Readiness Assessment Tool for Organizations Interested in Delivering Infant and Early Childhood Mental Health Consultation (IECMHC) Services

PURPOSE:

The purpose of this tool is to help organizations assess their readiness to provide infant and early childhood mental health consultation (IECMHC) services. The tool will help organizations identify areas in which they are equipped to provide IECMHC services and help pinpoint areas in which additional activities can be undertaken in order to prepare to launch an IECMHC program.

It is recommended that the tool be completed by a program team rather than individually as it is designed to foster collaborative discussion and planning. This tool identifies practices that are both achievable and aspirational and is designed to help programs continue to monitor progress over time as they strive toward success and sustainability. The ***Next Steps Section*** at the end of the tool provides a place to summarize progress, plan action steps, and consider ways that findings can be used to leverage technical assistance, internal organizational supports, and/or funding.

This tool is intended to be completed by any agency or organization interested in building the capacity to offer IECMHC services. This includes:

- Community organizations, public or private nonprofit entities, Native American tribal organizations, and/or city or county government agencies that serve families with children (ages birth to five years);
- Organizations that provide clinical therapeutic services; and
- Organizations with sufficient program infrastructure to support an IECMH consultant through management and supervision.

INSTRUCTIONS:

For each of the action items, please use the ratings below to indicate the program's progress so far[1]:

C – Completed. Use this rating if the program has completed this action step.

I – In progress. Use this rating if the program has started to work on this action step but has not yet finished.

R - Resources needed. Use this rating if the program needs more resources or support in order to complete this action step.

N – Not yet begun. Use this rating if the program has not yet started to work on this action step but is interested in doing so in the future.

O – Opt out. Use this rating if the program is not planning to pursue this action step.*

*Users are advised to use the "opt out" rating sparingly, if at all.

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[1] Elements of this tool, including the rating scale, are based on the *Program Planning and Reflection Tool* developed by the National Center of Excellence for IECMHC (2024).

SECTION A. IDENTIFYING INFORMATION

Organization: _____

Individuals Participating in Tool Completion: _____

Date of Completion: _____

SECTION B. COMMUNITY NEEDS & ORGANIZATIONAL FIT					
	COMPLETED (C)	IN PROGRESS (I)	RESOURCES NEEDED (R)	NOT YET BEGUN (N)	OPT OUT (O)
1. We have a **comprehensive understanding of IECMHC** and its position along the continuum of mental health services and supports for young children and families.	(C)	(I)	(R)	(N)	(O)
2. We have a solid understanding of **how IECMHC services differ** from other related mental health and developmental support services and can educate other community-based programs about these differences.	(C)	(I)	(R)	(N)	(O)
3. We have extensive knowledge of the **strengths and existing services and resources** in our community that promote and address infants' and young children's social and emotional development and the well-being of their families.	(C)	(I)	(R)	(N)	(O)
4. We are knowledgeable about **community-based needs assessments** that have been conducted in our area, particularly the data showing unmet social, emotional, and mental health needs of young children and their families.	(C)	(I)	(R)	(N)	(O)

5. We have a **good understanding of the population** that will be served by our IECMHC program (e.g., race/ethnicity, languages spoken, and socioeconomic status of families and providers in our community).	(C)	(I)	(R)	(N)	(O)
6. **We have positive relationships** with early childhood and family-serving programs that are or might potentially be interested in IECMHC services, such as child care, preschool (including public pre-K), Head Start, home visiting, ECI, and pediatric health care programs.	(C)	(I)	(R)	(N)	(O)
7. There is consensus among leadership and key staff **that IECMHC is aligned with the mission and scope of our organization**, and we are well positioned to be champions of this work in our community.	(C)	(I)	(R)	(N)	(O)
8. There is consensus among leadership and key staff that **IECMHC is a complement to other services and supports** that our organization provides, including other mental health supports (such as direct therapy) or other early childhood or family-focused supports such as home visiting services, Early Childhood Intervention (ECI), speech and language therapy, occupational therapy, physical therapy, and/or pediatric health care.	(C)	(I)	(R)	(N)	(O)
9. Our staff members have the **specialized knowledge and training** to work with children, adults, and communities that have been exposed to trauma, and we have **incorporated trauma-informed principles** into our own organizational practices and culture.	(C)	(I)	(R)	(N)	(O)
TOTAL **(sum the number of circled items in each column):**					

