



***Oregon Regional Service Providers -
Community of Practice (CoP)***

Friday November 15, 2024
Portland, Oregon

FACILITATORS:

NICHOLE PARADIS, MSW, LMSW, IMH-E®

SONDRA STEGENGA PH.D., MS., OTR/L

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Welcome and
Celebrating Our
Joy to Be
Together!



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Agenda

Planning for Successful Implementation of IECMH Consultation (10:15a-12:15p)

Grounding in the work

- Diversity Informed Tenets
- Discussion - community needs & implementation teams/leadership

IECMH Implementation Plans and Planning - Taking it to the next step!

- Forms
- State requirements
- Links to planning tools and process
- Etc.

Lunch (12:15-1:15p)

Promoting a Diverse Workforce in IECMH Consultation (1:15p-3:15p)

- Endorsement pathways in Oregon
- Hiring practices for equity in the workforce
- Links to implementation plans
- Etc.

Open Office (3:15p-4:00p)

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Planning for Successful Implementation of IECMH Consultation

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Grounding in the Work



<https://www.oregon.gov/delc/Documents/delc-centering-racial-equity-design-considerations-for-oregons-statewide-iecmhc-program.pdf>

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DIVERSITY-INFORMED TENETS FOR WORK WITH INFANTS, CHILDREN, AND FAMILIES

Irving Harris Foundation Professional Development Network Tenets Working Group



<https://diversityinformedtenets.org/https://diversityinformedtenets.org/>



- Diversity-informed practice is a dynamic system of beliefs and values that strives for the highest levels of diversity, inclusion and equity.
- Diversity-informed practice recognizes the historic and contemporary systems of oppression that shape interactions between individuals, organizations and systems of care.
- Diversity-informed practice seeks the highest possible standard of equity, inclusivity and justice in all spheres of practice: teaching and training, research and writing, public policy and advocacy and direct service.

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Centering Racial Equity Recommendation 1

Centering Racial Equity	Diversity Informed Tenets
<ul style="list-style-type: none"> • Use an equity-based, holistic approach rooted in principles of racial equity and prevention to support capacities • Train consultants to address racism and implicit bias 	<p>Work to Acknowledge Privilege and Combat Discrimination:</p> <ul style="list-style-type: none"> • Privilege constitutes injustice. • Diversity-informed practitioners acknowledge privilege, and use it strategically and responsibly. • Combat racism, classism, sexism, ableism, homophobia, xenophobia, and other systems of oppression within ourselves, our practices, and our fields.

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Centering Racial Equity Recommendation 2

Centering Racial Equity	Diversity Informed Tenets
<ul style="list-style-type: none"> • Ensure a flexible model that can individualize consultation activities based on needs, strengths, and community context, but which is guided by foundational principles for ensuring a high-quality, equity based approach. 	<p>Honor Diverse Family Structures:</p> <ul style="list-style-type: none"> • Families decide who is included and how they are structured • Recognize and strive to counter the historical bias toward idealizing (and conversely blaming) biological mothers while overlooking the critical child-rearing contributions of others

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Centering Racial Equity Recommendation 3

Centering Racial Equity	Diversity Informed Tenets
<ul style="list-style-type: none"> • Provide sufficient on-site time and limit caseloads to support authentic, trusting relationships • Limit caseloads and prioritize duration of services • Experts agree that 6-months should be the minimum time period with at least one year of involvement being recommended. 	<p>Allocate Resources to Systems Change:</p> <ul style="list-style-type: none"> • Proactively consider DEI when doing any work with or on behalf of infants, children, and families. • Resource allocation includes time, money, additional/alternative practices, and other supports and accommodations, otherwise systems of oppression may be inadvertently reproduced. • Ensure ongoing opportunities for reflection in order to identify implicit bias, remove barriers, and work to dismantle the root causes of disparity and inequity.

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Centering Racial Equity Recommendation 4

Centering Racial Equity	Diversity Informed Tenets
<ul style="list-style-type: none"> • Ensure equitable access based on provider needs • Support a culturally responsive communication plan and systems • Prioritize consultation for smaller programs that do not have access • Avoid stigma and unintended barriers to accessing the services by renaming "IECMH Consultation" and creating more welcoming language to brand and communicate 	<p>Allocate Resources to Systems Change:</p> <ul style="list-style-type: none"> • Proactively consider DEI when doing any work with or on behalf of infants, children, and families. • Resource allocation includes time, money, additional/alternative practices, and other supports and accommodations, otherwise systems of oppression may be inadvertently reproduced. • Ensure ongoing opportunities for reflection in order to identify implicit bias, remove barriers, and work to dismantle the root causes of disparity and inequity.

