Center of Excellence for Infant and Early Childhood Mental Health Consultation
State Invitation for Intensive Technical Assistance
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Center of Excellence for Infant and Early Childhood Mental Health Consultation: Invitation for Intensive Technical Assistance

Purpose of this Invitation
The Substance Abuse and Mental Health Services Administration (SAMHSA)'s Center of Excellence (CoE) for Infant and Early Childhood Mental Health Consultation (IECMHC) is soliciting interest from states that are motivated and committed to advancing their IECMHC systems, including planning, implementation, evaluation, and/or sustainability efforts. States that are interested in developing new or embarking on existing strategic goals, strengthening partnerships, and beginning or furthering service delivery around infant and childhood mental health consultation are invited to apply for technical assistance (TA) provided through the CoE. There is no cost for the TA—it is provided as a service of the CoE for the duration of three years. Selected states will work closely with the CoE team to define a unique plan for understanding needs and action steps to achieve their goals. States that are at all levels of implementation are invited to apply: from those that do not yet have an IECMHC system but are committed to building one, to states that have an existing system and are committed to expanding and improving it.

The Need for Infant and Early Childhood Mental Health Consultation
The earlier in a child’s life that we focus on mental health, the better. Strong mental health is tied to school readiness—including having the social and emotional skills needed to be successful. Unfortunately, far too many young children enter school with limited relationship skills, poor self-regulation, and weak attention skills—all risk factors for future school failure, behavioral disorders, and child or adolescent mental illness.

The National Scientific Council on the Developing Child has found that safe, strong, and healthy relationships help to activate connections in the developing brain; this developing brain architecture provides the foundation for all future learning, behavior, and health. Research has conclusively proved that young children best develop in the context of supportive relationships with the adults in their lives.1 Young children with access to supportive adult relationships not only are better equipped to develop the social and emotional skills necessary to succeed, but also have improved physical health and reduced incidence of child maltreatment.2

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Prevention-oriented programs—specifically those aimed at improving caregivers’ capacity to support young children’s development—are an essential mechanism for improving relationships between caregivers and young children. There is strong evidence that IECMHC can help promote the mental health of children ages 0–5 in the home, classroom, community, and across the nation. IECMHC is a preventive intervention that partners mental health professionals with children’s caregivers. It builds the capacity of families and other providers to understand and manage challenging behaviors and to foster healthy relationships, resulting in improved social, emotional, and behavioral outcomes for young children, as well as reductions in preschool expulsions and suspensions.

IECMHC services may be embedded in larger prevention-oriented programs, such as home visiting, or early education settings, such as Head Start. Regardless of the setting, IECMHC focuses on supporting caregivers, including teachers, home visitors, program directors, and parents, with the overall goal of promoting the healthy social and emotional development of young children.

Establishing the Center

SAMHSA, in partnership with the Health Resources and Services Administration and the Administration for Children and Families, established the CoE for IECMH in September 2015. The CoE is led through a contract between SAMHSA and Education Development Center, Inc. (EDC). EDC is partnering with the Georgetown University Center for Child and Human Development in this vital work.

A primary goal of the CoE is to support states, tribes, and communities in developing and using IECMHC to promote young children’s social and emotional development, to understand and address challenging behaviors, and to strengthen the capacity of staff, families, programs, and systems to meet the relational needs of infants, toddlers, and young children. The CoE is achieving this goal through the following activities:

- Convening a national Expert Work Group of leaders and experts in early childhood development, IECMHC, home visiting, and health and education disparities to inform and guide this important work.

- Creating and disseminating an IECMHC Toolbox, which synthesizes existing information about the latest research and best practices for IECMHC in home visiting and early care and education programs, and provides resources and/or strategies to fill gaps in key areas of knowledge—for example, addressing racial disparities, building the workforce, and implementing IECMHC within home visiting programs and tribal communities.

- Promoting wide-scale adoption of IECMHC as a critical strategy for increasing teacher, caregiver, and home visitor skills; reducing expulsions, suspensions, and racial disparities in disciplinary practices; and promoting school readiness and strong mental health in all children.

Providing intensive technical assistance (TA) to 12–15 pilot states and tribal communities (collectively referred to as “pilot sites”) to support them in their efforts to enhance IECMHC. The IECMHC Toolbox will serve as the conduit for this important work. The pilot sites will emerge as leaders in the field of IECMHC, as they will be the first to implement CoE-recommended best practices related to IECMHC. Pilot sites will shape practices and policy as they provide feedback on what works and what needs to be improved to advance the field.