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SECTION C. PREPARATION FOR SERVICE DELIVERY					
	COMPLETED (C)	**IN PROGRESS (I)**	**RESOURCES NEEDED (R)**	**NOT YET BEGUN (N)**	**OPT OUT (O)**
1. **We have program managers with the interest and expertise** needed to establish and oversee program design and implementation.	(C)	(I)	(R)	(N)	(O)
2. **We have developed an outreach plan** to raise awareness about IECMHC services and how they can be accessed, including activities like distributing program fact sheets or brochures, providing community presentations, participating in committees or coalitions related to early childhood and mental health, and sharing information with community partners.	(C)	(I)	(R)	(N)	(O)
3. **We have developed guidelines for service delivery** including the expected frequency, number of hours ("dosage"), and duration of IECMHC services that will be used to develop service agreements with early childhood programs engaging in IECMHC services. (See **text box #1** for Texas-specific guidance).	(C)	(I)	(R)	(N)	(O)
4. **We have identified IECMH consultant job duties**, including both direct services (e.g., caseload expectations), and other organizational responsibilities (such as participation in staff meetings, professional development, recordkeeping, supervision, etc.).	(C)	(I)	(R)	(N)	(O)
5. **We have developed an IECMHC Service Plan Agreement template** that all IECMH consultants will use when engaging in new programs in IECMHC services and data collection.	(C)	(I)	(R)	(N)	(O)
6. **We have created a practice manual** with written guidelines and materials for tracking service delivery, such as: (1) IECMH consultant activity logs and guidelines	(C)	(I)	(R)	(N)	(O)

for use; (2) screening and assessment instruments and protocols; (3) goal setting forms and guidelines; and (4) processes for closing out consultations.					
7. **We understand the importance of a strengths-based and collaborative approach** in all aspects of IECMHC and will ensure that this is incorporated into all guiding materials developed for consultants and early childhood programs receiving IECMHC services.	(C)	(I)	(R)	(N)	(O)
TOTAL **(sum the number of circled items in each column):**					

> *TEXT BOX #1: Texas IECMHC Pilot Guidelines for Service Delivery*
>
> ***Program-level consultation services:***
> - Frequency and Duration: weekly for 6-12 months
>   - Annual caseload: 3 programs
>
> ***Classroom/caseload consultation services:***
> - Frequency and Duration: weekly for 3-6 months
> - Annual caseload: 10 early childhood professionals
>
> ***Child/family-focused consultation services:***
> - Frequency and Duration: weekly for 3-6 months
>   - Annual caseload: 10 children/families
>
> ***Early childhood professional trainings:***
>   - Annual goal: 600 individuals trained

SECTION D. RECRUITING, TRAINING, & MAINTAINING THE IECMHC WORKFORCE					
	COMPLETED (C)	IN PROGRESS (I)	RESOURCES NEEDED (R)	NOT YET BEGUN (N)	OPT OUT (O)
1. **We have identified clinical mental health providers on staff with the specific expertise** needed to be an IECMH consultant, or who have the interest in and motivation to obtain this expertise (including knowledge of child development, infant, and early childhood mental health, and IECMHC core competencies).	(C)	(I)	(R)	(N)	(O)
2. We are prepared to **recruit consultant candidates** that meet the requirements for high quality IECMHC services identified in the *Texas IECMHC Program Manual,* specifically licensed or license-eligible mental health providers with an advanced degree in counseling, psychology, social work (LCSW), or psychiatry.	(C)	(I)	(R)	(N)	(O)
3. We prioritize staff and/or candidates that are **knowledgeable about and representative of the communities** that they will serve as IECMH consultants.	(C)	(I)	(R)	(N)	(O)
4. We are prepared to provide new IECMH consultants with the **required foundational orientation and training** outlined in the *Texas IECMHC Program Manual.*	(C)	(I)	(R)	(N)	(O)
5. **We have developed a job description** that aligns with the *Texas IECMHC Program Manual: IECMH Consultant Competencies* and will also take into consideration the *Sample IECMH Consultant Job Description* that is included in the *Texas IECMHC Program Manual: Appendix.*	(C)	(I)	(R)	(N)	(O)
6. We are prepared to provide all IECMH consultants with **access to regular, ongoing individual and/or group reflective supervision** (separate from administrative and clinical supervision) at least once per month as long as they are working in this role.	(C)	(I)	(R)	(N)	(O)

