

State Early Intervention (Part C) and IECMH Planning Tool

State early intervention (Part C) programs and partners can use this tool to jointly examine the status of IECMH policies and practices, both statewide, and in local communities and regions. This can help identify gaps as well as exemplars that could be expanded or replicated.

The review can also identify activities that haven't yet been implemented in the state, and the prioritization of each activity. The tool can be used to explore possible next steps that may include some of the implementation strategies included in this paper. It is not expected that states will address all activities.

For each section, examine the listed elements using the following qualities:

* How high of a priority is this?
* What do we know about what's happening in our state?
* What are our possible next steps?

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| **This document appears as Appendix B to a briefing paper:**  Early Childhood Technical Assistance Center (2022). *Briefing paper: infant and early childhood mental health and early intervention (Part C): policies and practices for supporting the social and emotional development and mental health of infants and toddlers in the context of parent-child relationships*. FPG Child Development Institute, University of North Carolina. <https://ectacenter.org/topics/iecmh/iecmh-partc.asp>  The ECTA Center is a program of the [FPG Child Development Institute](http://fpg.unc.edu/) of the [University of North Carolina at Chapel Hill](https://www.unc.edu), funded through cooperative agreement number H326P170001 from the [Office of Special Education Programs](https://www2.ed.gov/about/offices/list/osers/osep/index.html), U.S. Department of Education. Opinions expressed herein do not necessarily represent the Department of Education's position or policy. Project Officer: Julia Martin Eile. | Logo: IDEAs that Work: Office of Special Education Programs, U.S. Department of Education  Logo: UNC FPG Child Development Institute |

# Suggested Priority Rating Scale

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Rating | 1 | 2 | 3 | N/A | CI |
| Priority | High priority | Medium priority | Not a priority | Not applicable | Currently implemented |

# 1. Referral, Screening and Assessment, and Eligibility

| ID | Element | Priority | What’s Happening? | Possible Next Steps |
| --- | --- | --- | --- | --- |
| 1.1. | Expand child find outreach efforts to the full range of providers and settings that serve children at-risk of social-emotional difficulties (*e.g.*, social service organizations, domestic violence/homeless shelters). |  |  |  |
| 1.2. | Encourage other early learning and care providers (*e.g.*, home visiting, child care, Early Head Start) and healthcare providers to screen for social and emotional development concerns. |  |  |  |
| 1.3. | Partner with the child welfare agency to examine CAPTA and CARA Plans of Safe Care policies and procedures to ensure timely and effective referrals of children with potential social-emotional delay and mental health issues dues to maltreatment and/or parental abuse use in utero. |  |  |  |
| 1.4. | Promote the use of screening tools that address social and emotional development. |  |  |  |
| 1.5. | Promote the use of a tool focused on social and emotional development as part of the evaluation to supplement the multi-domain tool used. |  |  |  |
| 1.6. | Promote the inclusion of a licensed mental health specialist or professional trained and/ or endorsed in IMH on the evaluation team when appropriate (*e.g.*, CAPTA referrals, when there are social and emotional development concerns or family risk factors), who may either be a member of the early intervention team or accessed through a partnership with another community organization. |  |  |  |
| 1.7. | Expand the list of diagnosed conditions for eligibility to include additional IECMH-related conditions including attachment disorder, posttraumatic stress, trauma, depressive and other mood disorders, eating, sleep, crying, and regulation disorders. |  |  |  |
| 1.8. | Partner with other organizations to provide training for mental health clinicians to help identify the presence of infant mental health conditions (*e.g.*, DC:0-5) that can also help teams determine whether the child and family could benefit from a referral for evidence-based IECMH intervention/treatment. |  |  |  |