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Centering Racial Equity Recommendation 5

Centering Racial Equity	Diversity Informed Tenets
<ul style="list-style-type: none"> • Create formal templates for outlining services, roles, and expectations that includes equity work as an expected component. • Create formal agreements between programs and consultants to support realistic expectations • Clearly lay out goals of the consultation, roles and responsibilities of consultants and providers, types of activities the consultant and ECE provider will engage in, and the timeline and process for both beginning and ending the consultation. • Include in the agreement elements of the work related to implicit bias and racial equity 	<p>Understand That Language Can Hurt or Heal:</p> <ul style="list-style-type: none"> • Diversity-informed practice recognizes the power of language to divide or connect, denigrate or celebrate, hurt or heal. • We strive to use language (including body language, imagery, and other modes of nonverbal communication) in ways that most inclusively support all children and their families, caregivers, and communities.

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Centering Racial Equity Recommendation 6

Centering Racial Equity	Diversity Informed Tenets
<ul style="list-style-type: none"> • Develop, hire, and retain qualified BIPOC IECMHCs, who are (1) grounded in a shared history, culture, and language; (2) better positioned to overcome mistrust; and (3) have a deeper understanding and skills for navigating to mental health within BIPOC communities. • Ensure consultants have specialized knowledge, including the research regarding disproportionate suspension / expulsion and implicit bias in ECE settings. • Engage in creative problem-solving at multiple levels. • Increase BIPOC representation at the supervisory and administrative levels. • Provide white consultants with required training to interrupt oppression, and understanding contexts, White privilege, power, and their own identities and biases. 	<p>Work to Acknowledge Privilege and Combat Discrimination:</p> <ul style="list-style-type: none"> • Privilege constitutes injustice. • Diversity-informed practitioners acknowledge privilege, and use it strategically and responsibly. • Combat racism, classism, sexism, ableism, homophobia, xenophobia, and other systems of oppression within ourselves, our practices, and our fields.

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Centering Racial Equity Recommendation 7

Centering Racial Equity	Diversity Informed Tenets
<ul style="list-style-type: none"> • Ensure that addressing implicit bias and racism is a core part of IECMHC services. • Support consultants to actively and intentionally address implicit and explicit bias as a root cause of disproportionality in suspension and expulsion rates. • Develop and implement accountability strategies for ensuring that all IECMHCs and supervisors are housed in regional organizations that demonstrate robust support and commitment to ongoing equity transformation at the organizational and programmatic level. 	<p>Advance Policy That Supports All Families:</p> <ul style="list-style-type: none"> • Diversity-informed practitioners consider the impact of policy and legislation on all people and advance a just and equitable policy agenda for and with families.

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Centering Racial Equity Recommendation 8

Centering Racial Equity	Diversity Informed Tenets
<ul style="list-style-type: none"> • Allocate sufficient funds from the outset in building state infrastructure for program administration and contracting, technical support and workforce development, systems alignment and coordination, and data systems and evaluation. 	<p>Allocate Resources to Systems Change:</p> <ul style="list-style-type: none"> • Proactively consider DEI when doing any work with or on behalf of infants, children, and families. • Resource allocation includes time, money, additional/alternative practices, and other supports and accommodations, otherwise systems of oppression may be inadvertently reproduced. • Ensure ongoing opportunities for reflection in order to identify implicit bias, remove barriers, and work to dismantle the root causes of disparity and inequity.

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Centering Racial Equity Recommendation 9

Centering Racial Equity	Diversity Informed Tenets
<ul style="list-style-type: none"> • Build support for ongoing, stable funding from as few sources as possible • Oregon’s state investments in the system bode well for consistency in funding 	<p>Advance Policy That Supports All Families:</p> <ul style="list-style-type: none"> • Diversity-informed practitioners consider the impact of policy and legislation on all people and advance a just and equitable policy agenda for and with families.

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How Does This Impact Planning for Implementation?

It should be foundational to all planning!

- Hiring plan and criteria
- Systems level supports
- Ongoing training needs
- Community engagement and authentic ongoing partnerships (in collaboration with your regional support network - RSN)
- Workforce Equity Plan (4c of state requirements – HB 2166 *(more supports to come on this in Oct. and November meetings)*)
- Etc.!

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Discussion

Relation to All Aspects of Service, Planning, and Systems



Are there questions you have about the Diversity Informed Tenets?



How does this relate to hiring, having supports for supervision, pay, etc.?



Does your area already have supports and training in place for equity-centered practices?



What else do you need to do to keep this at the forefront of your work and planning?