7. We ensure that reflective supervision is being provided by a **trained reflective supervisor who is a licensed mental health provider** either within or outside of our organization/state.	(C)	(I)	(R)	(N)	(O)
8. **We provide all IECMH consultants with administrative supervision** that includes onboarding, orientation, training oversight, case assignment, monitoring of case progress, performance evaluation, and providing access to reflective supervision.	(C)	(I)	(R)	(N)	(O)
9. **We provide clinical supervision** (in addition to regular reflective supervision) for consultants working toward licensure. This includes access to regular clinical supervision with a supervisor licensed in the same discipline as the consultant who has early childhood experience.	(C)	(I)	(R)	(N)	(O)
10. **We require all new IECMH consultants to complete a self-assessment** such as the *Texas IECMH Consultant Self-Assessment* (found on the TIEMH website) during the orientation process and annually thereafter in order to assess and prioritize professional development needs.	(C)	(I)	(R)	(N)	(O)
11. **We create an individualized professional development plan** in collaboration with each IECMH consultant, incorporating data from the self-assessment tool, and review and update the plan annually.	(C)	(I)	(R)	(N)	(O)
12. **We have developed an annual performance evaluation process** that includes providing feedback to the consultant and may include incorporating recommendations into the consultant's professional development plan.	(C)	(I)	(R)	(N)	(O)
13. We provide consultants with **opportunities to build and maintain relationships with community agencies** that serve and support the families in our community, including agencies to whom consultants can refer families who need	(C)	(I)	(R)	(N)	(O)

social services, evaluation or assessment services, behavioral health services, peer support, health care, etc.					
14. We provide all new IECMH consultants with **opportunities to shadow and by mentored** by more experienced consultants (as program capacity allows).	(C)	(I)	(R)	(N)	(O)
TOTAL **(sum the number of circled items in each column):**					

SECTION E. EVALUATION PLANNING & DATA COLLECTION AND MANAGEMENT					
	COMPLETED (C)	**IN PROGRESS (I)**	**RESOURCES NEEDED (R)**	**NOT YET BEGUN (N)**	**OPT OUT (O)**
1. We have developed **a theory of change and logic model** for our IECMHC program in alignment with the state logic model included in the *Texas IECMHC Program Manual: Evaluation* guidance. (**See text box #2** for definition of some key terms related to evaluation planning).	(C)	(I)	(R)	(N)	(O)
2. We used our theory of change and logic model to **design a comprehensive evaluation plan** in alignment with the guidelines in the *Texas IECMHC Program Manual*.	(C)	(I)	(R)	(N)	(O)
3. Our evaluation plan **includes both a process evaluation** (with research questions and goals related to implementation) **and an outcome evaluation** (with research questions and goals related to child, family, provider, and program outcomes of greatest interest to our stakeholders). Our goals and research questions are specific to the settings and types of consultation that will be implemented.	(C)	(I)	(R)	(N)	(O)
4. Our evaluation plan employs the most **rigorous outcome evaluation method** we are able to use in order to	(C)	(I)	(R)	(N)	(O)

maximize the validity and power of our findings. (See text box #2 for examples).					
5. Our evaluation plan includes the use of **valid and reliable screening and assessment tools** to assist with baseline data gathering, monitoring progress, and program evaluation.	(C)	(I)	(R)	(N)	(O)
6. **Our evaluation plan includes the use of valid and reliable outcome measures** that align with our identified goals and outcomes. See for example the specific measures recommended in the *Texas IECMHC Program Manual*. This includes selecting measures that are linguistically and culturally appropriate whenever possible.	(C)	(I)	(R)	(N)	(O)
7. **We train all IECMH consultants** on the importance of program evaluation and the consultants' specific responsibilities with regard to our evaluation plan, including data collection, protocols for obtaining consent, data security, and data management protocols and plans.	(C)	(I)	(R)	(N)	(O)
8. Our IECMHC evaluation plan includes a **data collection plan and schedule** detailing the types of data to be collected and **providing guidelines for securing and protecting data** (including compliance with all funding requirements, laws and regulations, and ethical standards).	(C)	(I)	(R)	(N)	(O)
9. We have developed a **data management plan** for the IECMHC program and evaluation. This includes identifying staff responsible for entering data, monitoring, and addressing the completeness and accuracy of consultants' data collection, troubleshooting data collection challenges, and identifying and implementing process improvements when needed.	(C)	(I)	(R)	(N)	(O)
10. Our organization's **data management system/platform** is equipped to handle the data needs of the IECMHC program and is maintained and monitored continuously.	(C)	(I)	(R)	(N)	(O)

