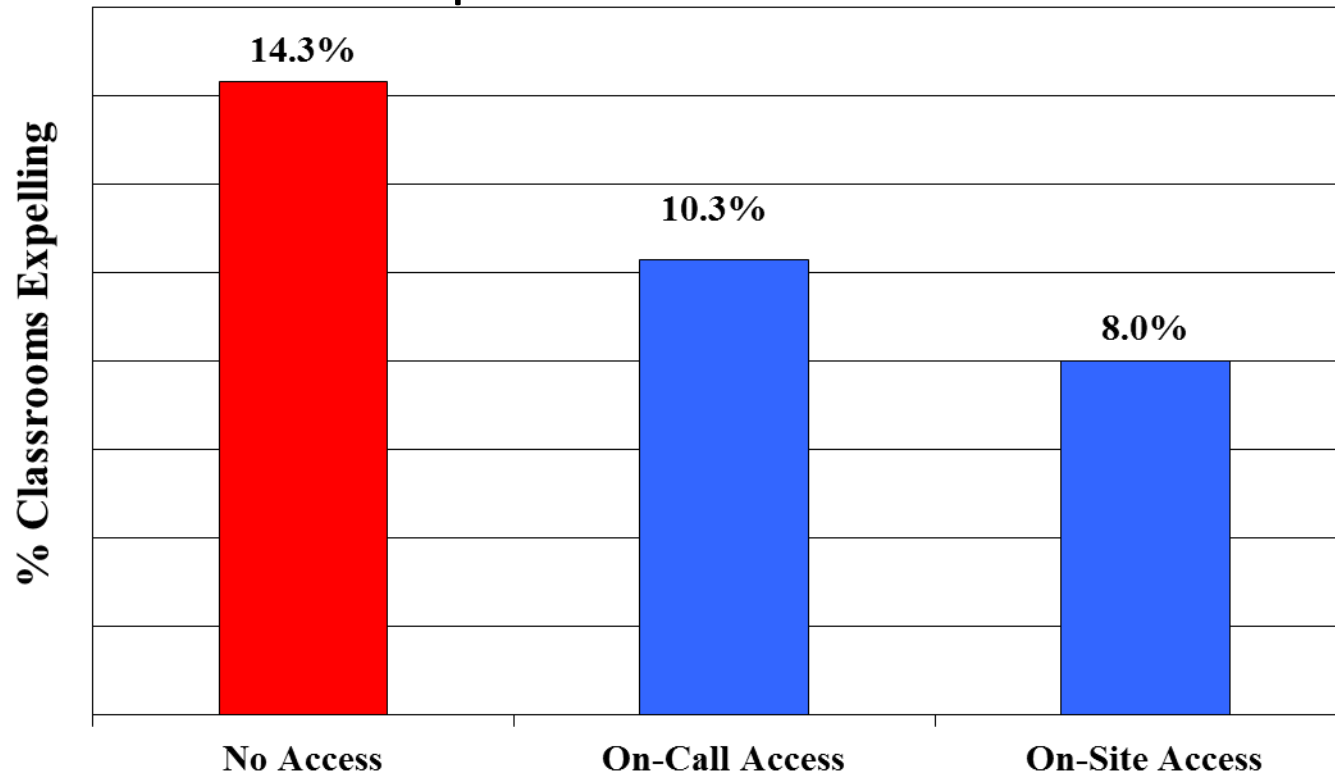
- Cultural discontinuity
- Negotiating conflict cross-culturally
- Goodness-of-fit
- Lower expectations
- Perception of threat
- “Protection” from harsh world / preparation for bias
- Implicit and/or explicit bias



# Infant and Early Childhood Mental Health Consultation

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# Access to Support Associated with Decreased Expulsion Rates



## Access to Behavioral Support Staff

Gilliam, WS (2005). Prekindergarteners left behind: Expulsion Rates in state prekindergarten programs. *FCD Policy Brief, Series No. 3*.

# Infant and Early Childhood Mental Health Consultation

- IECMHC is a multi-level preventive intervention that teams mental health professionals with people who work with young children and their families to improve children's social, emotional, and behavioral health and development.



# Benefits of IECMHC



**CENTER OF EXCELLENCE** FOR  
Infant & Early Childhood  
Mental Health Consultation  
*Growth. Advancement. Impact.*

IECHMC is an approach that is backed by evidence for:

- Improving children's social skills
- Reducing child distress
- Preventing preschool suspension and expulsion
- Improving child-adult relationships
- Reducing provider stress, burnout, and turnover





# What IECMHC Is and Is Not

## What IECMHC is

- Indirect service that benefits young children
- Promotion-based
- Prevention-based
- Provided by a master's prepared mental health professional
- Builds the capacity of families and professionals
- Supports and sustains healthy social and emotional development of young children
- Delivered in a variety of child-serving systems (ECE, HV, etc.)
- Delivered in a natural or community setting

## What IECMHC is not

- Direct service and/or therapy
- Focused solely on families
- Always provided in a center-based setting
- Group therapy
- Psychological treatment for staff, families, or children
- Training and Technical Assistance (TTA)

# POSITIVE OUTCOMES

Child • Family • Staff • Program

CATALYSTS  
FOR SUCCESS

Positive Relationships

Readiness for ECMHC

Solid  
Program  
Infrastructure

Highly-  
Qualified  
Consultants

High-  
Quality  
Services

**CORE PROGRAM COMPONENTS**

Support for Sustainability/Expansion

Guidance for Continuous Quality Improvement

# Competencies at a Glance

## 1. Role of the I/ECMHC

Describes how Infant/Early Childhood Mental Health Consultation (I/ECMHC) is a mental health specialization that is distinct from other activities in which mental health professionals may engage (e.g., treatment, diagnosis, and training). Demonstrates an ability to strengthen families', early care and education professionals', (including home visitors') capacities to support the mental health of all children and families in a setting, prevent mental health problems from developing or increasing in intensity; and respond effectively to mental health concerns.