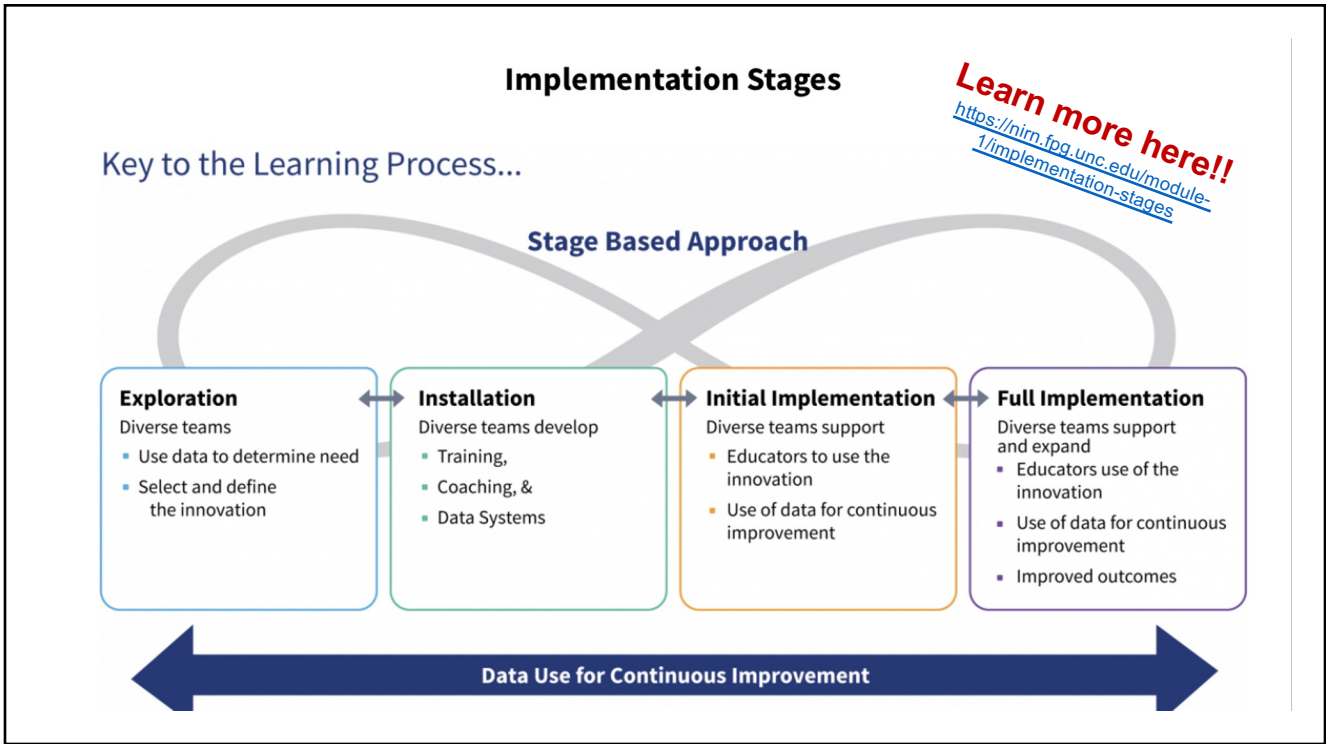
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Quick Review!

