

# Expanding Infant and Early Childhood Mental Health Supports and Services: A Planning Tool for States and Communities

## Introduction

Infant and Early Childhood Mental Health (IECMH) refers to the social, emotional, and behavioral area of development in infants and young children under 5 years old. A strong foundation of social and emotional health is the cornerstone of all other areas of development in the first years of life, affecting social, physical, cognitive, and communication development. Healthy social and emotional health is linked to school success as well as to productivity to physical and mental health later in life.

Infant and Early Childhood Mental Health (IECMH) is also a term used to describe the range of services and supports necessary to promote healthy development, prevent mental health problems, and treat mental health disorders. A comprehensive IECMH system provides services and supports across this entire continuum. Unfortunately, many young children do not currently receive the mental health services that they need; public policies often do not support best practice, there are gaps and shortages in service delivery, and trained providers are in short supply.

Many different sectors have a stake in the social and emotional development of young children. Health care, mental health, early education, child care, child welfare and early intervention for children with delays and disabilities will all benefit from promoting stronger IECMH services and supports. In addition, parents who are supported in their own mental health will be more prepared and confident in their ability to raise their children. Promoting healthy social and emotional development of children is a goal we can all share.

Building a comprehensive and cohesive system of IECMH services and supports requires collaboration across professions and systems. This tool provides a framework for convening individuals who share an interest in the well-being of children and families. The tool can help organize strategic planning, inventory existing resources to identify gaps and needs and create shared goals for service delivery that aligns with best practices in IECMH.



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### Uses of the Tool

This tool provides a set of questions that can help to:

- Inform and Organize Cross-System, Multi-Sector Planning Efforts
- Inventory Existing Resources, Policies, and Programs
- Identify Gaps and Missing Linkages
- Align Policy with Best Practice

### What Is Infant and Early Childhood Mental Health?

Infant and early childhood mental health (IECMH), sometimes referred to as social and emotional development, is the developing capacity of a child from birth to age five to: experience, express, and regulate emotions; form close, secure interpersonal relationships; and explore his/her environment and learn—all within the context of family and cultural expectations.

## Who Should Use This Tool

The IECMH Planning Tool will be most effective if used by a group of people who share a concern for the well-being of young children and their families. The composition of the group will vary but the planning should include individuals representing multidisciplinary, cross-sector stakeholders and families. For example, a state-level group might include the state's infant mental health association, representatives from state agencies (Medicaid, mental health, early education, public health, child and family services, developmental services, child care), Governor's office, Early Childhood Advisory Council, child advocates, fatherhood initiatives, colleges and universities, and infant mortality reduction initiatives. Community planning efforts might include United Way and other philanthropy, local government, neighborhood councils, faith-based groups, pediatricians, family resource centers, home visiting programs, community mental health agencies, IECMH providers, preschool and special education directors, and parents. The most important criteria for convening the group is to create a shared sense of purpose and commitment to social-emotional health.

Gathering the information needed to complete the tool can support the development of action plans to guide system-building initiatives, inform development and implementation of best practices, and promote strategic planning to develop or strengthen a comprehensive statewide or community-wide infrastructure that supports IECMH.

The tool includes six areas of consideration:

- I. Robust Access to a Continuum of Supports and Services (Promotion, Prevention, Diagnosis, and Treatment)
- II. Strong Workforce Capacity & Professional Development
- III. Embedding IECMH Across Child-Serving Systems
- IV. Comprehensive System-Wide Planning & Infrastructure
- V. Properly Financed System
- VI. Effective Messaging That Builds Public and Political Will

Action planning sections at the end of each area allow stakeholders to begin to develop plans to build or strengthen a comprehensive IECMH system. Planning groups may want to work through all six sections of the planning tool or select particular sections that address a current need or

### Continuum of IECMH Supports and Services

Strategies to improve children's social and emotional development fall along a continuum of promotion, prevention, and treatment.

#### Promotion

Promotion strategies encourage and support social-emotional wellness. Promotion services are universal; they reach out to all parents of very young children. Examples of promotion include social marketing efforts that encourage parents to talk to and play with their infants and toddlers, social-emotional screening during well-child visits, or parent telephone "warmlines" that encourage calls from those with questions about typical child behaviors and development.

#### Prevention

Prevention activities reach out to families that are experiencing levels of stress that may increase their young children's risk of developing social-emotional or mental health problems. Preventing early childhood mental health difficulties is achieved by providing needed support and information. Examples of prevention strategies include home visiting for families with infants or young children, mental health consultation for child care programs, or self-help support groups for parents who are concerned they could abuse or neglect their infant or toddler.

#### Treatment

Treatment programs are designed to alleviate the distress and suffering of an infant or young child's mental health problem and support the return to healthy development and behavior. Proper assessment and diagnosis are critical to connecting families to appropriate treatment. Public and private mental health treatment programs and early intervention programs assess, diagnose, and treat mental health and developmental disorders.

priority. For those states or communities just beginning their planning around IECMH, the first two sections may help to describe the current status of services and gaps in service. Sections III and IV broaden planning and analysis beyond mental health services to encompass a broader view of partnerships that enhance early childhood mental health. Section V takes a close look at how services across the IECMH continuum are paid for, and section VI explores communication around IECMH. Engage your planning group in determining which sections the group should work through, based on your current priorities.

## Tips for Using This Tool

**Select a convener.** In states or communities where there is an infant mental health association or lead agency or council for IECMH policy, these entities may be appropriate to convene work on the IECMH Planning Tool. In states or communities where many groups have an interest in advancing an IECMH system, and funds are available, bringing in an outside facilitator may expedite the engagement process.

**Involve a diverse group of stakeholders.** Many agencies and community organizations provide services or have an interest in ensuring the social-emotional well-being of young children. For the best results the process of reviewing the tool should include a broad spectrum of agencies and professionals, such as mental health professional associations, program administrators in state and county agencies responsible for mental health (both adult and infant and early childhood), health, and public and private health insurers. The process would be even better-informed by including individuals who can bring the voice of parents to the discussion.

Because opportunities to promote healthy social-emotional development exist across the spectrum of services for young children and their families, the stakeholder group should also include representatives from other systems serving young children and their parents/families, such as representatives from health, child welfare and the justice system, early care and education, early intervention, special education, and home visiting. Please visit [www.zerotothree.org/resources/359-infants-and-toddlers-in-the-policy-picture-a-self-assessment-toolkit-for-states](http://www.zerotothree.org/resources/359-infants-and-toddlers-in-the-policy-picture-a-self-assessment-toolkit-for-states) to download a list of suggested stakeholders to include.

**Provide the tool in advance to allow stakeholders time for information gathering.** Encourage stakeholders to bring forward information that is responsive to the questions in the tool and to gather data that can support decision making. A multi-step process may be useful: first, convene to review the tool and clarify understanding, then, convene as a check-in and progress check, and to report out on tentative findings, and finally, convene to finalize responses and develop an action plan.

**Use data to drive decisions and actions.** The information gathered in this tool will help frame the scope of need and current gaps in service. Where data is not available, use the statements in this tool as a guide to identifying data sources and gathering data to allow decisions to be data-driven. The “Building a Comprehensive Picture of Challenges and Opportunities” sidebar in Section II highlights data points from various systems that can inform decision making, and emphasizes the value of cross-systems collaboration and data sharing.

**Use the tool to frame discussion.** This tool describes policies and procedures that are based on sound developmental practice for supporting the social-emotional development of young children. It is meant to guide you through a discussion of how your state or community currently meets the needs of young children, what barriers exist to implementing a developmental approach, and what improvements to practices and policies you may want to undertake. Work through statements and reach consensus. Each statement may require discussion to come to agreement on the current status of the system.

**Act on the results.** This tool is designed to be action oriented. Use the tool to identify priorities for improving your system to better meet the needs of infants and toddlers. A table is provided at the end of each section to help you record action plans for your short- and long-term goals, allowing you to set priorities, identify who is taking the lead, and list next steps. A summary sheet also provided can be used to gather the goals in each section into a single document.