## 2. Foundational Knowledge

Draws from a large body of knowledge to understand children, families, and staff and how they relate to each other. Draws from a variety of disciplines and theories to inform decisions and directions of consultation.

## 3. Culture

Describes how cultural beliefs, values, attitudes, experiences, and biases shape relationships, behaviors and influences settings and communities in important and meaningful ways.

## 4. Reflective Practice

Thinks about and questions one's influences and actions before, during or after consultation interactions. Considers the perspective and experiences of others (e.g., child/family/staff) in the context of consultation, "What must this experience have been like for the child...staff...parent?"

## 5. Child and Family Consultation

Collaborates with families, staff and other caregivers to understand and respond effectively to a child's mental health needs. Assists caregivers and home visitors to understand and effectively respond to the mental health needs of a family. Consults with families, staff, and other caregivers about a particular child or family.

## 6. Classroom/Home Consultation

Collaborates with parents and staff to assess relationships, routines, and practices that impact the classroom or home climate.

## 7. Programmatic Consultation

Assesses a program's structures, policies, procedures, professional development opportunities, philosophy, mission and practices as they relate to supporting the mental health of young children and their families.

## 8. Systems

Connects and integrates I/ECMHC to various systems that serve child and family serving systems. Contributes to the development of new consultation programs and/or to support consultation programs to expand to serve more children and families.

# Attributes of Mental Health Consultants

**Master's degree in social work, psychology, or related field**

**At least 2 years experience as a mental health professional**

**75% have worked in the field for at least 10 years**

**Foundational knowledge of early childhood development**

**Ability to work in natural settings, including homes and early care and education environments**

**Understanding of cultural variations in development, child-rearing practices, and caregiver expectations**

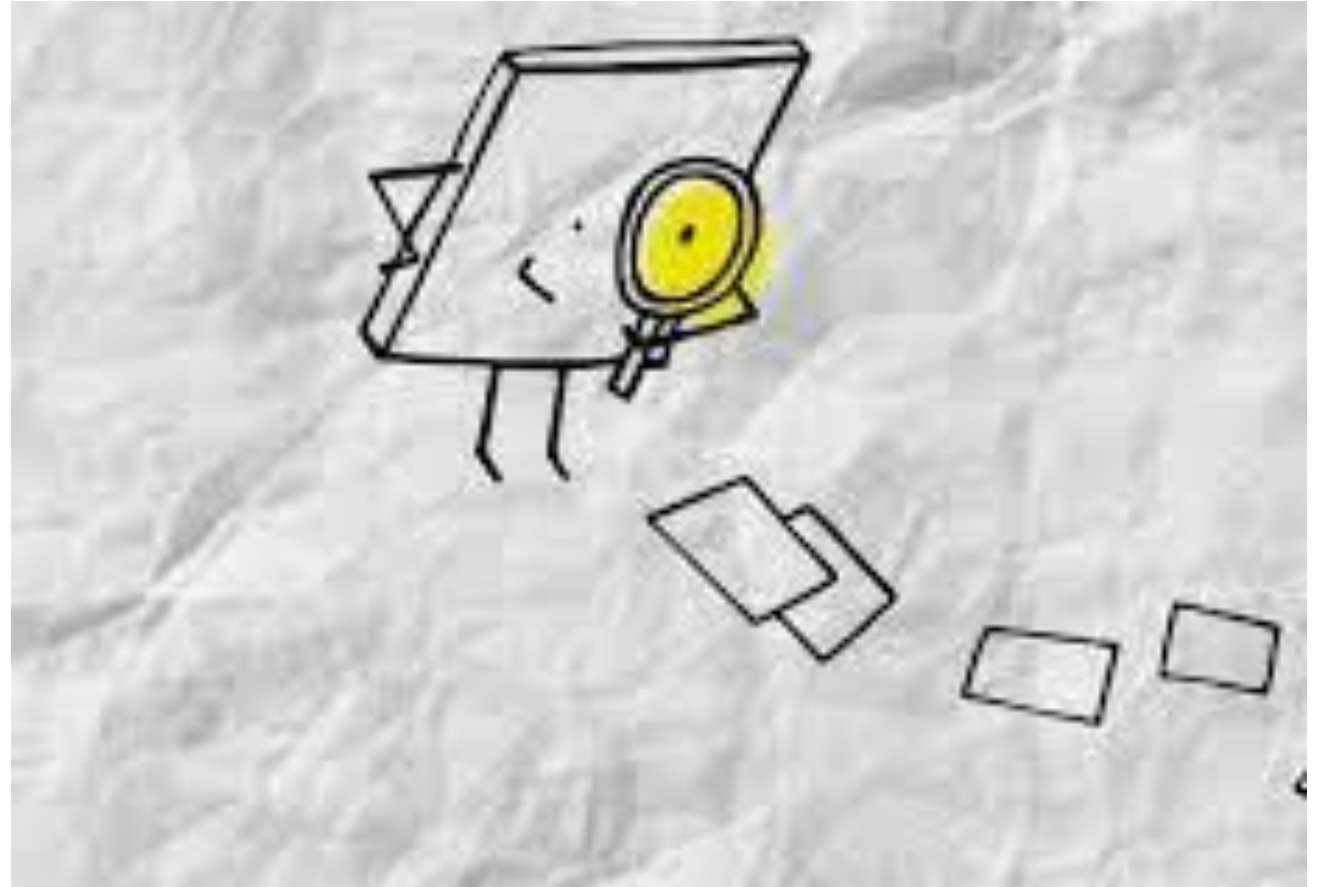
\*Not the qualifications for all consultants in MD



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# What is the Evidence Base for ECMHC

- One RCT, and two peer-reviewed research syntheses
- What Works? (GUCCHD, 2009)
- Special Issue of the Infant Mental Health Journal
- Special Issue of Zero To Three
- SAMHSA Convening Document (2014)
  - Led to the funding for the Center of Excellence for Infant and Early Childhood Mental Health Consultation