11. We have developed a **data analysis and reporting plan** that includes analyzing data at set intervals using appropriate statistical and qualitative methods with the assistance of an outside evaluator as needed.	(C)	(I)	(R)	(N)	(O)
12. We **use findings to make quality improvements** in the delivery of IECMHC services.	(C)	(I)	(R)	(N)	(O)
13. We have **a plan or process to share findings with important stakeholders** and audiences, such as funders, community agencies, and families.	(C)	(I)	(R)	(N)	(O)
TOTAL (sum the number of circled items in each column):					

TEXT BOX #2: Definition of Some Key Terms

- A **logic model** is a structured, linear representation of a program's key inputs, outputs, and outcomes.
- A **theory of change** describes the ultimate program goal and how the change will happen.
- A **valid measurement tool** accurately measures the specific knowledge, skills, or traits it is intended to evaluate.
- A **reliable measurement tool** produces the same or very similar results if used repeatedly under consistent conditions, regardless of who is scoring it.

A hierarchy of outcome evaluation methods, from more to less rigorous includes:

- Randomized Controlled Trials (RCT)
- Quasi-Experimental Design
- Pre-Post Design
- Setting a Target (e.g., "80% of participants will show improvement over time")

SECTION F. FINANCING & POLICY

	COMPLETED (C)	IN PROGRESS (I)	RESOURCES NEEDED (R)	NOT YET BEGUN (N)	OPT OUT (O)
1. We have developed a **clear and realistic budget** for the IECMHC program, including components such as workforce development (foundational and ongoing professional development); supervision (reflective and administrative); evaluation; and technical assistance. Our budget has been developed with consideration of the *Texas IECMHC Sustainability Plan*, the sustainability costs worksheet and budget template in the *TX IECMHC Program Manual Appendix*, (all found on the TIEMH website) and the **Zero to Three IECMHC Cost Calculator** (found on the ZTT website).	(C)	(I)	(R)	(N)	(O)
2. We have the capacity to **pursue grants to fund IECMHC**, including grant writing, reporting, and oversight of funding/grant requirements.	(C)	(I)	(R)	(N)	(O)
3. We have **developed a funding strategy** that incorporates multiple funding streams and is inclusive of potential federal, state, and community sources of support, as well as community and local opportunities to fundraise.	(C)	(I)	(R)	(N)	(O)
4. We are working with partners to find ways to **integrate IECMHC services into sustained sources of local, state, and/or federal funding,** such as inclusion in CCDF or MIECHV program expenditures, contracts with local Head Start programs, a line item in the state budget for children's mental health services, etc.	(C)	(I)	(R)	(N)	(O)
5. We **participate in coalitions, boards, workgroups, etc**. that can support IECMHC and help us sustain and embed the work in ongoing state and local systems.	(C)	(I)	(R)	(N)	(O)

6. As part of our **strategic planning efforts,** we intentionally develop and communicate clear, compelling messages about the value and impact of IECMHC; align program goals, outcomes, and data with relevant political and policy priorities; and actively engage and collaborate with state and local champions and advocates to build broad-based support, inform decision-making and legislative efforts that incorporate IECMHC, and promote long-term sustainability of IECMHC services.	(C)	(I)	(R)	(N)	(O)
7. We have a strategy to **keep funders and community partners updated** on our program services and successes, such as having a web and social media presence and engaging stakeholders as partners in planning, goal setting, data presentations, etc. as relevant.	(C)	(I)	(R)	(N)	(O)
TOTAL (sum the number of circled items in each column):					

NEXT STEPS: SCORING AND USING DATA FROM THE READINESS ASSESSMENT TOOL

SCORING INSTRUCTIONS:

The 5 section-specific tables provide you with space to summarize findings from each section of the assessment and identify action steps for moving forward. In the "status" column (2nd from left), include the TOTAL SUMMED SCORE from the assessment tool for the corresponding status level (e.g., completed, in progress, not yet begun, etc.).