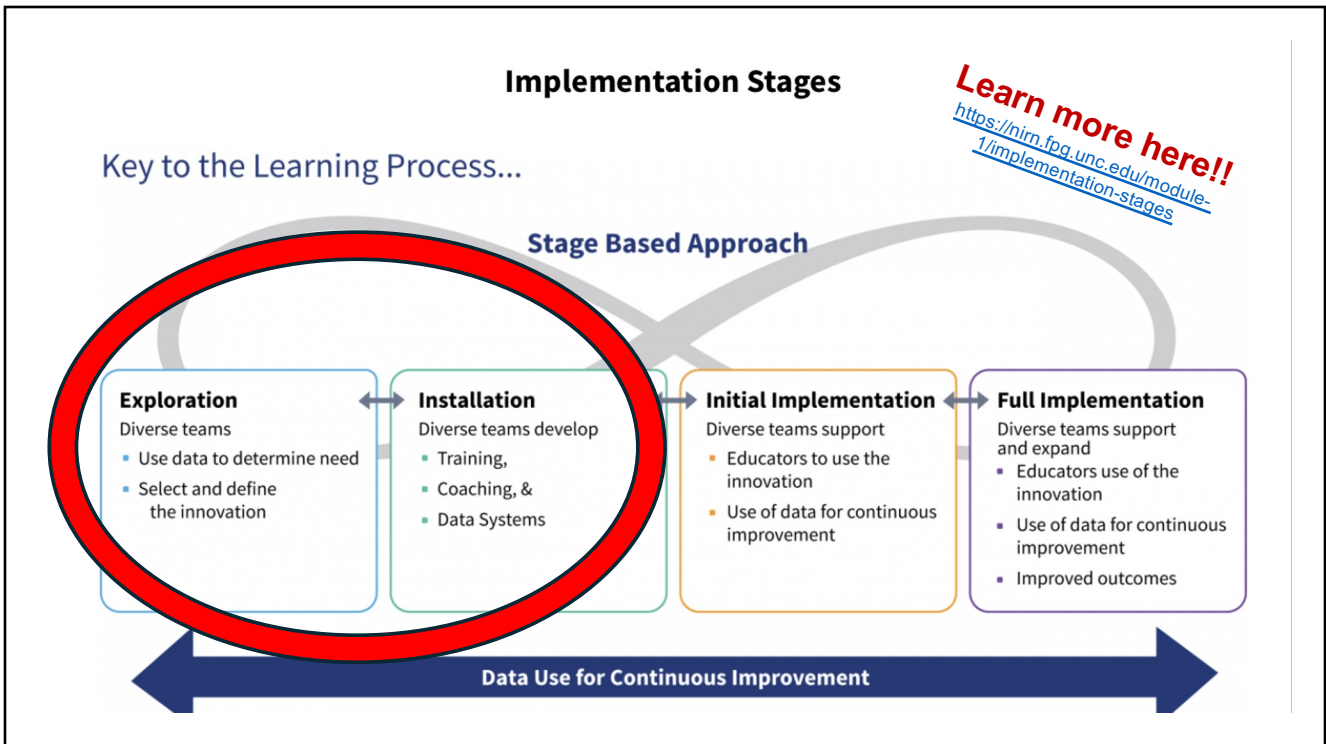
Implementation Stages & Processes



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**Research
Demonstrates
that there are
Key Strategies
and Activities
Linked to Long
Term
Sustainability!!**

Wong et al. (2022) found that EBPs are more likely to achieve sustainability when more activities are completed in the Pre-implementation Phases (i.e., *Exploration and Installation Stages on NIRN's Implementation Stages*)!

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**Readiness for
Implementing
New Practices
and Systems
Change**

We have been readily working to support readiness needs you identified!

- Communications and messaging with communities
- Hiring documents
- Background knowledge on Infant and Early Childhood Mental Health (IECMH) Consultation and Best Practices
- Knowledge and supports for systems change
- Data for driving practices
- Centering equity in communities related to IECMH Consultation
- Today's work – stage-based planning process for implementation!

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IECMH Implementation Plans and Planning

Taking it to the Next Step!



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Starting New Initiatives is Complex...

*So we are trying
to streamline and
provide as many
supports as
possible!*

'Get started and get better!'



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Required Activities and Steps to Implementing IECMH Consultation

Decide who will be the Regional Service Provider (RSP) for your area OR who your team will be for the planning grant and in that planning grant time you will choose the RSP for your area

Submit a planning grant budget to Katrina and team

Start your **planning grant!**

- Complete all activities required of the **planning grant** (e.g., community engagement)
- Get ready for your **implementation grant** by completing readiness activities such as:
 1. Working with a team to think intentionally about key supports needed for implementation (Hexagon tool to plan for and overcome barriers)
 2. Getting all the right pieces in place for implementation in the pre-implementation stages such as hiring practices and plan, processes for community communications, planning for data collection and use, training needed, etc. (Stages of Implementation Planning Tool)
 3. Complete the Implementation Plan based on #1 and 2 (Template Provided today!)
- Submit your **implementation plan** to Katrina and Nedi (By the 12 month mark of your planning grant or before)
- Submit a budget for the **Implementation Grant** to Katrina and Nedi (By the 12 month mark of your planning grant or before)
- Once the **implementation grant** is approved through procurement you can start implementation activities according to your plan!
- Begin providing IECMH consultation services (Initial implementation stage! Celebration!)

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What Happens after Starting to Deliver IECMH Consultation (i.e., Initial Implementation)?

Work toward **full Implementation!**



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What Full Implementation 'Looks Like'

Not just consistently delivering IECMH Consultation but doing it well so that it is having the expected impact on providers and children!