# Impact of IECMHC on Child-Level Outcomes



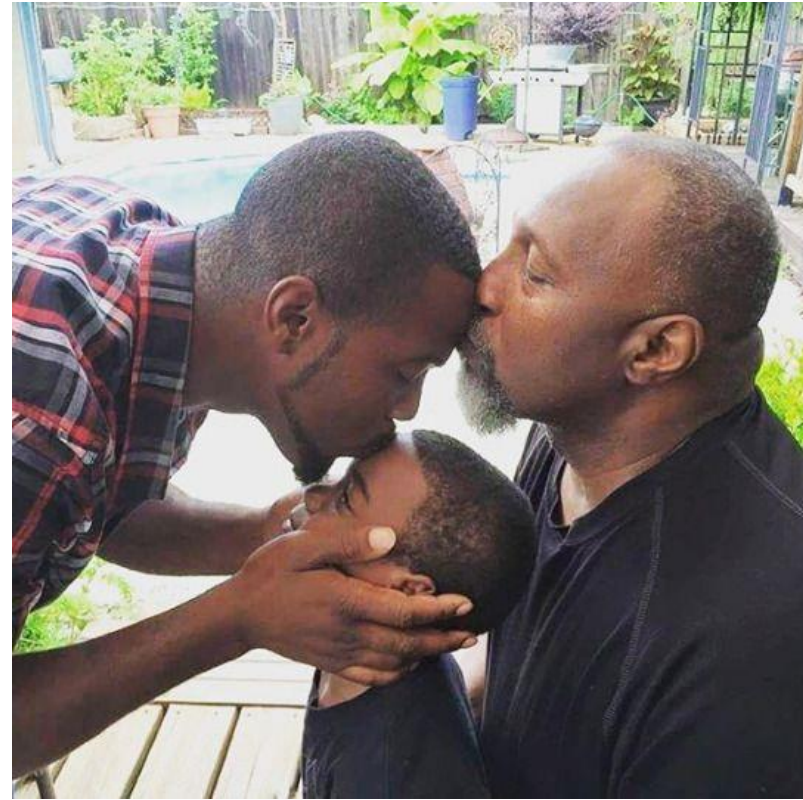
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AND IMPLEMENTATION



# Reckoning with Race

Understanding IECMH through a historical and de-colonized lens





# Framing Racial Inequity

Understanding the broader view of equity in infant and early childhood mental health

**HISTORY**

**INTERNAL**

Bias

Privilege

Internalized  
Racism

**EXTERNAL**

Interpersonal

Institutional

Structural

**POWER  
AND  
ECONOMICS**

**CULTURE**

**IDENTITY**

# Systemic Racial Equity Challenges in IECMHC

- Responsive and culturally tailored model design
- Workforce diversity and workforce preparation and ongoing support
- Supporting IECMHC supervisors in holding space to talk about race
- Building IECMHC organizational internal capacity to lead
- IECMHC state and national leadership capacity to lean in and co-create spaces for explicit and intentional equity work
- Integrating evaluations with an equity lens



# Research in Review

Equity Implications in IECMHC Research & Evaluation

# Findings from Smart Support Evaluation

*IECMHC had an impact on closing racialized disparities in child outcomes for African American boys*

*(i.e., conflict with teacher and risk of expulsion)*

*(2010-2015)*

*(Shivers, Gal-Szabo, & Farago, 2021)*



# More Smart Support Findings: The Consultative Alliance

A stronger Consultative Alliance (i.e., an optimal consultant-teacher relationship) predicted a positive change in the following outcomes:

- Increased attachment (for boys of color)
- Decreased negative classroom emotional environment
- Increased teacher-child closeness
- Increased teacher self-efficacy

Only when:

- The mental health consultant shared same ethnic heritage as teacher

OR

- Consultant had 'expertise' in equity topics (cultural responsiveness, anti-bias education, undoing racism, etc.)

(Davis, Shivers, & Perry, 2018)



# Recent findings from AZ: Child Care Organizational Climate and IECMHC

In AZ child care centers with high percentages of African American children...

Increases in **Organizational Climate** predict...

Improvements in **Teacher Self-Efficacy**....

Which in turn predicted reductions in a **child's risk of expulsion!**

(Shivers, Gal-Szabo, Janssen, & Melendez-Guevara, under review)





## Questions for our field:

How do we understand IECMHC's impact considering these findings?

What are the mechanisms of change?