The IECMHC TA Approach

This invitation is for receipt of intensive TA to support to pilot sites in their efforts to develop or enhance IECMHC services.

What is the CoE’s approach to TA?

The TA team’s approach is based on many years of experience working with state, tribal, and community programs on issues related to IECMHC. The TA specialists are committed to building trusting relationships with state participants and to being proactive, responsive, and solution-oriented. The team’s approach reflects respect for the hard work that sites must do to develop, enhance, integrate, and sustain IECMHC. TA is provided in a manner that acknowledges and supports the diverse context, environment, and culture of each pilot site and its constituents.

Who will provide the intensive TA?

TA will be provided by experienced specialists with the following minimum qualifications:

- Master’s degree in mental health or a related field
- Three years of IECMHC experience in providing training and TA at the state, tribal, or national level
- Five years of experience in implementing a quality IECMHC program at the state, tribal, or community level
- A rich understanding of policy and systems

Most TA specialists will also be Infant Mental Health (IMH) Licensed or have IMH Endorsement.

What will be provided?

Each pilot site will be supported by an identified TA specialist on some or all of the following activities, based on specific needs:

- Needs assessment completion – what is currently available and what do we need in order to implement IECMHC in our state, tribe, or community?
Action planning – what are our next steps for implementing IECMHC?

Identification of resources

Linkage to specialized experts (e.g., a Medicaid/CCDF funding expert)

Monthly check-in calls

One or two annual site visits

Linkage to national specialized webinars

The TA will be customized to support each pilot site’s specific goals to develop, build, expand or improve their IECMHC system. TA specialists will incorporate resources from the IECMHC Toolbox to help pilot sites access the latest research and best practices for IECMHC in home visiting and early care and education programs, as well as resources and/or strategies to fill gaps in identified areas of knowledge, practice, and policy.

Benefits Associated with Participation in IECMHC TA

If selected, your pilot site will have the opportunity to do the following:

Convene your leadership team (an already-existing group or a new team) to develop and/or enhance policies and procedures related to IECMHC (or your IECMHC model)

Develop action plans designed to support and enhance IECMHC

Receive tailored TA from SAMHSA’s CoE, focusing on key areas of IECMHC, including:

- funding IECMHC systems;
- ensuring systems are equitable, culturally and linguistically responsive, and that appropriate tribal considerations are taken into account;
- building a robust IECMHC system within the pilot site/state’s early childhood system;
- identifying appropriate IECMHC models appropriate to the pilot site’s context and community needs;
- conducting ongoing research and evaluation of models for continuous quality improvement;
- developing a strong workforce of IECMH consultants with a common set of high-quality competencies; and
communicating the need for- and benefits of- IECMHC to a diverse array of stakeholders, including early education programs, policy makers, and the general public, among others.

- Improve the rigor of IECMHC methods in order to influence positive social and emotional, mental health, school readiness, and expulsion prevention outcomes for children
- Gather data on the process and effectiveness of IECMHC
- Evaluate outcomes of IECMHC implementation
- Share results at the local, state, and national levels
- Modify plans to impact and increase the likelihood of sustainability
- Develop and implement a plan to prevent/eliminate expulsion and suspension practices across early childhood programs

**IECMHC TA Eligibility**

All states are eligible to apply for intensive TA. In larger states, choosing a regional area which is still lead by the state-level team will allow for focus in one part of that state rather than attempting to do this work in a state too large to cover an effort like this. States must identify and submit a single invitation on behalf of a team for consideration (See Appendix A).

Invitations must identify a lead contact person who represents a public state-level entity, such as a state agency, that will serve as the backbone organization dedicated to coordinating the various activities and collaborators involved in the effort. A state team may be an already-existing structure, such as an Early Childhood Comprehensive System of Care team or an Early Childhood State Advisory Council, and must include members who can advance policy, make state-level decisions, and advocate for best practice.

Appropriate leads might include the director of the Project LAUNCH efforts, a state Children’s Mental Health Director, a leader from the Department of Education working with Early Care and Education, the MIECHV leader, or an existing Director of IECMHC efforts in the state.