For example, if you had a total of 6 items on the last line of the "not yet begun" column in Section B of the assessment tool (p. 3), then in the scoring table for Section B (p. 14) include this number in the Status column where it says, "total activities not yet begun."

The last table (Our Program At-a-Glance, p. 19) is a place to summarize readiness across all topical areas.

Beyond using this data to document progress and clarify next steps, below are some additional ideas about ways you might be able to use these findings to drive your work forward:

- Share the data with leadership in your organization to demonstrate interest and readiness to pilot an IECMHC program, and/or to highlight areas where additional resources, guidance, or support are needed from within (or outside) the organization.
- Incorporate findings into a funding proposal to undertake specific activities identified in the assessment that will position your organization to be ready to deliver IECMHC services in the future.
- Incorporate findings into a funding proposal (federal, state, local, and/or philanthropic) to demonstrate readiness to initiative IECMHC services.
- Use the data to demonstrate progress made with current funding and resources (internal or external) and to make the case for continued funding.
- Use the data to make a proposal to your leadership for funding to seek technical assistance, training, or other support from state or national leaders in IECMHC.
- Share the data with others in your organization who might have expertise/guidance to share, and/or who might want to join the effort.
- Share the data with technical assistance and/or training providers to help them understand your needs.

SECTION B. COMMUNITY NEEDS & ORGANIZATIONAL FIT

STATUS		ACTIVITIES & ACTION STEPS
COMPLETED	**Total activities completed:**	Use this space to list activities completed to date:
IN PROGRESS	**Total activities in progress:**	Use this space to list the activities in progress; for each activity include: (1) next 1- 2 steps (2) person(s) responsible for leading and assisting
RESOURCES NEEDED	**Total activities requiring additional resources:**	Use this space to list activities for which some additional resources or support are needed to help you move forward. For each item, include: (1) resources you have identified to help you make progress (e.g., who to consult with, what resources are needed, strategies for obtaining resources, etc.) (2) person(s) responsible for seeking resources and reporting progress to the group
NOT YET BEGUN	**Total activities not yet begun:**	Use this space to identify activities that have not yet begun; for each item include: (1) priority (is this an activity to address in the short, medium, or long-term?) (2) person(s) responsible for leading and assisting (3) some initial steps to be accomplished
OPT OUT	**Total activities we are opting out of:**	Use this space to list activities that you chose to opt out of. For each item, include: (1) reason you decided to opt out (2) When applicable: any changes in organizational or external contexts that would make it possible or necessary to begin work on this activity

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SECTION C. PREPARATION FOR SERVICE DELIVERY		
STATUS		**ACTIVITIES & ACTION STEPS**
COMPLETED	**Total activities completed:**	Use this space to list activities completed to date:
IN PROGRESS	**Total activities in progress:**	Use this space to list the activities in progress; for each activity include: (1) next 1- 2 steps (2) person(s) responsible for leading and assisting
RESOURCES NEEDED	**Total activities requiring additional resources:**	Use this space to list activities for which some additional resources or support are needed to help you move forward. For each item, include: (1) resources you have identified to help you make progress (e.g., who to consult with, what resources are needed, strategies for obtaining resources, etc.) (2) person(s) responsible for seeking resources and reporting progress to the group
NOT YET BEGUN	**Total activities not yet begun:**	Use this space to identify activities that have not yet begun; for each item include: (1) priority (is this an activity to address in the short, medium, or long-term?) (2) person(s) responsible for leading and assisting (3) some initial steps to be accomplished
OPT OUT	**Total activities we are opting out of:**	Use this space to list activities that you chose to opt out of. For each item, include: (1) reason you decided to opt out (2) When applicable: any changes in organizational or external contexts that would make it possible or necessary to begin work on this activity