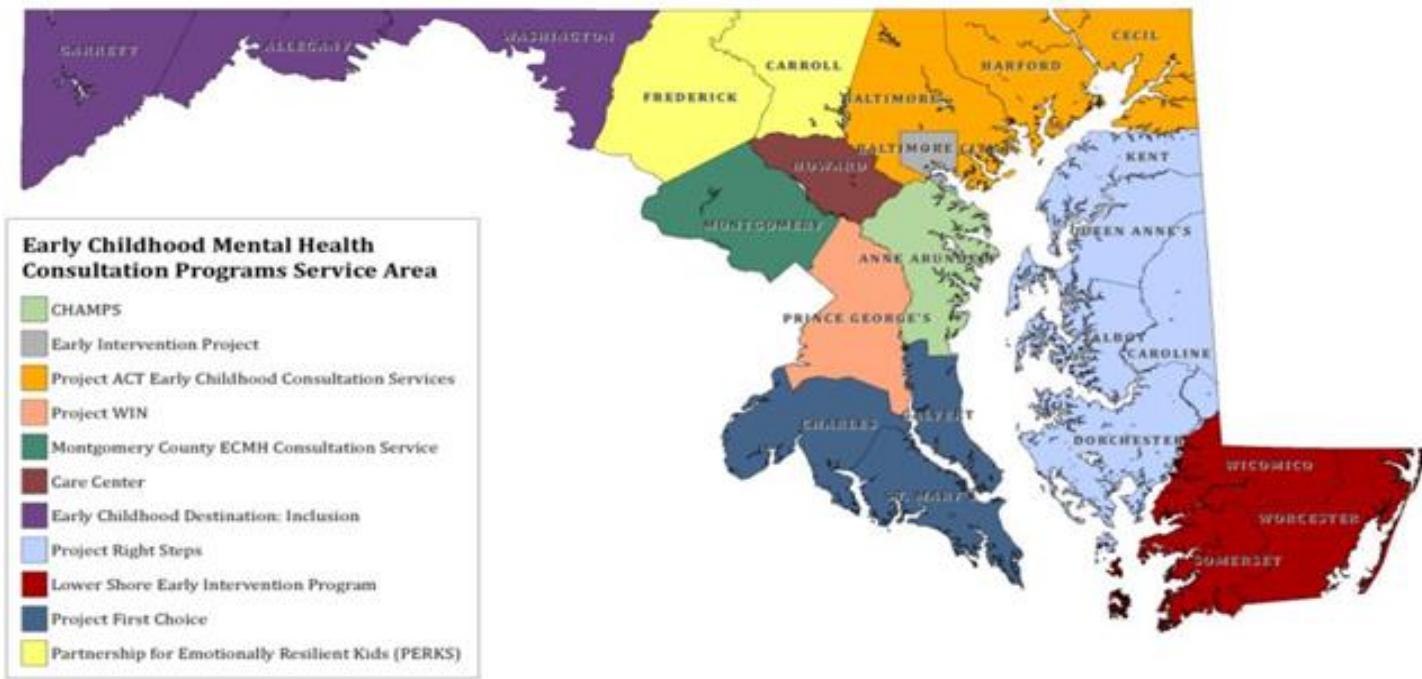
How can we build upon and enhance IECMHC's impact on anti-Black racism? And other forms of racial disproportionality?



# State Example

# MARYLAND'S IECMHC MODEL

- 11 programs
- 38 consultants statewide, 18 of which are licensed
- IECMHC services were provided to 382 children and 64 classrooms/programs in FY20
- Average case length of 4 months



\*\*\*This reflects a decrease in child cases (568 FY19; 575 FY18), BUT an increase in general classroom/program support.

# History & Funding

2006 Joint venture between University of Maryland Baltimore (UMB), Behavioral Health Administration, Maryland State Department of Education (MSDE), and Georgetown University

2009 Good outcomes led to statewide expansion

MSDE funds the UMB School of Social Work, The Institute for Innovation and Implementation to assist with workforce development, implementation, and evaluation

**2023 New legislative funding increases will begin**

2006-2009 Pilot in two jurisdictions

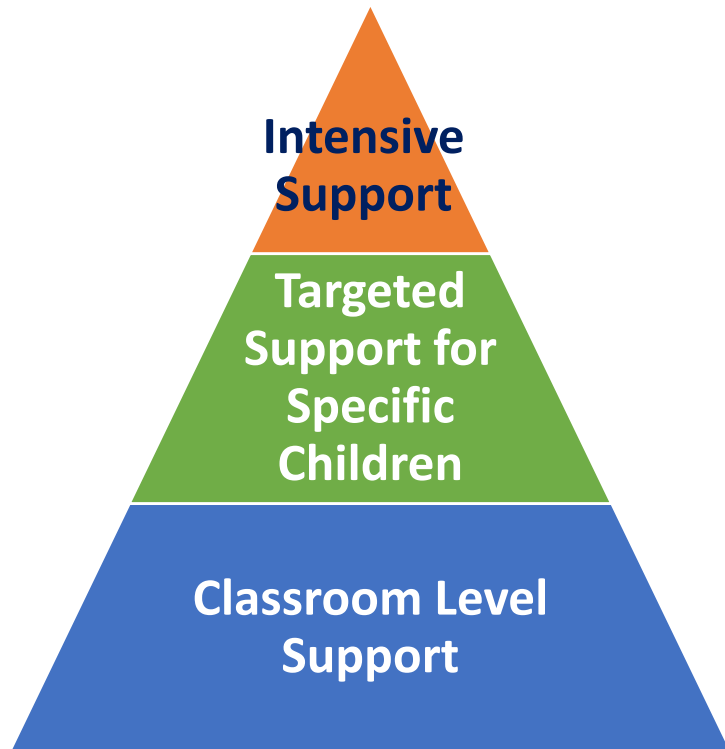
2009-2010 Became funded by the state in all 24 jurisdictions, through the Child Care Development Block Grant (CCDBG) and managed through MSDE