Non-state agencies and nonprofits, such as Infant Mental Health Associations or advocacy groups, are not eligible to be the lead applicant but are certainly encouraged to be strong partners in state or regional efforts.

Additionally, we are prioritizing intensive TA efforts to enhance IECMHC within federal Home Visiting programs, early care and education, and tribal communities.

Teams must focus on one or both of the following areas for IECMHCTA:

- Early Care and Education (including child care)
Home Visiting

In addition to IECMHC’s focus on early care and education and/or home visiting, it may be helpful to include partners and work closely with folks from these entities, among others:

- Child Welfare
- Mental health
- Primary care
- Public health

**Expectations of IECMHC TA Participants**

The IECMHCTA initiative will provide TA to teams using a relationship-based approach between TA specialists and pilot site staff. TA specialists will take time to carefully listen to the needs of the program, provide nonjudgmental and supportive feedback, and follow the pilot site’s lead in shaping IECMHC goals and tasks. The TA specialist will also serve as a conduit to additional resources, based on each site’s/state’s unique circumstances and goals.

Information from the cohort of pilot sites will be used to evaluate the reach, implementation, and impact of the CoE’s multiple efforts, learn which practices work for which populations, and gauge the overall applicability and utility of the IECMHCToolbox. The information learned from this effort will add to the growing evidence for use of IECMHC and to the best practices knowledge base. It will also serve as a resource for other states that are interested in building, expanding, or improving their own IECMHC systems.

As a participating program, you will:

- Commit to a voluntary three-year partnership with the CoE to receive TA at no cost to your pilot site
- Identify staff (and/or team members) who will participate in TA activities and will dedicate a planned amount of time each month to furthering IECMHC enhancements
- Provide quarterly and annual check-ins on your team’s progress in planning and implementing IECMHC enhancements

Examples of TA activities:

- Participate in on-site consultation with your TA specialist. Potential areas of focus include: identifying available funding streams to support an IECMHC system, developing or conducting a community needs assessment, and developing tailored messages to make the case for IECMHC across a diverse set of stakeholders and policy makers.
Develop an action plan with achievable goals and objectives to guide your team in its efforts

Participate in monthly TA discussions to support implementation of your IECMHC action items

Interact with national experts to support implementation and enhancement of your plan

Engage in peer-to-peer learning opportunities with other sites

**Pilot Site Invitation Review and Site Selection**

Although Universal TA supports will be available nationally for all states, tribes, and regions, the CoE is disseminating this invitation to partner with a limited number of pilot sites to develop or enhance their IECMHC efforts. Pilot sites will be selected to participate in the IECMHCTA initiative through the following process:

- CoE staff will carefully review and score each response, recommending applicants for participation based on their commitment to develop or enhance a new or existing IECMHC system. Only CoE staff and consultants will see the completed invitation.

- Submitted invitations will be referenced by the CoE for the sole purpose of determining acceptance to participate in the SAMHSA IECMHCTA initiative; invitations will not be shared with others outside of SAMHSA’s CoE without the applicant’s permission.

- Approximately one month after invitations are submitted, the CoE will notify applicants of their status (accepted or not accepted). Accepted applicants will then receive contact information for their assigned TA provider(s).

Ultimately, SAMHSA’s IECMH initiative is looking for states that demonstrate the motivation, commitment, and potential to advance their IECMHC planning, implementation, evaluation, and sustainability efforts. The emphasis of the selection process is on readiness and commitment to improving IECMHC efforts.

**How to Apply**

This invitation is to be completed **online only** by December 30, 2016.

**Online Invitation:** [https://go.edc.org/IECMHCStateTAInvitation](https://go.edc.org/IECMHCStateTAInvitation)

A sample of the online invitation can be found in Appendix A.

If you have questions about completing this invitation, or any other inquiries, please visit the CoE’s website at [http://www.samhsa.gov/iecmhc](http://www.samhsa.gov/iecmhc) or e-mail the CoE at: IECMHC@edc.org.
### Appendix A: IECMHC TA Invitation [complete online]

The invitation below can be used to prepare for the official online version that is required.

This invitation includes six sections: Demographics, Leadership, Systems Work, Staff Readiness, Data Measurement and Management Readiness, and Scope of Project.