Additional resources to support planning and help get started can be found here: [www.zerotothree.org/policy-and-advocacy/social-and-emotional-health](http://www.zerotothree.org/policy-and-advocacy/social-and-emotional-health)

## The Rating Scale:

<b>Not sure</b>	Not enough information available to respond
<b>Not yet started/nothing in place</b>	No evidence that there has been activity on this element
<b>Laying the groundwork</b>	Activities may include assessing need, engaging stakeholders, developing a plan, identifying resources
<b>Beginning to implement</b>	A plan and resources are in place, a program is launched; a policy has been approved
<b>Solid progress in implementation</b>	A program or service has been launched on a wide scale
<b>Fully implemented</b>	The program has reached full scale

After discussing an indicator/task, the stakeholders should determine the rating that best describes the current status of that element, record the rating, and document the basis for the rating. Documenting the basis for the rating decision will be important for planning so there is a record of what the stakeholders considered in reaching their decision. For example, if the indicator/task was rated as 'have begun to implement,' what aspect of the indicator/task was identified as being in the beginning stages of implementation and what is the progress?

Table 1. offers two examples to orient responses.

Table 1. Examples of IECMH Planning Tool Responses

Stages of Implementation						
Goal	Not sure	Not yet started/ nothing in place	Laying the groundwork	Beginning to implement	Solid progress in implementation	Fully implemented
<b>Example 2</b> (Robust Access to a Continuum of IECMH Supports and Services; Diagnosis).  I.C.1. The state has adopted the <i>DC:0–5</i> for accurately diagnosing disorders in young children.	No information available	No efforts to incorporate <i>DC:0–5</i> or active rejection of proposals to do so	Conversations/meetings have occurred between relevant entities and a plan of action is under development	Medicaid has formally agreed to include <i>DC:0–5</i> in criteria	Medicaid has included <i>DC:0–5</i> in criteria, and strategies have been developed to ensure use	Medicaid has included <i>DC:0–5</i> in criteria, state plans, and policies, and the state has implemented strategies to ensure use
<b>Example 1</b> (Comprehensive System-Wide Planning & Infrastructure).  IV.5. IECMH professionals are included in task forces, committees, or working groups that focus on other early childhood issues (e.g., child welfare).	No information available	No evidence of inclusion	Potential stakeholders have been identified	Invitations sent and accepted, some sectors and groups have representation	Most groups have on-going cross-sector representatives	Cross-sector participation and leadership is common and widespread

## I. Robust Access to a Continuum of IECMH Supports and Services

### A. Promotion

*“Promotion” activities ensure that factors that support positive social-emotional development are present in the environments of young children and families. Examples of promotion services include public awareness campaigns, providing information on supporting social-emotional development to new parents, embedding methods to support early childhood mental health in training for early childhood educators, screening infants and young children for social-emotional development, and screening parents for depression.*

I. Robust Access to a Continuum of IECMH Supports and Services	Not sure	Not yet started/ nothing in place	Laying the groundwork	Beginning to implement	Solid progress in implementation	Fully implemented	Comments and/or supporting data
<b>A. Promotion</b>							
1. A comprehensive array of <b>promotion</b> services is available for children birth-5 years old and their families. (In Question #9 you will be asked to list the major promotion services and comment on them.)							
2. A list of well-validated and reliable screening tools has been adopted in state or jurisdiction policy to identify social-emotional risk for infants and young children.							
3. A list of well-validated and reliable screening tools has been adopted in state or jurisdiction policy to identify concerns with parents that may put the mental health of young children at risk (e.g., maternal depression).							
4. Collaborating systems across the early childhood field adopt the same screening tools for identifying social-emotional risk in children and parents.							
5. Systematic referral and follow-up mechanisms exist to connect screening and intervention services.							

**Rating scale:** *Not Sure*—Not enough information available to respond; *Not yet started/nothing in place*—No evidence that there has been activity on this element; *Laying the groundwork*—Activities may include assessing need, engaging stakeholders, developing a plan, identifying resources; *Beginning to implement*—A plan and resources are in place, a program is launched; a policy has been approved; *Solid progress in implementation*—A program or service has been launched on a wide scale; *Fully implemented*—The program has reached full scale.



I. Robust Access to a Continuum of IECMH Supports and Services	Not sure	Not yet started/ nothing in place	Laying the groundwork	Beginning to implement	Solid progress in implementation	Fully implemented	Comments and/or supporting data
6. <b>Promotion</b> services are available throughout the community or state.							
7. The existing IECMH <b>promotion</b> programs work in partnership with other programs and systems in the state or community that serve infants and toddlers to promote infant and early childhood mental health. (Other programs and services might include home visiting including Maternal, Infant, and Early Childhood Home Visiting [MIECHV], child welfare, child care, pre-K, Head Start/Early Head Start, IDEA Part C and Part B.)							
8. Steps are being taken to address current gaps in IECMH <b>promotion</b> services.							

**Rating scale:** *Not Sure*—Not enough information available to respond; *Not yet started/nothing in place*—No evidence that there has been activity on this element; *Laying the groundwork*—Activities may include assessing need, engaging stakeholders, developing a plan, identifying resources; *Beginning to implement*—A plan and resources are in place, a program is launched; a policy has been approved; *Solid progress in implementation*—A program or service has been launched on a wide scale; *Fully implemented*—The program has reached full scale.

I. Robust Access to a Continuum of IECMH Supports and Services						
A. Promotion						
9. List the major promotion services or initiatives (e.g., social marketing campaigns, parent “warmlines,” Project LAUNCH) that are available:	Who is the lead organization or agency?	What are the funding sources supporting this service or initiative?	Are there waiting lists for this program?	Does this program have the capacity to serve more clients?	Does this service reach all eligible populations?	Comment on gaps or disparities in service. How might the distribution and/or access to this program be improved?

(continued)



I. Robust Access to a Continuum of IECMH Supports and Services						
Major promotion services or initiatives: <i>(continued)</i>	Who is the lead organization or agency?	What are the funding sources supporting this service or initiative?	Are there waiting lists for this program?	Does this program have the capacity to serve more clients?	Does this service reach all eligible populations?	Comment on gaps or disparities in service. How might the distribution and/or access to this program be improved?

Additional Comments

## B. Prevention

*"Prevention" activities are aimed at children and families who are considered at-risk for mental health problems. The focus of these strategies are to identify and reduce or eliminate conditions that could lead to mental health problems (e.g., support to infants and f major promotion services or initiatives amilies in newborn nurseries, incorporating screening for maternal depression in pediatric practice, home visitation to teen parents).*

I. Robust Access to a Continuum of IECMH Supports and Services	Not sure	Not yet started/ nothing in place	Laying the groundwork	Beginning to implement	Solid progress in implementation	Fully implemented	Comments and/or supporting data
<b>B. Prevention</b>							
1. The state or community has a comprehensive array of <b>prevention</b> services available statewide for children birth-5 and their families.							
2. <b>Prevention</b> services are available statewide or community-wide.							
3. The existing IECMH <b>prevention</b> programs work in partnership with other programs and systems in the state or community that serve infants and toddlers (e.g., home visiting including Maternal, Infant, and Early Childhood Home Visiting [MIECHV], child welfare, child care, pre-K, Head Start/Early Head Start, IDEA Part C and Part B).							
4. Data documents the need for IECMH <b>prevention</b> services versus the current capacity, and these data are used make the case for scaling up services.							
5. Steps are being taken to address current gaps in IECMH <b>prevention</b> services.							

**Rating scale:** *Not Sure*—Not enough information available to respond; *Not yet started/nothing in place*—No evidence that there has been activity on this element; *Laying the groundwork*—Activities may include assessing need, engaging stakeholders, developing a plan, identifying resources; *Beginning to implement*—A plan and resources are in place, a program is launched; a policy has been approved; *Solid progress in implementation*—A program or service has been launched on a wide scale; *Fully implemented*—The program has reached full scale.

I. Robust Access to a Continuum of IECMH Supports and Services						
B. Prevention						
6. List the major prevention services or initiatives (e.g., home visiting, mental health consultation) that are available:	Who is the lead organization or agency?	What are the funding sources supporting this service or initiative?	Are there waiting lists for this program?	Does this program have the capacity to serve more clients?	Does this service reach all eligible populations?	Comment on gaps or disparities in service. How might the distribution and/or access to this program be improved?

(continued)

I. Robust Access to a Continuum of IECMH Supports and Services						
Major promotion services or initiatives: <i>(continued)</i>	Who is the lead organization or agency?	What are the funding sources supporting this service or initiative?	Are there waiting lists for this program?	Does this program have the capacity to serve more clients?	Does this service reach all eligible populations?	Comment on gaps or disparities in service. How might the distribution and/or access to this program be improved?

