IECMHC Survey for IECMHC Administrators/Managers
Audience: IECMHC Program Leaders/Administrators

The National Head Start Center on Health, Behavioral Health, and Safety is partnering with the Office of Child Care (OCC) and the Office of Head Start (OHS) to clarify current infant and early childhood mental health consultation (IECMHC) systems, as well as identify key points of contact in each U.S. state and territory, including tribal communities. The project team would love your feedback on this survey in order to obtain input about availability, awareness, and understanding of services, and to identify key points of contact in this area. The results and feedback from this survey will be analyzed and consolidated into a document meant to inform ACF activities, and may be incorporated into documents and presentations that are made public.

This survey is estimated to take 45 minutes or less to complete. Please remember that your participation is voluntary, and all information you provide will be kept private between ACF, OHS, and the GU Team. You will be contacted beforehand if any of this information is shared more broadly.

For the purposes of the scan, Infant and Early Childhood Mental Health Consultation (IECMHC) is defined as a prevention-based service that pairs a mental health consultant with families and adults who work with infants and young children in the different settings where they learn and grow, such as child care, preschool, and their home. The aim is to build adults' capacity to strengthen and support the healthy social and emotional development of children – early and before intervention is needed. IECMHC improves children's lives by supporting their social, emotional and behavioral health and development. (Center of Excellence for IECMHC, SAMHSA).

IECMHC Availability and Eligibility

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Q1. Using the definition provided above as a guide, are IECMHC services available in your state or territory?

O Yes

O No

O I don't know

****Only those answering Yes to Question 1 will be prompted to answer questions 1a-18

****Only those answering Yes to Question 1 will be prompted to answer Question 1a.

Q1a. If yes, who is eligible for these IECMHC services? (Check all that apply)

O Child Care Centers

O Head Start and Early Head Start

O Licensed Family Child Care Homes

O Family, Friend, and Neighbor providers

O License-exempt providers

O Tribal Child Care Center

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O Tribal Head Start and Early Head Start

O Early Intervention providers

O Home Visiting providers

O Primary Care Providers or other health professionals

O Other (Please describe in comment box)

Add Comment Box

Q2. Are there specific eligibility criteria for IECMHC services in your state or territory?

O Family income

O Expulsion rate

O Specific targeted populations (If yes, please describe in comment box)

O Other (Please describe in comment box)

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Q3: What age groups are served by IECMHC services? (Check all that apply)

O Prenatal

O Infants (under 1)

O Toddlers (1-3)

O Preschoolers (3-5)

O School age children

O Other (Please describe in comment box)

Add Comment Box

Q4: Are IECMHC services available through a coordinated statewide IECMHC effort?

O Yes

O No

O I don't know

Add Comment Box

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****Only those answering No to Question 4 will be prompted to answer Question 4a.

Q4a: If not, are IECMHC services provided regionally or locally? If yes, please provide specifics, if available.

O Regionally (Please describe in comment box)

O Locally (Please describe in comment box)

Add Comment Box

Q5: Is there anything else about eligibility for IECMHC services we should know? (Please describe in comment box)

Add Comment Box

Q6: Does the state (or regional/local) IECMHC system coordinate with any of the following programs/agencies (e.g., as referral sources, service delivery partners)? (Check all that apply)

O Early Intervention/Part C-IDEA

O Preschool Special Education/Part B, Section 619-IDEA

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O State Head Start/Early Head Start Collaboration Office

O Tribal Council/Governing bodies associated with Tribal HS/EHS

O Child Welfare system

O Primary Care Providers/settings

O Home Visitation programs

O Public health system

O PK-12 Education system

O Child Care Resource and Referral agencies

O Other (Please describe in comment box)

Add Comment Box

Funding for IECMHC Services

Q7: What are the primary sources of funding used to support IECMHC? (Check all that apply) Please specify the source and amount, if known in the comment box

O State Funds

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- O Federal Project Grants (e.g., Head Start/Early Head Start; Head Start-Child Care Partnership Grants; Project LAUNCH; Race to the Top; Early Childhood Comprehensive Systems)
- O Federal Formula/Categorical Grants (e.g., Part B or Part C of IDEA; Maternal, Infant, and Early Childhood Home Visiting Program)
- O Federal Block Grants (e.g., Title V; MH Services Block Grant; Childcare and Development Block Grant)
- O Medicaid
- O County/Local Government
- O Philanthropy/Foundations
- O Private Insurance
- O Other (Please describe in comment box)

Add Comment Box

Q8: Does this funding include costs for the following? (Check all that apply)

- O Consultants' salaries
- O Consultants' fringe benefits
- O Training and technical assistance for consultants

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O Reflective supervision for consultants

O Program evaluation/research

O Reimbursement for transportation to consultation sites

O Other (Please describe in comment box)

Add Comment Box

IECMHC Workforce
Q9: Does your state specify qualifications for IECMH Consultants?