**\*\*ARPA funds will expand services in 2022-2024**

# Statewide Workforce Composition

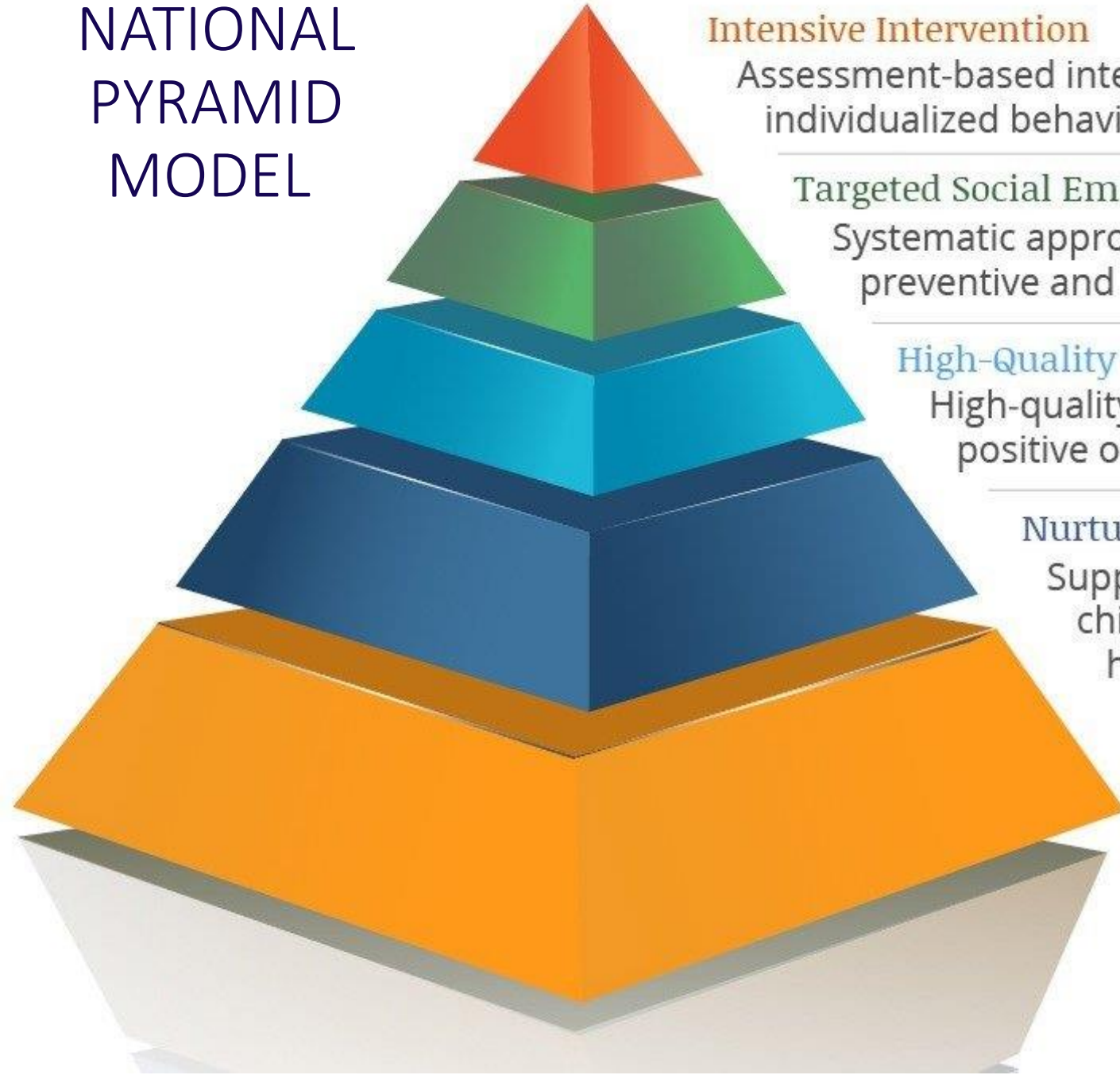
- **State Standards**
  - Did not require licensure or Master's degree prior to 2020
  - Mixed workforce: BA, MA, and MSW/MS with License
  - New standards published 2020
    - Revised 2017-2019
    - With support of a CoE TA Award
- Study conducted to determine impact of cases with varying workforce qualifications to inform new standards

# TIERED APPROACH



Tier	Qualifies Professional to Perform the Following:
Tier 1: Behavior Support Specialist I, (Foundation Classroom Support)	<ul style="list-style-type: none"> <li>• Work with an early learning site to implement the SEFEL Pyramid Model.</li> <li>• Utilize data from the relevant fidelity measures including the Benchmarks of Quality, the Inventory of Practices, Preschool Mental Health Climate Scale, and/or the Teaching Pyramid Observation Tool (TPOT) or The Pyramid Infant-Toddler Observation Tool (TPITOS) to support the identification and tracking of coaching goals.</li> <li>• Provide on-site implementation support for early childhood staff on SEFEL Pyramid Model.</li> <li>• Coaching can include addressing individual child cases depending on the severity of behaviors and initial screening results and/or endorsed risk factors. This may vary depending on the program structure.</li> </ul>
Tier 2: Behavior Support Specialist II (Targeted support for specific behavioral concerns in classrooms and individual students)	<ul style="list-style-type: none"> <li>• Build the capacity of childcare staff to support the social-emotional development of all children using Pyramid Model Strategies (see Tier 1 above).</li> <li>• Provide specific behavioral, social and emotional recommendations for an individual child.</li> <li>• Provide recommendations and strategies for parents to implement in the home.</li> <li>• Facilitate referrals to Tier 3 ECMHC services.</li> <li>• Facilitate referrals for therapy, assessment, special education, and/or other direct service support for an individual child as needed.</li> </ul>
Tier 3: IECMH Consultation (Intensive support for specific behavioral concerns exhibited by individual students)	<ul style="list-style-type: none"> <li>• All services in Tiers 1 &amp; 2</li> <li>• Increased emphasis on children and classrooms and families with the highest-level needs based on screening results and identified risk factors.</li> <li>• Provides in-depth support and interventions to program staff and parents to address challenging behaviors including home visiting where indicated.</li> <li>• Referral for therapy, assessment, special education, and/or other direct service support for an individual child.</li> </ul>

# NATIONAL PYRAMID MODEL



## Intensive Intervention

Assessment-based intervention that results in individualized behavior support plans

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## Targeted Social Emotional Supports

Systematic approaches to teaching social skills can have a preventive and remedial effect

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## High-Quality Supportive Environments

High-quality early childhood environments promote positive outcomes for all children

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## Nurturing and Responsive Relationships

Supportive responsive relationships among adults and children is an essential component to promote healthy social-emotional development