Additional Comments

## C. Diagnosis

*"Diagnosis" involves a process in which the clinician or team draws together multiple observations and sources of information about an individual infant/young child. A comprehensive mental health diagnostic process considers the child's mental health status, his/her primary caregiving relationships, medical and developmental disorders and conditions, psychosocial stressors, and developmental competence within a general diagnostic scheme (ZERO TO THREE—DC:0–5, 2016, p.7)*

I. Robust Access to a Continuum of IECMH Supports and Services	Not sure	Not yet started/ nothing in place	Laying the groundwork	Beginning to implement	Solid progress in implementation	Fully implemented	Comments and/or supporting data
<b>C. Diagnosis</b>							
1. The state has adopted the <i>DC:0–5</i> for accurately diagnosing disorders in young children.							
2. Public and commercial insurers include the <i>DC:0–5</i> disorders in eligibility criteria or as evidence of "severe emotional disturbance."							
3. A crosswalk is used to link developmentally appropriate diagnostic criteria for young children (e.g., <i>DC:0–5</i> ) and reimbursable adult mental health criteria ( <i>DSM-5</i> ) and health care codes such as <i>ICD-10-CM</i> .							
4. Ongoing training is provided to clinicians on the use of <i>DC:0–5</i> .							
5. Qualified, trained clinicians are readily available to conduct timely assessment and diagnostic evaluation of infants and young children.							

**Rating scale:** *Not Sure*—Not enough information available to respond; *Not yet started/nothing in place*—No evidence that there has been activity on this element; *Laying the groundwork*—Activities may include assessing need, engaging stakeholders, developing a plan, identifying resources; *Beginning to implement*—A plan and resources are in place, a program is launched; a policy has been approved; *Solid progress in implementation*—A program or service has been launched on a wide scale; *Fully implemented*—The program has reached full scale.



I. Robust Access to a Continuum of IECMH Supports and Services						
C. <i>Diagnosis</i>						
6. List any major efforts to ensure proper diagnosis:	Who is the lead organization or agency?	Which funding streams have been used to support this effort?	What is the nature of this effort?	What is the reach of this effort?	To what extent has it been successful in improving diagnostic practices?	Comment on gaps or disparities in diagnosis. How might efforts be improved to better ensure that children receive appropriate IECMH diagnoses?

(continued)

I. Robust Access to a Continuum of IECMH Supports and Services						
Major efforts to ensure proper diagnosis: (continued)	Who is the lead organization or agency?	Which funding streams have been used to support this effort?	What is the nature of this effort?	What is the reach of this effort?	To what extent has it been successful in improving diagnostic practices?	Comment on gaps or disparities in diagnosis. How might efforts be improved to better ensure that children receive appropriate IECMH diagnoses?

Additional Comments

## D. Treatment

*"Treatment" activities represent the individualized and specialized services that are directed at an identified disorder(s) in the infant/young child, the parents/caregivers, or in a parent/caregiver-child relationship. Examples of evidence-based or evidence-informed intervention include Child-Parent Psychotherapy or Parent Child Interaction Therapy.*

I. Robust Access to a Continuum of IECMH Supports and Services	Not sure	Not yet started/ nothing in place	Laying the groundwork	Beginning to implement	Solid progress in implementation	Fully implemented	Comments and/or supporting data
<b>D. Treatment</b>							
1. Data documents the need for IECMH <b>treatment</b> services versus the current capacity, and these data are used make the case for scaling up services.							
2. The state has an approved list or definition of evidence-based approaches for <b>treatment</b> services in IECMH.							
3. The existing IECMH <b>treatment</b> programs work in partnership with other programs and systems that serve infants and toddlers (e.g., home visiting including Maternal, Infant, and Early Childhood Home Visiting [MIECHV], child welfare, child care, pre-K, Head Start/Early Head Start, IDEA Part C and Part B).							
4. Steps are being taken to address current gaps in IECMH <b>treatment</b> services.							
5. A broad array of <b>treatment</b> services is available throughout the state or community.							

**Rating scale:** *Not Sure*—Not enough information available to respond; *Not yet started/nothing in place*—No evidence that there has been activity on this element; *Laying the groundwork*—Activities may include assessing need, engaging stakeholders, developing a plan, identifying resources; *Beginning to implement*—A plan and resources are in place, a program is launched; a policy has been approved; *Solid progress in implementation*—A program or service has been launched on a wide scale; *Fully implemented*—The program has reached full scale.

I. Robust Access to a Continuum of IECMH Supports and Services						
D. Treatment						
6. List the major <b>treatment</b> services that are available:	Who is the lead organization or agency?	What funding sources support this service?	Are there waiting lists for this program?	Does this program have the capacity to serve more clients?	Does this service reach all eligible populations?	Comment on gaps or disparities in service. How might the distribution and/or access to this program be improved?

(continued)

I. Robust Access to a Continuum of IECMH Supports and Services						
Major <b>treatment</b> services that are available: <i>(continued)</i>	Who is the lead organization or agency?	What funding sources support this service?	Are there waiting lists for this program?	Does this program have the capacity to serve more clients?	Does this service reach all eligible populations?	Comment on gaps or disparities in service. How might the distribution and/or access to this program be improved?

Additional Comments



## E. Cross-Continuum

Because promotion, prevention, diagnosis, and treatment are each critical and interrelated components of a continuum of IECMH supports and services, it is useful to take a “cross-continuum” perspective when developing policy and measuring effectiveness of child-serving systems.

I. Robust Access to a Continuum of IECMH Supports and Services	Not sure	Not yet started/ nothing in place	Laying the groundwork	Beginning to implement	Solid progress in implementation	Fully implemented	Comments and/or supporting data
<b>E. Cross-Continuum</b>							
1. The state or community identifies, collects, and analyzes data on IECMH services (including disparities) and reports on the progress made (e.g., children achieving social and emotional outcomes, reduction in reports of challenging behavior, improvement in staff retention).							
2. Data on access to IECMH services is collected and analyzed across the continuum of promotion-prevention-treatment.							
3. Benchmarks for continuous improvement in IECMH services have been established.							
4. IECMH services are evaluated on an on-going basis using established benchmarks for continuous improvement in high-quality services.							

**Rating scale:** *Not Sure*—Not enough information available to respond; *Not yet started/nothing in place*—No evidence that there has been activity on this element; *Laying the groundwork*—Activities may include assessing need, engaging stakeholders, developing a plan, identifying resources; *Beginning to implement*—A plan and resources are in place, a program is launched; a policy has been approved; *Solid progress in implementation*—A program or service has been launched on a wide scale; *Fully implemented*—The program has reached full scale.

I. Robust Access to a Continuum of IECMH Supports and Services	Not sure	Not yet started/ nothing in place	Laying the groundwork	Beginning to implement	Solid progress in implementation	Fully implemented	Comments and/or supporting data
5. The use of evidence-based IECMH approaches is required or supported in:							
a. mental health							
b. early care and education							
c. early intervention							
d. child welfare							
e. Medicaid							
6. There are IECMH-related research projects underway in the state (e.g., university-based, pilot projects, demonstration or replications, health reform innovation pilots).							

**Rating scale:** *Not Sure*—Not enough information available to respond; *Not yet started/nothing in place*—No evidence that there has been activity on this element; *Laying the groundwork*—Activities may include assessing need, engaging stakeholders, developing a plan, identifying resources; *Beginning to implement*—A plan and resources are in place, a program is launched; a policy has been approved; *Solid progress in implementation*—A program or service has been launched on a wide scale; *Fully implemented*—The program has reached full scale.

I. Robust Access to a Continuum of IECMH Supports and Services		
<i>Next Steps—Action Planning</i>	<i>Who is taking the lead?</i>	<i>Priority</i>
Short-term goals (1-2 years)		
Long-term goals (3-5 years)		

## II. Strong Workforce Capacity & Professional Development

*There is a shortage of well-trained professionals who can provide mental health services to children under 5 years of age and their families at all levels of the continuum—mental health promotion, prevention, and treatment. Developing workforce capacity requires a focus not only on mental health professionals, but for all professionals who are involved with young children and their families.*

II. Strong Workforce Capacity & Professional Development	Not sure	Not yet started/ nothing in place	Laying the groundwork	Beginning to implement	Solid progress in implementation	Fully implemented	Comments and/or supporting data
1. There are sufficient numbers of adequately prepared IECMH providers to address mental health promotion, prevention, and treatment.							
2. Adequate formal training programs for IECMH providers exist to meet the needs of the spectrum of IECMH providers (e.g., IECMH courses in higher education, post-baccalaureate, or post-graduate certificate programs, medical internships, and education offerings for continuing education or college credit, training-of-trainers offerings).							
3. Training program(s) for specialization in IECMH are available for mental health clinicians.							
4. Training program(s) in IECMH are available for professionals across disciplines outside mental health who are serving young children.							
5. Training programs are accessible and affordable and there is funding available to support IECMH workforce development efforts.							