SECTION D. RECRUITING, TRAINING, & MAINTAINING THE IECMHC WORKFORCE		
STATUS		**ACTIVITIES & ACTION STEPS**
COMPLETED	**Total activities completed:**	Use this space to list activities completed to date:
IN PROGRESS	**Total activities in progress:**	Use this space to list the activities in progress; for each activity include: (1) next 1- 2 steps (2) person(s) responsible for leading and assisting
RESOURCES NEEDED	**Total activities requiring additional resources:**	Use this space to list activities for which some additional resources or support are needed to help you move forward. For each item, include: (1) resources you have identified to help you make progress (e.g., who to consult with, what resources are needed, strategies for obtaining resources, etc.) (2) person(s) responsible for seeking resources and reporting progress to the group
NOT YET BEGUN	**Total activities not yet begun:**	Use this space to identify activities that have not yet begun; for each item include: (1) priority (is this an activity to address in the short, medium, or long-term?) (2) person(s) responsible for leading and assisting (3) some initial steps to be accomplished
OPT OUT	**Total activities we are opting out of:**	Use this space to list activities that you chose to opt out of. For each item, include: (1) reason you decided to opt out (2) When applicable: any changes in organizational or external contexts that would make it possible or necessary to begin work on this activity

SECTION E. EVALUATION PLANNING & DATA COLLECTION AND MANAGEMENT		
STATUS		**ACTIVITIES & ACTION STEPS**
COMPLETED	**Total activities completed:**	Use this space to list activities completed to date:
IN PROGRESS	**Total activities in progress:**	Use this space to list the activities in progress; for each activity include: (1) next 1- 2 steps (2) person(s) responsible for leading and assisting
RESOURCES NEEDED	**Total activities requiring additional resources:**	Use this space to list activities for which some additional resources or support are needed to help you move forward. For each item, include: (1) resources you have identified to help you make progress (e.g., who to consult with, what resources are needed, strategies for obtaining resources, etc.) (2) person(s) responsible for seeking resources and reporting progress to the group
NOT YET BEGUN	**Total activities not yet begun:**	Use this space to identify activities that have not yet begun; for each item include: (1) priority (is this an activity to address in the short, medium, or long-term?) (2) person(s) responsible for leading and assisting (3) some initial steps to be accomplished
OPT OUT	**Total activities we are opting out of:**	Use this space to list activities that you chose to opt out of. For each item, include: (1) reason you decided to opt out (2) When applicable: any changes in organizational or external contexts that would make it possible or necessary to begin work on this activity

SECTION F. FINANCING & POLICY

STATUS		ACTIVITIES & ACTION STEPS
COMPLETED	**Total activities completed:**	Use this space to list activities completed to date:
IN PROGRESS	**Total activities in progress:**	Use this space to list the activities in progress; for each activity include: (1) next 1- 2 steps (2) person(s) responsible for leading and assisting
RESOURCES NEEDED	**Total activities requiring additional resources:**	Use this space to list activities for which some additional resources or support are needed to help you move forward. For each item, include: (1) resources you have identified to help you make progress (e.g., who to consult with, what resources are needed, strategies for obtaining resources, etc.) (2) person(s) responsible for seeking resources and reporting progress to the group
NOT YET BEGUN	**Total activities not yet begun:**	Use this space to identify activities that have not yet begun; for each item include: (1) priority (is this an activity to address in the short, medium, or long-term?) (2) person(s) responsible for leading and assisting (3) some initial steps to be accomplished
OPT OUT	**Total activities we are opting out of:**	Use this space to list activities that you chose to opt out of. For each item, include: (1) reason you decided to opt out (2) When applicable: any changes in organizational or external contexts that would make it possible or necessary to begin work on this activity

OUR PROGRESS AT-A-GLANCE

Instructions for completing:

Sum the total items (sections B – E) for each status level (completed, in progress, not yet begun, etc.) and include this as the total number in the table below. *(For example: Section B completed activities + sections C completed activities + Section D completed activities + section E completed activities + section F completed activities = total number completed activities).*

To get the total percentage, divide the total number of activities for each status level (e.g., completed, in progress) by the total number of items in the assessment tool (50 items) and multiply this number by 100. *(For example: total completed activities (sections B-F summed)/50 X 100 = total percent activities completed)*

STATUS	TOTAL NUMBER	TOTAL PERCENT
Completed Activities		
Activities in Progress		
Activities Not Yet Begun		
Resources Needed		
Opting Out		