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## Effective Workforce

Systems and policies promote and sustain the use of evidence-based practices

# Benefits of Multi-disciplinary Workforce



# EQUITY WORK WITH INDIGO CULTURAL CENTER

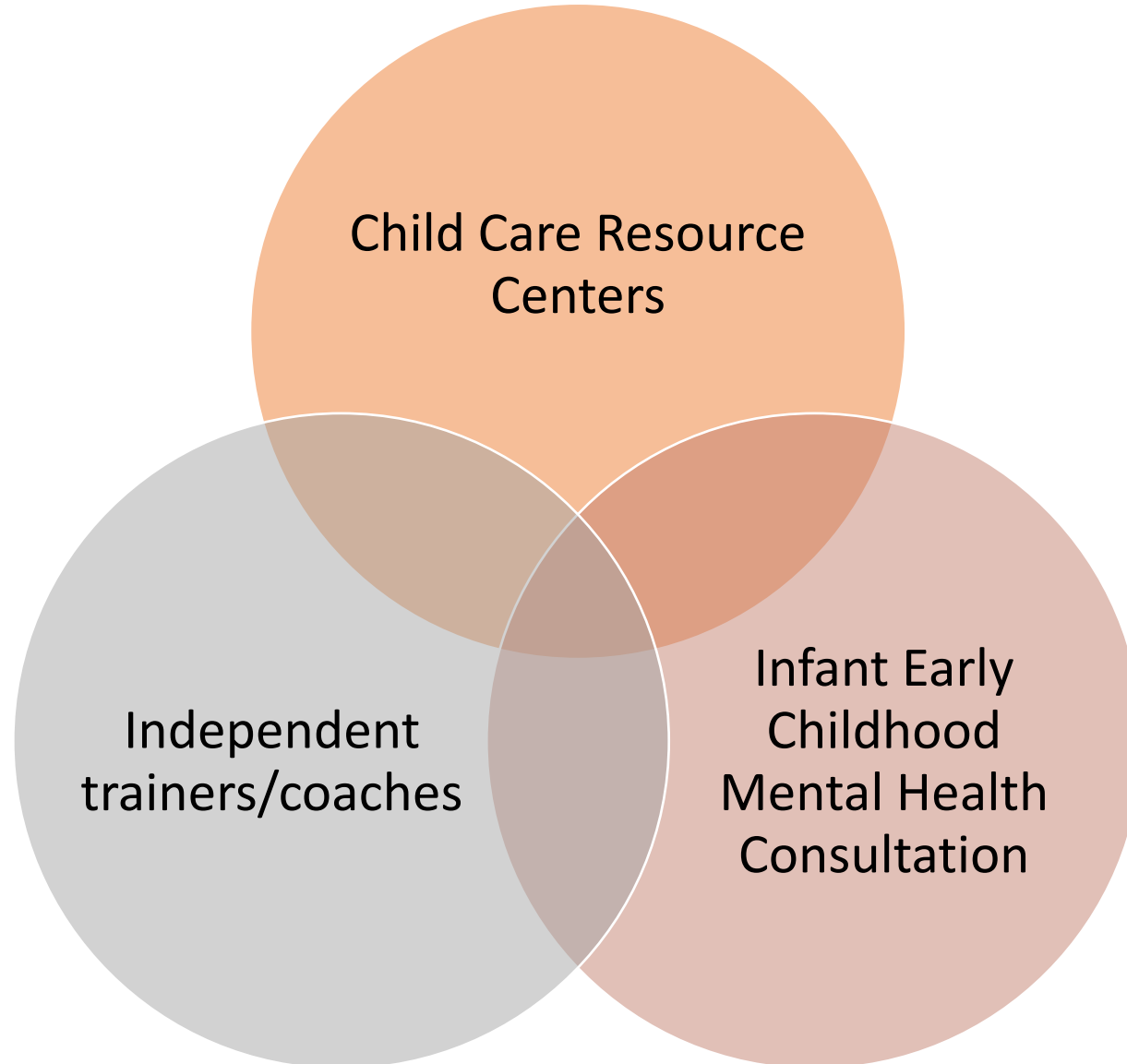
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- Multi Year Process Starting with a 2-Day IECMHC Equity Retreat
- Monthly Small Group Facilitator Coaching Sessions
- Monthly Leadership Meetings focused on policy and program supports for the work





# PM and IECMHC Workforce Overlap in Childcare



## Statewide Support to Maryland's IECMHC Programs

Throughout this fiscal year, the PIEC team convened the IECMHC workforce and provided many ways for staff to engage in peer support, professional development, and personal growth. These included:

- **Monthly Facilitated Conversations** amongst IECMHC workforce and state leaders to discuss successes and challenges, the needs of childcare providers during COVID-19, and identifying how to address the inequities that show up in childcare settings.
- **Monthly Leadership Meetings** with IECMHC directors and program managers to discuss the pandemic's effects on consultation services, statewide IECMHC guidelines, TA needs of staff, and training priorities.
- **Bi-Weekly Office Hours** for IECMHC providers to get more detailed technical assistance on topics such as conducting virtual classroom observations, reaching children and ECE providers in creative ways, resource sharing, and case discussions.
- **Regular Consultation with the IECMHC National Center of Excellence** to receive guidance on COVID-19 adaptations, evaluation activities, reflective supervision, and national standards and best practice.
- **Professional Development Opportunities**, including working with Dr. Walter Gilliam and the Yale Child Study Center to learn best classroom observation practices. 46 IECMH consultants and supervisors have been certified in the CHILD (The Climate of Healthy Interactions for Learning & Development) observation tool.
- **Furthering implementation of tiered model of services**, which recognizes the benefits provided by a multi-disciplinary team and ensures supports are universally available for all children.
- **Alignment with Maryland Ready, Maryland's Path to School Readiness and Success Strategic Plan 2020-2025.** The PIEC team continues to improve and support program quality by increasing quality across sectors, focusing on equity, increasing kindergarten readiness for all children, and improving capacity to meet infant's and children's mental health needs.