**Rating scale:** *Not Sure*—Not enough information available to respond; *Not yet started/nothing in place*—No evidence that there has been activity on this element; *Laying the groundwork*—Activities may include assessing need, engaging stakeholders, developing a plan, identifying resources; *Beginning to implement*—A plan and resources are in place, a program is launched; a policy has been approved; *Solid progress in implementation*—A program or service has been launched on a wide scale; *Fully implemented*—The program has reached full scale.

II. Strong Workforce Capacity & Professional Development	Not sure	Not yet started/ nothing in place	Laying the groundwork	Beginning to implement	Solid progress in implementation	Fully implemented	Comments and/or supporting data
6. IECMH competencies and an endorsement system exist.							
7. There is a plan for growing the numbers of professionals who have specialized training, certification, or endorsement in IECMH.							
8. There is a plan to sustain training and reflective practice support for existing IECMH professionals.							
9. There is a registry or other mechanism for tracking continuing education hours or endorsement status.							
10. The IECMH workforce is able to meet the cultural and linguistic needs of the population.* (Consider whether the workforce reflects the cultural diversity of the state; availability of training in cultural competence; trainings available to providers in their primary language, etc.)							
*For information about diversity-informed IECMH practice, see <a href="https://imhdivtenets.org">https://imhdivtenets.org</a>							
11. Comment on gaps and plans to improve workforce capacity, including geographic distribution, distribution across services and types of providers, supports for provider mental health and wellbeing, and plans to address cultural competence. (You will describe specific efforts or activities in #12.)							

**Rating scale:** *Not Sure*—Not enough information available to respond; *Not yet started/nothing in place*—No evidence that there has been activity on this element; *Laying the groundwork*—Activities may include assessing need, engaging stakeholders, developing a plan, identifying resources; *Beginning to implement*—A plan and resources are in place, a program is launched; a policy has been approved; *Solid progress in implementation*—A program or service has been launched on a wide scale; *Fully implemented*—The program has reached full scale.

II. Strong Workforce Capacity & Professional Development						
12. List any major efforts to develop a large and qualified IECMH workforce:	Who is the lead organization or agency?	What funding sources support this service?	What is the nature of this effort?	What is the reach of this effort?	To what extent has it been successful?	How might this effort be improved?

*(continued)*

II. Strong Workforce Capacity & Professional Development						
Major efforts to develop a large and qualified IECMH workforce: <i>(continued)</i>	Who is the lead organization or agency?	What funding sources support this service?	What is the nature of this effort?	What is the reach of this effort?	To what extent has it been successful?	How might this effort be improved?



Additional Comments

II. Strong Workforce Capacity & Professional Development		
<i>Next Steps—Action Planning</i>	<i>Who is taking the lead?</i>	<i>Priority</i>
Short-term goals (1-2 years)		
Long-term goals (3-5 years)		

## Building a Comprehensive Picture of Challenges and Opportunities

Stakeholders can contribute to the overall picture of challenges faced by young children and their families and to opportunities to support the healthy social-emotional development of children from birth to 5 years of age. Partners using this tool may be able to provide information that will strengthen the working group's understanding of gaps in service and opportunities for building a stronger IECMH system. **For instance, partners in child and parental health may inform the stakeholders on...**

- the percentage of children under age 6 with no health insurance.
- the percentage of children under age 6 who have received a developmental screening.
- the percentage of children who have a pediatric medical home.

**Partners in mental health may inform the stakeholders on...**

- the prevalence of maternal depression.
- the percentage of children under age 6 with mental health diagnoses.
- current workforce capacity and child psychiatric shortage areas.

**Partners in early care and education may inform the stakeholders on...**

- the percentage of young children who participate in out-of-home care.
- the number of young children who are suspended or expelled from early care and education settings each year, and the reasons for doing so.

**Partners in early intervention and special education may inform the stakeholders on...**

- the percentage of children birth-5 years old determined to be at moderate or high risk for developmental or behavioral problems, or with established developmental disabilities.
- the percentage of infants and toddlers who receive IDEA-Part C early intervention services.

**Partners from the child welfare system may inform the stakeholders on...**

- the percentage of children entering foster care who are birth-5 years old.
- the percentage of maltreated children who are birth-5 years old.

**Partners from home visiting programs may inform the stakeholders on...**

- the percentage of expectant parents or families with children birth-3 who receive home visiting.
- which populations are served by various home visiting programs.
- which evidence-based home visitation models are implemented in your state on a statewide, regional, or local basis.

### III. Embedding IECMH Across Child-Serving Systems

Professionals and programs across many fields along the promotion-prevention-treatment continuum serve young children and families. “Cross-System Collaboration” refers to reaching outside one’s own field to set shared goals, integrate services, and share information with professionals from other fields that are involved with services to children birth to 5 years of age and their families. Cross-system collaboration helps families enter services through “one door,” and improves the efficiency of service delivery across health, mental health, early childhood education, special education, child welfare, and other service sectors.

#### A. General

III. Embedding IECMH Across Child-Serving Systems	Not sure	Not yet started/ nothing in place	Laying the groundwork	Beginning to implement	Solid progress in implementation	Fully implemented	Comments and/or supporting data
<b>A. General</b>							
1. A plan is in place for embedding IECMH services in related children’s programs:							
a. maternal and child health							
b. early care and education (Head Start/Early Head Start, child care, and pre-K)							
c. special education/early intervention (IDEA Part B and Part C)							
d. child welfare							
e. home visiting (including Maternal, Infant, and Early Childhood Home Visiting [MIECHV])							
2. A plan is in place for embedding IECMH services in related youth/adult programs:							
a. public health (including parental depression screening)							
b. substance abuse prevention and recovery services for parents of infants and toddlers							
c. programs for parents who are incarcerated							
d. parenting education programs							

**Rating scale:** *Not Sure*—Not enough information available to respond; *Not yet started/nothing in place*—No evidence that there has been activity on this element; *Laying the groundwork*—Activities may include assessing need, engaging stakeholders, developing a plan, identifying resources; *Beginning to implement*—A plan and resources are in place, a program is launched; a policy has been approved; *Solid progress in implementation*—A program or service has been launched on a wide scale; *Fully implemented*—The program has reached full scale.

III. Embedding IECMH Across Child-Serving Systems	Not sure	Not yet started/ nothing in place	Laying the groundwork	Beginning to implement	Solid progress in implementation	Fully implemented	Comments and/or supporting data
3. There is joint training of early care and education providers, early intervention specialists, child welfare staff, and mental health staff to support social-emotional development and to identify/address the social-emotional needs of young children (and their parents) who have been exposed to trauma.							
4. Formal interagency agreements or Memoranda of Understanding (MOUs) are in place between mental health, Medicaid, and early childhood agencies that guide financing and/or delivery of services							
5. List key MOUs or agreements:							

**Rating scale:** *Not Sure*—Not enough information available to respond; *Not yet started/nothing in place*—No evidence that there has been activity on this element; *Laying the groundwork*—Activities may include assessing need, engaging stakeholders, developing a plan, identifying resources; *Beginning to implement*—A plan and resources are in place, a program is launched; a policy has been approved; *Solid progress in implementation*—A program or service has been launched on a wide scale; *Fully implemented*—The program has reached full scale.

## B. Health Care (Pediatrics and Parental Health)

III. Embedding IECMH Across Child-Serving Systems	Not sure	Not yet started/ nothing in place	Laying the groundwork	Beginning to implement	Solid progress in implementation	Fully implemented	Comments and/or supporting data
<b>B. Health Care (Pediatrics and Parental Health)</b>							
1. Pediatricians screen children for developmental, social-emotional, and trauma-related issues during well-child visits.							
1a. The screening is conducted using reliable, validated screening tools.							
1b. Pediatricians and their staff are trained on how to administer, score, and bill for screening.							
1c. Pediatricians and their staff are trained on how to refer families and children who need services for appropriate follow-up care.							
2. Multiple screenings can be administered to the child and/or parents during the same visit and reimbursed.							
2a. The screening is conducted using reliable, validated screening tools.							