# 2. Services and Practices

| ID | Element | Priority | What’s Happening? | Possible Next Steps |
| --- | --- | --- | --- | --- |
| 2.1. | Promote a focus on the importance of the social and emotional development and mental health of infants and toddlers within the context of relationships through a collaborative public awareness campaign. |  |  |  |
| 2.2. | Promote a basic understanding of IECMH and prevention and intervention practices that support healthy social and emotional development and parent-child relationships through professional development and guidance materials for early intervention practitioners, supervisors, and administrators. |  |  |  |
| 2.3. | Support implementation of preventive-intervention models/approaches (*e.g.*, reflective practice, FAN approach; Pyramid Model; NEAR@Home) utilizing "implementation science" strategies *i.e.*, professional development, coaching, and supporting leadership. |  |  |  |
| 2.4. | Develop a system of IECMH consultation to support early intervention practitioners in identifying and better meeting the social-emotional needs of eligible infants and toddlers with mental health needs and supporting the parent-child relationship. This may be accomplished in collaboration with other early learning and care or mental health agencies or organizations. |  |  |  |
| 2.5. | Encourage relationships at the local level between early intervention (Part C) and local mental health professionals and organizations, such as community mental health agencies, local early childhood coalitions/groups, and associations of infant mental health to facilitate coordination of services. |  |  |  |
| 2.6. | Support access to evidence-based dyadic treatment when the parent-child relationship has been negatively affected by trauma or other family stressors. Clinicians trained in these approaches may be a part of early intervention teams or accessed through another program/organization. |  |  |  |
| 2.7. | Support access to evidence-based parenting programs that focus on positive parent-child relationships and parenting skills to promote the child's social-emotional growth. |  |  |  |
| 2.8. | Encourage early intervention teams to help adult family members access needed mental health, including supports (e.g., screening/evaluation and treatment for mental health needs incl. post-partum depression, substance use disorder, and access to needed domestic violence support) that present challenges to the parent-child relationship. |  |  |  |

# 3. Workforce Development

| ID | Element | Priority | What’s Happening? | Possible Next Steps |
| --- | --- | --- | --- | --- |
| 3.1. | Incorporate IECMH topics into training modules for all early intervention practitioners, supervisors, and administrators, including ACEs, toxic stress, and the critical importance of early relationships for healthy social-emotional development and mental health of young children. |  |  |  |
| 3.2. | Make available training to EI practitioners on preventive-intervention models/approaches (e.g., FAN approach; Pyramid Model; NEAR@Home) and reflective practice. |  |  |  |
| 3.3. | Make training available to mental health clinicians on evidence-based parenting groups and dyadic treatments. |  |  |  |
| 3.4. | Incorporate IMH competencies into the state early intervention competencies, where applicable. |  |  |  |
| 3.5. | Promote and encourage mental health professionals (e.g., counselors, social workers, psychologists) in early intervention to receive IECMH training and/or endorsement as Infant Mental Health Specialist (IMHS) category or Infant Mental Health Mentor-Clinical. |  |  |  |
| 3.6. | Promote and encourage some early intervention practitioners to become endorsed at the Infant Family Specialist (IFS) category. |  |  |  |
| 3.7. | Support the development of an infrastructure system of Reflective Supervision/Consultation (RS/C) to allow all early intervention personnel to receive regular and ongoing reflective supervision. |  |  |  |

# 4. Funding, Partnership, and Collaboration

| ID | Element | Priority | What’s Happening? | Possible Next Steps |
| --- | --- | --- | --- | --- |
| 4.1. | Examine state policy/standards/regulations, service definitions, codes, and rates to determine the ability to bill for IECMH services as part of the IFSP. |  |  |  |
| 4.2. | Meet with state Medicaid partners to examine Medicaid funding of IECMH services, including the use of applicable diagnosis codes. |  |  |  |
| 4.3. | Collaborate with the state mental health and/or IECMH leaders to explore how IECMH services can be made available to families eligible for early intervention (Part C). |  |  |  |
| 4.4. | Join or convene an IECMH collaborative workgroup with other agencies/organizations to explore braiding funding for IECMH services, professional development, and effective IECMH systems building. |  |  |  |
| 4.5. | Explore federal or philanthropic funding opportunities for IECMH systems building, professional development, etc. |  |  |  |