# Part C Pilot

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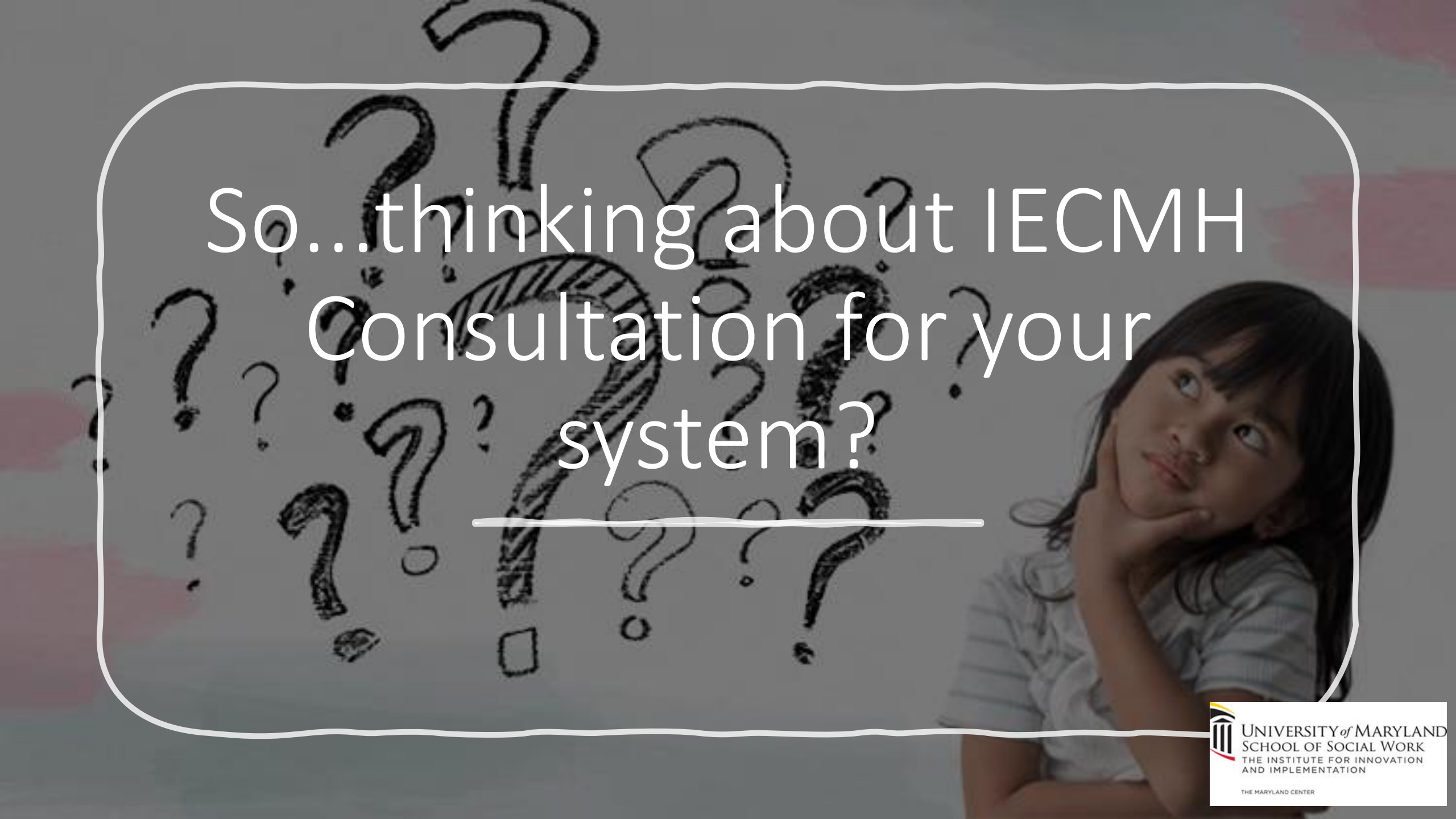
During the COVID-19 Quarantine, when classrooms were closed, we launched a 3 jurisdiction pilot of providing IECMH Consultation to the Part C Early Intervention teams who continued to meet with children and families and needed support to address and understand challenging behaviors.

This is set to expand this year.



# Department of Education Fiscal Commitment

- Over 6 million in ARPA dollars committed over 2 years (FY 23 - 25) to deepen and expand both the IECMH Consultation workforce, and the infrastructure around them including:
  - Increased dollars to hire more consultants
  - Universal onboarding and TA including training in fidelity assessment models and FAN
  - Universal reflective supervision
  - Stipends for Masters Level Internships
  - Anti-Racism Equity consultation

A young girl with dark hair is shown in profile, resting her chin on her hand and looking thoughtfully upwards. The background is a light grey wall covered in numerous hand-drawn black question marks of various sizes and orientations. A large, white, rounded rectangular frame surrounds the central text.

So...thinking about IECMH  
Consultation for your  
system?