**Rating scale:** *Not Sure*—Not enough information available to respond; *Not yet started/nothing in place*—No evidence that there has been activity on this element; *Laying the groundwork*—Activities may include assessing need, engaging stakeholders, developing a plan, identifying resources; *Beginning to implement*—A plan and resources are in place, a program is launched; a policy has been approved; *Solid progress in implementation*—A program or service has been launched on a wide scale; *Fully implemented*—The program has reached full scale.

III. Embedding IECMH Across Child-Serving Systems	Not sure	Not yet started/ nothing in place	Laying the groundwork	Beginning to implement	Solid progress in implementation	Fully implemented	Comments and/or supporting data
2b. Clinicians and their staff are trained on how to administer, score, and bill for caregiver depression screening.							
2c. Clinicians (and their staff) are trained on how to administer, score, and bill for screening and how to refer women and children who need services for appropriate follow-up care.							
3. Multiple screenings can be administered to the child and/or parent during the same visit and reimbursed.							
4. There are initiatives in place that support the integration of mental health services in health care settings (e.g., child psychiatry access program, Healthy Steps models).							

**Rating scale:** *Not Sure*—Not enough information available to respond; *Not yet started/nothing in place*—No evidence that there has been activity on this element; *Laying the groundwork*—Activities may include assessing need, engaging stakeholders, developing a plan, identifying resources; *Beginning to implement*—A plan and resources are in place, a program is launched; a policy has been approved; *Solid progress in implementation*—A program or service has been launched on a wide scale; *Fully implemented*—The program has reached full scale.



## C. Early Care and Education

III. Embedding IECMH Across Child-Serving Systems	Not sure	Not yet started/ nothing in place	Laying the groundwork	Beginning to implement	Solid progress in implementation	Fully implemented	Comments and/or supporting data
<b>C. Early Care and Education</b>							
1. Early educators receive training in how to support social-emotional development and to identify the social-emotional needs of children birth-5 years old.							
2. All early care and education programs have access to IECMH consultants who provide on-site training and coaching in addition to working with individual children and their families.							
3. Laws, regulations, and policies prohibit and/or provide alternatives and resources to reduce suspensions and expulsion of young children.							
4. IECMH is reflected in the state's Child Care and Development Fund state plan.							
5. IECMH is reflected in the state's early learning guidelines and program guidelines.							
6. If the state has a Quality Rating and Improvement System, IECMH is integrated into that system.							

**Rating scale:** *Not Sure*—Not enough information available to respond; *Not yet started/nothing in place*—No evidence that there has been activity on this element; *Laying the groundwork*—Activities may include assessing need, engaging stakeholders, developing a plan, identifying resources; *Beginning to implement*—A plan and resources are in place, a program is launched; a policy has been approved; *Solid progress in implementation*—A program or service has been launched on a wide scale; *Fully implemented*—The program has reached full scale.

## D. Early Intervention &amp; Special Education

III. Embedding IECMH Across Child-Serving Systems	Not sure	Not yet started/ nothing in place	Laying the groundwork	Beginning to implement	Solid progress in implementation	Fully implemented	Comments and/or supporting data
<b>D. Early Intervention &amp; Special Education</b>							
1. All IDEA Part C early intervention and preschool special education staff are trained in how to promote children's social and emotional development and parental mental health.							
2. All staff, regardless of discipline, use relationship-based and family-focused intervention strategies.							
3. Mental health/infant mental health professionals are represented on evaluation and intervention teams, particularly when evaluating children who are at risk for social-emotional concerns such as children who have experienced domestic violence, homelessness, abuse or neglect, or other trauma.							
4. The state's eligibility definition for IDEA Part C includes children "at risk" for developmental delays, including biological risk and risks imposed by early life experience.							
5. ECMH consultation programs are available to provide early intervention and preschool special education staff with access to mental health experts to provide on-site training, coaching, and mentoring.							

**Rating scale:** *Not Sure*—Not enough information available to respond; *Not yet started/nothing in place*—No evidence that there has been activity on this element; *Laying the groundwork*—Activities may include assessing need, engaging stakeholders, developing a plan, identifying resources; *Beginning to implement*—A plan and resources are in place, a program is launched; a policy has been approved; *Solid progress in implementation*—A program or service has been launched on a wide scale; *Fully implemented*—The program has reached full scale.

## E. Child Welfare

III. Embedding IECMH Across Child-Serving Systems	Not sure	Not yet started/ nothing in place	Laying the groundwork	Beginning to implement	Solid progress in implementation	Fully implemented	Comments and/or supporting data
<b>E. Child Welfare</b>							
1. The state child welfare agency refers all children birth-3 years old who are involved in a substantiated incident of abuse or neglect to early intervention services (IDEA Part C, per the 2003 amendments to the <i>Child Abuse Prevention and Treatment Act</i> ).							
2. The state child welfare agency ensures that all children birth-3 years old in foster care are screened, assessed, and treated for health care needs, including mental health (Per <i>Fostering Connections to Success and Increasing Adoptions Act</i> [2008]).							
3. The child welfare agency screens, assesses, and treats children birth-3 years old who are not in foster care but are otherwise determined to be at risk.							
4. Child welfare social workers, lawyers, judges, and other staff have understanding of IECMH and child development, trauma-informed care, and reflective supervision, and are offered training in these areas.							
5. The child welfare agency works with the state's Medicaid and mental health agencies to ensure:							
a. children involved in child welfare system are able to access appropriate IECMH treatment.							
b. biological parents are able to access appropriate mental health services when reunification is the goal							
c. foster and adoptive parents are able to access appropriate mental health services.							

**Rating scale:** *Not Sure*—Not enough information available to respond; *Not yet started/nothing in place*—No evidence that there has been activity on this element; *Laying the groundwork*—Activities may include assessing need, engaging stakeholders, developing a plan, identifying resources; *Beginning to implement*—A plan and resources are in place, a program is launched; a policy has been approved; *Solid progress in implementation*—A program or service has been launched on a wide scale; *Fully implemented*—The program has reached full scale.

## F. Home Visiting

*Note: The responses in this section may depend on the approach of evidence-based home visitation models implemented in your state or community.*

III. Embedding IECMH Across Child-Serving Systems	Not sure	Not yet started/ nothing in place	Laying the groundwork	Beginning to implement	Solid progress in implementation	Fully implemented	Comments and/or supporting data
<b>F. Home Visiting</b>							
1. Home visitors receive training in how to support social-emotional development and how to identify/address the social-emotional needs of children birth-5 years old.							
2. Home visitors formally screen the children they work with for mental health issues and, when necessary, refer them for appropriate services.							
3. Home visitors formally screen the parents they work with for mental health issues and, when necessary, refer them for appropriate services.							
4. Home visitors use standardized, reliable tools for screening.							
5. IECMH is formally embedded in the state's home visiting/ MIECHV program through MOUs, cross-training, governing board composition, or other means.							
6. ECMH consultation or home-based IECMH programs provide home visitors with access to mental health experts to provide on-site training, coaching, and mentoring.							

**Rating scale:** *Not Sure*—Not enough information available to respond; *Not yet started/nothing in place*—No evidence that there has been activity on this element; *Laying the groundwork*—Activities may include assessing need, engaging stakeholders, developing a plan, identifying resources; *Beginning to implement*—A plan and resources are in place, a program is launched; a policy has been approved; *Solid progress in implementation*—A program or service has been launched on a wide scale; *Fully implemented*—The program has reached full scale.

III. Embedding IECMH Across Child-Serving Systems	Not sure	Not yet started/ nothing in place	Laying the groundwork	Beginning to implement	Solid progress in implementation	Fully implemented	Comments and/or supporting data
7. Resources and approaches of initiatives such as Project LAUNCH or the Center for Social and Emotional Foundations of Early Learning Pyramid model are used within home visiting programs. (specify)							
a. Specify programs/initiatives used:							

**Rating scale:** *Not Sure*—Not enough information available to respond; *Not yet started/nothing in place*—No evidence that there has been activity on this element; *Laying the groundwork*—Activities may include assessing need, engaging stakeholders, developing a plan, identifying resources; *Beginning to implement*—A plan and resources are in place, a program is launched; a policy has been approved; *Solid progress in implementation*—A program or service has been launched on a wide scale; *Fully implemented*—The program has reached full scale.