Those submitting an invitation need to identify a lead organization that will serve as the backbone organization for IECMHC efforts. The lead organization will guide vision and strategy, support aligned activities, establish shared measurement practices, build public will, advance policy, and mobilize funding.

#### Demographics

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<th></th>
<th>Identification Organization:</th>
<th>Identified point person from the lead organization:</th>
<th>Point person’s role within the organization:</th>
<th>Point person’s phone number:</th>
<th>Point person’s e-mail address:</th>
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Tell us why you and your team are excited about this invitation:

#### Potential Area for TA

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<th>YES</th>
<th>SOMEWHAT</th>
<th>NOT YET</th>
<th>ADDITIONAL NOTES</th>
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<tr>
<td><strong>Leadership</strong></td>
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1. Do you have a high level of commitment from leadership and key decision-makers (e.g., early childhood systems partners) who are on board for developing or enhancing IECMHC within your state or region? *If yes, please list examples of committed partners, their organizations, and their role within the organization in the far right column.*

2. Do you have an established cross-system early childhood team that could become part of your leadership team (e.g., an early childhood comprehensive system of care team) to work on IECMHC efforts?
### Leadership (continued)

3. Is your leadership team cohesive and stable (for example, have most members been in their positions for more than a year)?

4. Do you have an identified leader to spearhead the effort? If yes, please include the leader’s name, role in his or her organization, and background (education, experience) in the far right column.

5. How much time can the identified leader devote to this effort?
   - ___ Less than 10%
   - ___ 11–20%
   - ___ 21–30%
   - ___ 31–40%
   - ___ 41–50%
   - ___ 50% or more

### Systems Work

6. Do you have experience with successful systems change (e.g., attempting to create a cross-system financing strategy for early care and education, enhancing or aligning early childhood standards, creating a central intake system for home visiting)? If yes, please provide detail in the far right column.

7. Does your proposed leadership team have administrative authority to make or to advocate for policy change?
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<tr>
<th>Potential Area for TA</th>
<th>YES</th>
<th>SOMEWHAT</th>
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<tr>
<td><strong>Staff Readiness</strong></td>
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<td>8. Are the state team members you have identified to spearhead the work visible and credible within the organization, state, or tribe?</td>
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<td>9. Are the identified team members able to meet monthly with the CoE TA provider?</td>
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<td><strong>Data Measurement and Management Readiness</strong></td>
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<td>10. Do you have the capacity to collect and report relevant data (e.g., interactions with or visits from a consultant, number of sites served by MH consultants)? <em>If yes, please give an example of how you collect and manage data for another activity within one of your chosen populations (e.g., home visiting).</em></td>
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<td><strong>Scope of Project</strong></td>
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<td>11. Do you have an emerging goal for IECMHC development or enhancement (e.g., to create a model for IECMHC within federal Home Visiting and pilot it in 10 local implementing agencies)? <em>If yes, please list your developing goal in the far right column.</em></td>
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<td>12. Have you clearly identified your target population (e.g., home visiting, early care and education, tribal) and your geographical area? <em>If yes, please identify it in the far right column.</em></td>
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<td>Potential Area for TA</td>
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<td><strong>Scope of Project (continued)</strong></td>
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13. Is there variability in geographic scope (e.g., rural, urban) of where you want to enhance or develop IECMHC services? *Please identify (e.g., state of XX, XX counties within the western portion of our state).*

14. Can you agree to a voluntary three-year commitment with the IECMHC CoE? *If you answered something other than yes, please provide detail in the right column.*

15. Do you currently engage in federal initiatives or programs that support or have the potential to support IECMHC (e.g., SAMHSA’s Project LAUNCH, MIECHV, Head Start)?

16. Is IECMHC already happening in your state? *If yes, please indicate where, to whom, and how it is funded.*

| Optional Information | | | | |

17. What is your vision or goals for how you will develop or enhance IECMHC within the above geographic region, tribe, or state (e.g. expand our current work from early care and education into home visiting)?
Optional Information (continued)

18. What is the status of workforce development in providing IECMHC? What are your goals or vision for training or increasing the size of the IECMHC workforce?

If you have any questions about the IECMHCTA initiative, please visit the CoE’s website at [http://www.samhsa.gov/iecmhc](http://www.samhsa.gov/iecmhc) or contact the CoE at [IECMHC@edc.org](mailto:IECMHC@edc.org).