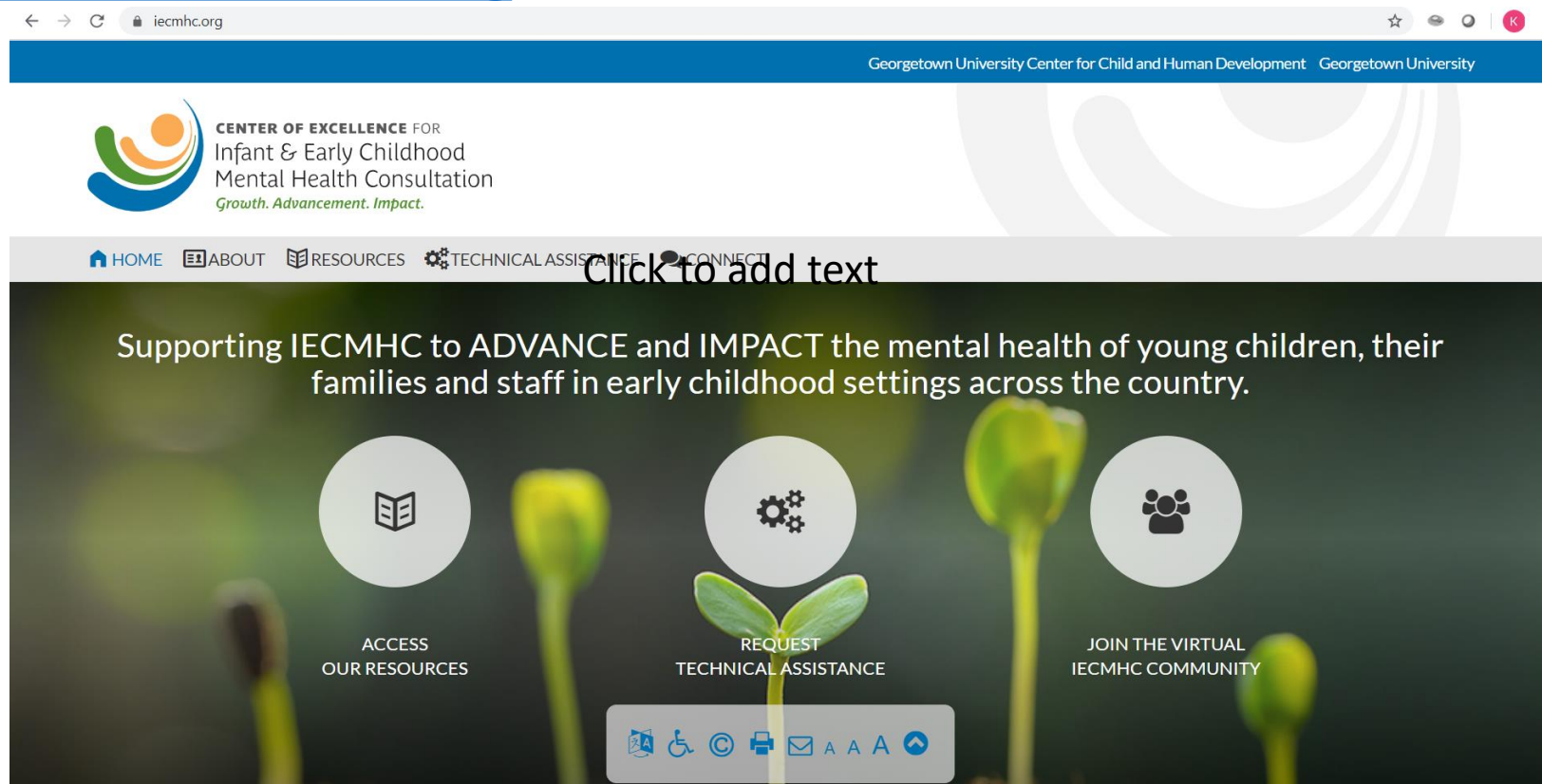
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# How is it funded?

- Childcare Block Grant Dollars
  - Preschool Development Grant Dollars
  - American Rescue Plan Act
  - SAMHSA's Project LAUNCH and SOC Grants
  - Medicaid
  - Child Welfare Title 4E
  - Philanthropy
  - PreK – 2nd Grade School Funds
- Typically, foundations are interested in funding strategic planning, collaboration, capacity building, advocacy, policy development and evaluation. While foundations may be interested in supporting pilot projects or the development and early replication of innovative model programs, most foundations will want to leverage public funding to support and sustain the program over time.

# National Resources: Center of Excellence Toolbox

<https://www.iecmhc.org>



The screenshot shows the homepage of the Center of Excellence for Infant & Early Childhood Mental Health Consultation (IECMHC). The browser address bar displays "iecmhc.org". The header includes the Georgetown University Center for Child and Human Development logo and the text "Georgetown University Center for Child and Human Development Georgetown University". The main navigation menu contains "HOME", "ABOUT", "RESOURCES", "TECHNICAL ASSISTANCE", and "CONNECT". The main content area features a dark green background with a blurred image of a plant. The text reads: "Supporting IECMHC to ADVANCE and IMPACT the mental health of young children, their families and staff in early childhood settings across the country." Below this text are three circular icons: a book icon for "ACCESS OUR RESOURCES", a gear icon for "REQUEST TECHNICAL ASSISTANCE", and a group of people icon for "JOIN THE VIRTUAL IECMHC COMMUNITY". At the bottom of the page, there is a utility bar with icons for accessibility, copyright, and social media.



# Office Hours

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We will be available to discuss further at the planned office hours for this webinar on August 9th.





Contact us!

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# COMMUNITY OF PRACTICE INTIMATE DIALOGUE

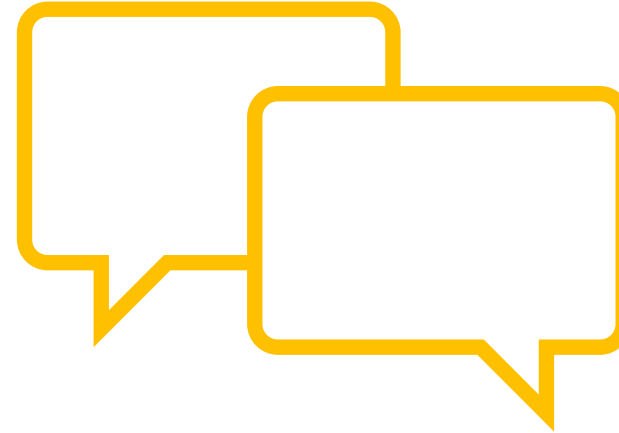
## Join us for Part Two

<https://us06web.zoom.us/meeting/register/tZYrdOCorjwvHtFiFYHunlOEDYH15kzliO5w>

## Consultation: The Key to Any Infant and Early Childhood Mental Health System

August 9, 2022 from 4:00-5:00pm ET

- \* Dive deeper into your questions
- \* Coordinate your efforts
- \* Expand your network



Part Two will be via Zoom so you will have the opportunity to interact with the presenters verbally or via chat.