## G. Cross-System Collaboration Summary

III. Embedding IECMH Across Child-Serving Systems	
G. Cross-System Collaboration Summary	
1. Reflecting on the responses in Section III, what are the state's strengths, weaknesses, and current barriers in embedding IECMH within and across child-serving systems?	
2. Within which sectors—health care, early care and education, early intervention/special education, child welfare, and home visiting—is integration of IECMH strongest? Within which sectors could integration and collaboration be strengthened?	
3. What efforts are in place to build cross-sector collaboration?	
4. What funding sources are currently used to support cross-sector collaboration? What funding sources could be leveraged for this purpose in the future?	

III. Embedding IECMH Across Child-Serving Systems		
<i>Next Steps—Action Planning</i>	<i>Who is taking the lead?</i>	<i>Priority</i>
Short-term goals (1-2 years)		
Long-term goals (3-5 years)		

## IV. Comprehensive System-Wide Planning & Infrastructure

*Providing services for infants, toddlers, and preschoolers requires a comprehensive set of supports and collaboration across a broad array of agencies. Since the infrastructure of comprehensive services is rarely in place, systematic planning that involves stakeholders representing this broad array of services is necessary to produce appropriate goals and strategies and to develop incremental plans to achieve these goals.*

IV. Comprehensive System-Wide Planning & Infrastructure	Not sure	Not yet started/ nothing in place	Laying the groundwork	Beginning to implement	Solid progress in implementation	Fully implemented	Comments and/or supporting data
1. An IECMH strategic plan sets forth long-term goals and activities related to:							
a. promotion, prevention, and intervention							
b. policy							
c. financing							
d. professional development							
e. data collection and use							
f. evaluation							
2. The state has a designated early childhood mental health coordinator.							Specify the coordinator:
3. The state has an infant mental health association.							Specify if association has a paid staff:
4. Interagency task forces, committees, or working groups exist that influence, guide, or inform IECMH services and access.							

**Rating scale:** *Not Sure*—Not enough information available to respond; *Not yet started/nothing in place*—No evidence that there has been activity on this element; *Laying the groundwork*—Activities may include assessing need, engaging stakeholders, developing a plan, identifying resources; *Beginning to implement*—A plan and resources are in place, a program is launched; a policy has been approved; *Solid progress in implementation*—A program or service has been launched on a wide scale; *Fully implemented*—The program has reached full scale.



IV. Comprehensive System-Wide Planning & Infrastructure	Not sure	Not yet started/ nothing in place	Laying the groundwork	Beginning to implement	Solid progress in implementation	Fully implemented	Comments and/or supporting data
5. IECMH professionals are included in task forces, committees, or working groups that focus on other early childhood issues (e.g., child welfare, early education).							
6. If the state has a IECMH strategic plan and/or infant mental health association, list strategic priorities. Who sets the IECMH agenda in the state?							

**Rating scale:** *Not Sure*—Not enough information available to respond; *Not yet started/nothing in place*—No evidence that there has been activity on this element; *Laying the groundwork*—Activities may include assessing need, engaging stakeholders, developing a plan, identifying resources; *Beginning to implement*—A plan and resources are in place, a program is launched; a policy has been approved; *Solid progress in implementation*—A program or service has been launched on a wide scale; *Fully implemented*—The program has reached full scale.

IV. Comprehensive System-Wide Planning & Infrastructure		
<i>Next Steps—Action Planning</i>	<i>Who is taking the lead?</i>	<i>Priority</i>
Short-term goals (1-2 years)		
Long-term goals (3-5 years)		

## V. Properly Financed System

A “properly” financed IECMH system provides adequate funding to sustain services along the promotion-prevention-treatment continuum and supports providers and programs across the work sectors of early childhood services.

V. Properly Financed System	Not sure	Not yet started/ nothing in place	Laying the groundwork	Beginning to implement	Solid progress in implementation	Fully implemented	Comments and/or supporting data
1. States have options for funding IECMH services. In addition to health insurance, this state accesses other federal funding streams to fund IECMH services, including:							
a. Medicaid waivers							
b. Title V Maternal and Child Health Block Grant							
c. Community Mental Health Services Block Grant							
d. Temporary Assistance to Needy Families (TANF)							
e. Child welfare funds (Title IV-E and Title IV-B)							
f. Child care funds (CCDF, Head Start/Early Head Start)							
g. Special education funding (IDEA Part C and Part B)							
h. Children’s Health Insurance Program							
2. Medicaid and other health insurers appropriately pay for IECMH services (more detailed analysis below).							
3. Payment/reimbursement rates are adequate to ensure a robust provider network.							

**Rating scale:** *Not Sure*—Not enough information available to respond; *Not yet started/nothing in place*—No evidence that there has been activity on this element; *Laying the groundwork*—Activities may include assessing need, engaging stakeholders, developing a plan, identifying resources; *Beginning to implement*—A plan and resources are in place, a program is launched; a policy has been approved; *Solid progress in implementation*—A program or service has been launched on a wide scale; *Fully implemented*—The program has reached full scale.

V. Properly Financed System	Not sure	Not yet started/ nothing in place	Laying the groundwork	Beginning to implement	Solid progress in implementation	Fully implemented	Comments and/or supporting data
4. The state Medicaid plan and any related regulations and policies specifically note that Early, Periodic Screening, Diagnosis and Treatment (EPSDT) provisions include coverage of infants' and young children's mental health services.							
5. If the state's Medicaid program includes managed care organizations or behavioral health managed care organizations, the state oversees and regulates these entities so that all EPSDT requirements are fulfilled.							
6. The state defines "medically necessary services" to cover the provision of mental health preventive and early intervention services to young children and their families.							
7. Insurers pay for multi-generation treatment if either parent or child meets medical necessity for the treatment.							
8. The appropriate diagnostic coding and documentation procedures are well known to providers so that they can seek reimbursement.							
9. Insurers include on their provider panels all types of professionals who provide IECMH services (e.g., not just child psychologists and psychiatrists, but also social workers or licensed mental health counselors).							
10. Insurers allow for mental health services for young children and their families to be provided in non-clinical/non-mental health settings such as pediatric offices, child care settings, and in the home.							

**Rating scale:** *Not Sure*—Not enough information available to respond; *Not yet started/nothing in place*—No evidence that there has been activity on this element; *Laying the groundwork*—Activities may include assessing need, engaging stakeholders, developing a plan, identifying resources; *Beginning to implement*—A plan and resources are in place, a program is launched; a policy has been approved; *Solid progress in implementation*—A program or service has been launched on a wide scale; *Fully implemented*—The program has reached full scale.

V. Properly Financed System	Not sure	Not yet started/ nothing in place	Laying the groundwork	Beginning to implement	Solid progress in implementation	Fully implemented	Comments and/or supporting data
11. There is sustainable and adequate financing for an array of IECMH services and supports across prevention and treatment services.							
12. Funding is diverse enough to mitigate the impacts of budget cuts.							

V. Properly Financed System
13. Discuss the strengths and weaknesses in financing IECMH services across the continuum of promotion-prevention-treatment.
14. List any other funding sources for IECMH not covered above:

**Rating scale:** *Not Sure*—Not enough information available to respond; *Not yet started/nothing in place*—No evidence that there has been activity on this element; *Laying the groundwork*—Activities may include assessing need, engaging stakeholders, developing a plan, identifying resources; *Beginning to implement*—A plan and resources are in place, a program is launched; a policy has been approved; *Solid progress in implementation*—A program or service has been launched on a wide scale; *Fully implemented*—The program has reached full scale.

V. Properly Financed System		
Next Steps—Action Planning	Who is taking the lead?	Priority
Short-term goals (1-2 years)		
Long-term goals (3-5 years)		

## VI. Effective Messaging That Builds Public and Political Will

*Effective communication can make the difference between a successful advocacy effort and one that never reaches the people making policy decisions. More than ever before, the public has an understanding of, and appreciation for, brain development and early childhood development. The general public and policymakers recognize that a child's success is not determined solely by their cognitive development, but also by their social, emotional, and physical development, yet physical and cognitive development are far easier for the public and policymakers to grasp. The domains of development that are associated with mental health and well-being—namely social and emotional health—remain elusive for many, resulting in misinformation and uneven early childhood mental health policies. Focused effort to develop and use key messages can advance efforts to develop an IECMH system.*

VI. Effective Messaging That Builds Public and Political Will	Not sure	Not yet started/ nothing in place	Laying the groundwork	Beginning to implement	Solid progress in implementation	Fully implemented	Comments and/or supporting data
1. Advocates have developed core messages and talking points that define IECMH and explain the value of supporting infants' and young children's mental health.							
2. Data are available on the status of child and parental social-emotional health and risk factors that can be used to communicate the need for services.							
3. Public awareness efforts educate about the promotion-prevention-treatment continuum and the value of services along the continuum in supporting IECMH.							
4. Collaborating early childhood services and systems* embed IECMH messages into their public engagement efforts.  <small>*Section III examines collaborating services and systems across the spectrum of early childhood services.</small>							
5. Public awareness efforts build public and political will around the specific IECMH needs of infants, toddlers, and preschoolers.							