O Yes

O No

O I Don't Know

****Only those answering Yes to Question 9 will be prompted to answer Question 9a.

Q9a: If yes, please indicate any qualifications specified for mental health consultants at the state level (Check all that apply)

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O Advanced degree in Mental Health (If so, is a Master's degree sufficient?) (If yes, please specify in comment box)

O Advanced degree in associated field

O Infant-Family and Early Childhood Mental Health Endorsement

O Licensure in mental health profession

O License eligible in mental health profession

O Other (Please describe in comment box)

Add Comment Box

Q10: If statewide qualifications are not established, are any of the following available/required for IECMH Consultants? (Check all that apply)

O Reflective Supervision

O Working in teams with a licensed mental health provider

O Training and professional development opportunities (covered by employer)

O Training and professional development opportunities, NOT covered by employer

O Other (Please describe in comment box)

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Add Comment Box

Q11: Do you use the Center of Excellence's IECMHC Competencies as a guideline when hiring and training consultants? (link to competencies)

- O Yes
- O No
- O I am not familiar with the competencies

****Only those answering No to Question 11 will be prompted to answer Question 11a.

Q11a: Do you use another framework as a guideline when hiring and training consultants?

- O Yes (Please describe in the comment box)
- O No
- O I don't know

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Q12: Does your program have bilingual or multilingual mental health consultants?

O Yes

O No

O I don't know

****Only those answering Yes to Question 12 will be prompted to answer Question 12a.

Q12a: If yes, what languages are represented within the mental health consultation community of providers? (Please describe in comment box)

Add Comment Box

Q13: Is the mental health consultation workforce reflective of the population of young children, families, and providers in your state or territory (e.g., a racial/ethnic match)?

O Yes

O No

O I don't know

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****Only those answering Yes to Question 13 will be prompted to answer Question 13a.

Q13a: What kind of data do you have to track this? (Check all that apply)

O Internal program evaluation

O External program evaluation

O Program demographic data

O Other (Describe in comment Box)

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Evaluation

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Q14: Has there been a statewide evaluation of IECMHC in your state?

O Yes

O No

O I don't know

****Only those answering Yes to Question 14 will be prompted to answer Question 14a.

Q14a: If yes, please provide links to the statewide evaluation reports here or mail/email hard copies as an attachment (Please provide links in comment box)

Add Comment Box

IECMHC Points of Contact and Process of Requesting Services

Q15: Does your state have a database of qualified IECMH Consultants?

O Yes

O No

O I don't know

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****Only those answering Yes to Question 15 will be prompted to answer Question 15a.

Q15a: If yes, is this database accessible for the public? (Please provide link in comment box)

O Yes

O No

O I don't know

Add Comment Box

Q16: Do child care, Head Start/Early Head Start, and early education providers have an identified process for requesting IECMHC services for their program?

O Yes

O No

O I don't know

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****Only those answering Yes to Question 16 will be prompted to answer Question 16a.

Q16a: If yes, how are providers informed about this process? (Please describe in comment box)

Add Comment Box

****Only those answering No to Question 16 will be prompted to answer Question 16b.

Q16b: If not, how do providers learn about IECMHC services? (Please describe in comment box)

Add Comment Box

Q17: Does your state/program engage in outreach and promotional efforts to support awareness of IECMHC benefits and services? (If so, to whom and what methods?)

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O Yes (Please describe in comment box)

O No

O I don't know

Add Comment Box

Q18: Please briefly discuss what contextual factors (e.g., preschool expulsion data, early childhood mental health link to school readiness, legislation, funding opportunities, etc.) influenced the development or expansion of your state's IECMHC efforts. (Please describe in comment box)

Add Comment Box

********All are prompted to answer questions 19-21********

Q19: Is there a single point of contact, individual or agency, for providers seeking IECMHC services in your state or territory?

O Yes (Please specify in comment box)

O No

O I don't know

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Add Comment Box

Q20: Please describe any challenges or barriers in providing IECMHC services in child care and early learning settings in your state or territory.

- O Funding (please describe in comment box)
- O Workforce (ex. staff turnover, staff training and expertise, staff match with linguistic and cultural needs of community) (please describe in comment box)
- O Program capacity (ex. not enough IECMHC staffing to support centers requesting services) (please describe in comment box)
- O Systems barriers (ex. lack of time or availability to meet with childcare and early learning staff)
- O Other (Please describe in comment box)

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Q21: Are you willing to be contacted for a follow up 45-minute interview?

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O Yes (provide name, email, and title/agency)

O No

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