**Rating scale:** *Not Sure*—Not enough information available to respond; *Not yet started/nothing in place*—No evidence that there has been activity on this element; *Laying the groundwork*—Activities may include assessing need, engaging stakeholders, developing a plan, identifying resources; *Beginning to implement*—A plan and resources are in place, a program is launched; a policy has been approved; *Solid progress in implementation*—A program or service has been launched on a wide scale; *Fully implemented*—The program has reached full scale.

VI. Effective Messaging That Builds Public and Political Will	Not sure	Not yet started/ nothing in place	Laying the groundwork	Beginning to implement	Solid progress in implementation	Fully implemented	Comments and/or supporting data
6. Influential state or community leaders (e.g., elected officials, editorial boards, religious leaders, community organizers, tribal leaders) are supportive of efforts to promote early development and positive mental health during the early years.							
7. Influential state or community policymakers are engaged in creating and/or supporting an IECMH system.							
a. List the likely IECMH champions and opponents:							
8. IECMH can be linked to other issues that are high on the policy agenda in the state or community.							
a. List examples of linkages or issues that can be leveraged to promote IECMH:							

**Rating scale:** *Not Sure*—Not enough information available to respond; *Not yet started/nothing in place*—No evidence that there has been activity on this element; *Laying the groundwork*—Activities may include assessing need, engaging stakeholders, developing a plan, identifying resources; *Beginning to implement*—A plan and resources are in place, a program is launched; a policy has been approved; *Solid progress in implementation*—A program or service has been launched on a wide scale; *Fully implemented*—The program has reached full scale.



VI. Effective Messaging That Builds Public and Political Will		
<i>Next Steps—Action Planning</i>	<i>Who is taking the lead?</i>	<i>Priority</i>
Short-term goals (1-2 years)		
Long-term goals (3-5 years)		

## Final Action Planning

As you conclude your work with the tool, review each part and use this table to organize and prioritize your short- and long-term goals across all six sections of the tool.

Final Action Planning			
Section	Goals	Who is taking the lead?	Priority
	Short-term goals (1-2 years)		

Final Action Planning			
Section	Goals	Who is taking the lead?	Priority
	Long-term goals (3-5 years)		

Additional Comments

Additional Comments

Additional Comments

## Acknowledgments

ZERO TO THREE thanks the Alliance for Early Success for their generous support of this toolkit.

In addition, we would like to thank the following individuals for their valued contributions throughout the development and writing process: Rebecca Brink, Mary Caputo, Florence Nelson, Denise Dell Isola, Carey McCann, Sheila Smith, Mary McHugh, and Catherine Wright.

## Share Your Feedback!

ZERO TO THREE would like feedback on your use of this tool, the process you used and the outcome. Please share your experience with [IECMHplanningtool@zerotothree.org](mailto:IECMHplanningtool@zerotothree.org)!

## Glossary

**Assessment:** Assessment is a process of systematically gathering information with the purpose of making a diagnosis, and may include the use of various tools.

**Center for the Social and Emotional Foundations of Early Learning (CSEFEL):** CSEFEL is a national resource center promoting the social-emotional development of children birth to 5 years of age. It is funded by the Office of Head Start and the Child Care Bureau to ensure school readiness and social-emotional health by disseminating research and evidence-based practices. The **CSEFEL Pyramid model** guides practices using a promotion-prevention-intervention model with a focus on relationships. <http://csefel.vanderbilt.edu/>

**Child Care and Development Block Grant (CCDF):** Also called the Child Care and Development Fund, is administered by the U.S. Department of Health and Human Services and provides child care services for low-income families. A portion of the funds are used to improve child care quality. [www.acf.hhs.gov/programs/occ/plans](http://www.acf.hhs.gov/programs/occ/plans)

**Child Welfare Funds (Title IV-E and Title IV-B):** These sections of the Social Security Act provide funds for adoption services, for children in foster care, and for support to children and families who need assistance to keep the family together. The funds support parenting and healthy marriage classes, home-visiting services for young parents with first babies and other family-based services, respite care for caregivers of children with special needs, and numerous other programs and services that local communities rely on for at risk families. [www.ssa.gov/OP\\_Home/ssact/title04/0400.htm](http://www.ssa.gov/OP_Home/ssact/title04/0400.htm)

**Children's Health Insurance Program (CHIP):** The Children's Health Insurance Program (CHIP) provides health coverage to nearly 8 million children in families with incomes too high to qualify for Medicaid, but who can't afford private coverage. Signed into law in 1997, CHIP provides federal matching funds to states to provide this coverage. <http://chipmedicaid.org/>

**Community Mental Health Services Block Grant:** The Community Mental Health Services Block Grant provides federal funds to improve mental health service systems throughout the country. It is a joint federal-state partnership that supports the maintenance and development of community-based care for people with serious mental health disorders. [www.samhsa.gov/grants/block-grants/mhbg](http://www.samhsa.gov/grants/block-grants/mhbg)

**Crosswalk:** A crosswalk provides a means of connecting diagnostic codes between different classification systems or to billing or procedure codes. In many states, the crosswalk has been an important tool for infant and early childhood mental health providers to provide information for billing purposes while also facilitating the use of appropriate diagnoses and treatments for young children.

**Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC:0–5™):** *DC:0–5™* was published by ZERO TO THREE in December 2016. It revised and updated *DC:0–3R* by expanding the age range from 3 years old to 5 years old, extending criteria to younger ages, and including all disorders relevant for young children. It supports the clinician in diagnosing and treating mental health problems in the earliest years.

**Diagnostic and Statistical Manual of Mental Disorders (DSM):** *DSM*, published by the American Psychiatric Association, provides guidance to mental health professionals on diagnosing and treating mental health disorders in children and adults. It is used by third-party payers to make decisions about reimbursement. The codes in *DSM* are designed to match the codes in the *International Classification of Diseases and Related Health Problems (ICD)*, which is the most widely-used classification system in the world. The *DSM* is now in its 5th edition.

**Dyadic therapy:** Dyadic therapy is an intervention approach provided to infants and young children with symptoms of emotional disorders. Therapy includes the child and the parent and focuses on rebuilding a healthy and secure relationship between them. Research suggests that this type of therapy is useful in helping the parent and child to regain trust, develop a secure attachment, work through trauma and fears, and improve parenting skills.



**Early childhood mental health consultation:** Early childhood mental health consultation (ECMHC) is a multilevel approach to promotion and prevention that teams mental health professionals with people who work with young children and their families to improve their social, emotional, and behavioral health and development. ECMHC can occur in various child-serving settings, including early care and education.

**Early Head Start (EHS):** See Head Start/Early Head Start.

**Early Periodic Screening, Diagnosis, and Treatment (EPSDT) framework:** Medicaid is a means-tested program funded by federal and state (and sometimes local) governments to pay for medical costs of categorical assistance recipients and specified other groups among the poor. The EPSDT services program is Medicaid's comprehensive and preventive child health program for individuals under age 21. It provides screening services, including comprehensive physical exams, appropriate immunizations, vision, dental, and hearing services, as well as health care to correct problems found in screening.

**Evidence-based approaches:** Practices or approaches that reflect the current evidence base and are subject to revision as new evidence emerges. Evidence-based practice represents the use of available research evidence, community wisdom, and the knowledge gained through a professional's own experiences and reflections to make decisions about work with children and families.

**Fostering Connections to Success and Increasing Adoptions Act (2008):** The Fostering Connections to Success and Increasing Adoptions Act was signed into law on October 7, 2008, as Public Law 110-351. The Act amended Parts B and E of Title IV of the Social Security Act to connect and support relative caregivers, improve outcomes for children in foster care, provide for Tribal foster care and adoption access, improve incentives for adoption, and for other purposes. [www.childwelfare.gov/systemwide/laws\\_policies/federal/index.cfm?event=federalLegislation.viewLegis&id=121](http://www.childwelfare.gov/systemwide/laws_policies/federal/index.cfm?event=federalLegislation.viewLegis&id=121)

**Head Start/Early Head Start:** Head Start and Early Head Start are federally funded programs for disadvantaged children (infants, toddlers, and pre-schoolers) and their families. The programs are designed to compensate for developmental and educational lags caused by social deprivation through a comprehensive approach. As such, Head Start seeks to improve social competence, learning skills, and the health and nutritional status of

low-income children aged 4 and 5 to help them prepare for school. Early Head Start (EHS), created in 1994, brought this comprehensive approach to babies and their parents. EHS utilizes center-based programs, home-based programs, and mixed-approach programs to deliver services.

Head Start: <http://eclkc.ohs.acf.hhs.gov/hslc/hs/>;

Early Head Start <http://eclkc.ohs.acf.hhs.gov/hslc/ta-system/ehsnrc>

**Healthy Steps:** Healthy Steps addresses the medical, social, and emotional aspects of health and well-being of children from birth to 3 years of age. Healthy Steps Specialists work with doctors and primary care staff and build relationships with families to enhance well-child care, provide developmental services, and support parents at office visits and through home visitation. Healthy Steps Specialists work with doctors and staff in pediatric offices to offer enhanced well-child visits, home visits, developmental screening, and parenting support.

**Home visiting services:** These voluntary programs tailor services to meet the needs of individual families, and they offer information, guidance, and support directly in the home environment. The 2010 Patient Protection and Affordable Care Act allocated significant funds to states to expand evidence-based home visiting programs in at-risk communities through the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program. Information on the models for which states can use MIECHV funding can be obtained at: <http://homvee.acf.hhs.gov/Default.aspx>

**Individuals With Disabilities Education Act (IDEA)—Part B and Part C:**

The Individuals With Disabilities Education Act (IDEA) provides federal funds to states and local communities to assist in their efforts to provide a free appropriate public education to students with disabilities. Part B of IDEA contains provisions relating to the education of school-aged and preschool-aged children with disabilities. The preschool program is often referred to as the Section 619 program, referring to the section of the law describing services for this age group. Part C of IDEA authorizes the creation of early intervention programs for infants and toddlers with developmental delays or disabilities, and provides federal assistance for states to maintain and implement statewide systems of services for eligible children, aged birth through 2 years old, and their families.

Part B: [www2.ed.gov/policy/speced/reg/idea/part-b/index.html](http://www2.ed.gov/policy/speced/reg/idea/part-b/index.html);

Part C: <http://idea.ed.gov/explore/view/p/%2Croot%2Cstatute%2CI%2CC%2C>

**International Classification of Diseases (ICD):** ICD is the standard diagnostic tool for epidemiology, health management, and clinical purposes. It is used to monitor the incidence and prevalence of disease and is the official system for assigning codes to diagnoses and procedures that are used for reimbursement decision making. ICD is now in its 10th edition, referred to as *ICD-10-CM*.

**Infant mental health association:** State professional associations, generally affiliated with the World Association of Infant Mental Health, whose goal is to promote the healthy social-emotional development and mental health of infants and young children. Many associations also sponsor IMH competencies and endorsement systems.

**Maternal and Child Health Services Block Grant:** See Title V Maternal and Child Health Block Grant.

**Medicaid:** Medicaid is a means-tested program funded by federal and state (and sometimes local) governments to pay for medical costs of categorical assistance recipients and specified other groups among the poor.

**Mental Health Services Block Grant:** This grant program, administered by Substance Abuse and Mental Health Services Administration (SAMHSA), provides federal funds through a block grant to support states in carrying out plans for providing comprehensive community mental health services.

**MIECHV:** See Home visiting services.

**Project LAUNCH:** The purpose of Project LAUNCH (Linking Actions for Unmet Needs in Children's Health) is to promote the wellness of young children ages birth to 8 by addressing the physical, social, emotional, cognitive, and behavioral aspects of development so that all children enter school ready to learn and able to succeed. Project LAUNCH grants improve coordination across child-serving systems, build infrastructure, and increase access to high-quality prevention and wellness promotion services for children and their families. Project LAUNCH is guided by a federal-level partnership among the Substance Abuse and Mental Health Services Administration, the Administration for Children and Families, the Health Resources and Services Administration, and the Centers for Disease Control and Prevention.

**High-quality screening tools:** High-quality screening tools have high levels of reliability (consistent results over time) and validity (accuracy).

**Quality Rating and Improvement System (QRIS):** QRIS systems are being implemented in many states to ensure that early care and education programs deliver high-quality services for young children. QRIS systems may consider professional qualifications and professional development of staff, health practices, educational curriculum provided, program philosophy, funding, and other factors.

**Screening:** Screening identifies individuals who are at risk and need additional evaluation to determine the presence of an impairing condition or disorder.

**Temporary Assistance to Needy Families (TANF):** TANF is a federal program designed to help needy families achieve economic self-sufficiency. TANF funds are provided by block grant to the states.

**Title V Maternal and Child Health Block Grant:** This grant program, funded under Title V of the Social Security Act, provides federal funds to states through a block grant to improve the health of pregnant women, mothers, and children.

## Resources

Planning groups looking for deeper understanding of issues in infant and early childhood mental health, or wanting to provide background to stakeholders, may find the following publications by ZERO TO THREE and others helpful.

**Planting Seeds in Fertile Ground: Actions Every Policymaker Should Take to Advance Infant and Early Childhood Mental Health:** This brief explains what infant and early childhood mental health (IECMH) is, documents why investments in I-ECMH matter, and identifies specific actions that state policymakers should take to support the healthy development of young children. [www.zerotothree.org/IECMHPolicymakers](http://www.zerotothree.org/IECMHPolicymakers)

**A Place to Get Started—Innovation in Infant-Toddler State Policy:** This resource is a collection of state policies and initiatives that impact infants, toddlers, and their families. This paper features some of the infant-toddler policy strategies currently garnering attention and provides examples of how states are implementing them. The approaches featured here are a sample of ideas about where states can begin their work on infant and toddler policy. [www.zerotothree.org/public-policy/policy-toolkit/a\\_place\\_to\\_get\\_startedinglesmar5.pdf](http://www.zerotothree.org/public-policy/policy-toolkit/a_place_to_get_startedinglesmar5.pdf)

**Laying the Foundation: Infant and Early Childhood Mental Health—Policy Brief:** This resource gives an overview of existing research on infant and toddler mental health disorders, as well as policy recommendations based off this research. The resource encourages federal and state policymakers to improve the continuum of services for the prevention of infant and early childhood mental health issues. [www.zerotothree.org/resources/443-laying-the-foundation-for-early-development-infant-and-early-childhood-mental-health](http://www.zerotothree.org/resources/443-laying-the-foundation-for-early-development-infant-and-early-childhood-mental-health)

**Nurturing Change: State Strategies for Improving Infant and Early Childhood Mental Health:** This paper provides an in-depth look at some of the promising strategies states have used to address IECMH access, delivery, financing, evidence base, and systems-level issues across the promotion-prevention-treatment continuum. State policymakers will find actionable models and policy strategies, as well as strategic questions to consider in planning for IECMH. [www.zerotothree.org/public-policy/pdf/nurturing-change.pdf](http://www.zerotothree.org/public-policy/pdf/nurturing-change.pdf)

**Making It Happen: Overcoming Barriers to Providing Infant-Early Childhood Mental Health:** This resource is intended to illuminate the scientific evidence for IECMH policies; examine issues faced by national, state, and local program directors and mental health practitioners in providing IECMH services; and propose a set of recommendations for policy improvements at the federal level. [www.zerotothree.org/makingithappen](http://www.zerotothree.org/makingithappen)

**Building a Comprehensive Early Childhood System:** This paper gives an overview of federal policy systems and ZERO TO THREE's policy recommendations within that system. The article outlines the benefits of a comprehensive system, explains the functions of a comprehensive early childhood system, and defines ZERO TO THREE's policy recommendations. [www.zerotothree.org/public-policy/policy-toolkit/systemssinglesmarch5.pdf](http://www.zerotothree.org/public-policy/policy-toolkit/systemssinglesmarch5.pdf)

**Establishing a Level Foundation for Life: Mental Health Begins in Early Childhood:** This resource is more research-oriented and focuses on the science behind child mental health. The article analyzes what existing science tells us about child mental health in comparison to current policy on childhood mental health. The researchers summarize policy implications and recommendations. <http://developingchild.harvard.edu/wp-content/uploads/2008/05/Establishing-a-Level-Foundation-for-Life-Mental-Health-Begins-in-Early-Childhood.pdf>