This requires:

- Regular collection and use of data about implementation
- Implementation team regularly uses this data to to monitor and improve implementation (e.g., fidelity, process and program data, outcome data)
- Teams regularly add or adjust supports and needs based on those identified from the data monitoring
- Services are delivered with fidelity (all the core elements that make it work and have true positive impact with children and families)
- Providers are confident and demonstrate skill in delivering the service
- Ongoing training and supports are in place to ensure services and skills do not 'drift' and lose core components
- Regular evaluation to ensure expected outcomes are being achieved from the services

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You will have more supports in Spring 2025 to plan for Full Implementation

March Virtual, and May In-Person full day sessions



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Quick Review

The Hexagon: An Exploration Tool

Hexagon Discussion & Analysis Tool Instructions

September 2020

FREE DOWNLOAD

https://nirn.fpg.unc.edu/sites/https://nirn.fpg.unc.edu/sites/nirn.fpg.unc.edu/files/imce/documents/NIRN%20Hexagon%20Discussion%20Analysis%20Tool%20September2020_1.pdf



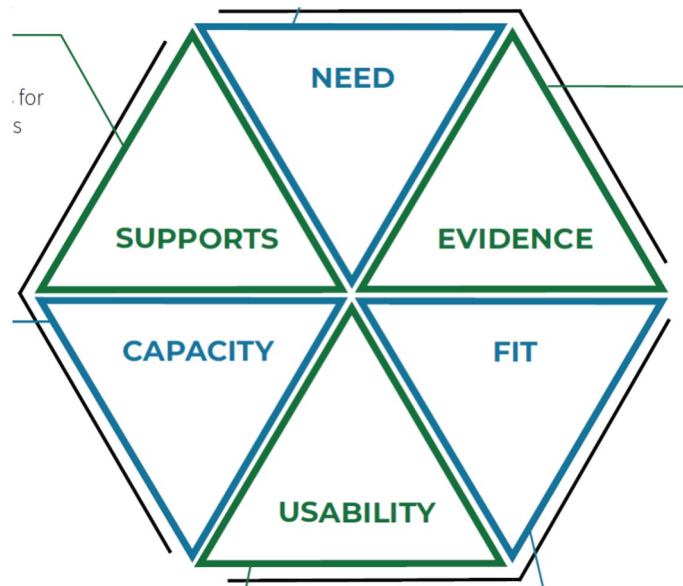
NIRN

NATIONAL IMPLEMENTATION RESEARCH NETWORK

FRANK PORTER GRAHAM CHILD DEVELOPMENT INSTITUTE

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Overview of the Hexagon Tool



NEED

- Target population

EVIDENCE

- Strength of evidence

FIT

- With current innovations

USABILITY

- Well defined practice

CAPACITY

- Knowledge, skills, ability to use the innovation

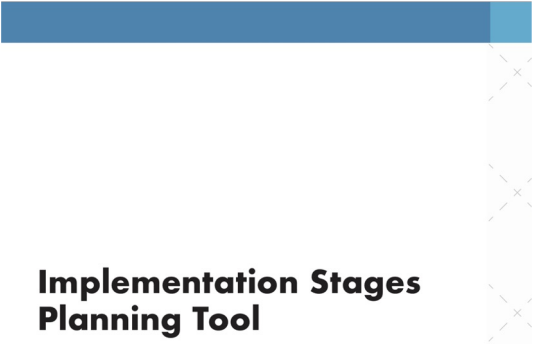
SUPPORTS

- Training, coaching, and data use system


NIRN



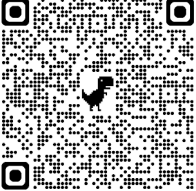
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Implementation Stages Planning Tool



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<https://nirn.fpg.unc.edu/sites/nirn.fpg.unc.edu/files/resources/Implementation%20Stages%20Planning%20Tool%20v8%20NIRN%20only%20Fillable.pdf>

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Our Focus Today – Exploration, Installation, and Initial Implementation Stages

IMPLEMENTATION STAGES CHECKLIST

Assess your team’s progress within important stage-based activities for your current stage of implementation. Once you have done so, review progress within previous or subsequent stages to identify improvements and/or planning needs. Tools and resources are linked within the different stage-based activities. Additional resources can be found at <https://nirn.fpg.unc.edu/ai-hub>.

EXPLORATION STAGE ACTIVITIES

E1. Grow relationships with stakeholders with a variety of diverse perspectives and inclusive of voices not traditionally prioritized.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E2. Develop an <u>Implementation Team</u> representative of the staff, organization and community that are the participants in and recipients of needed changes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E3. Cultivate <u>Sponsors/Champions</u> that have the authority and cultural capital to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

As a Team Complete the Checklists!

In Continuous Improvement

In Progress

Not Yet Initiated

(Choose one)

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WHAT IS THE MARKER OF BEING IN INSTALLATION?
 A site is in installation once they have made a decision to move forward with a selected program or practice.

INSTALLATION STAGE ACTIVITIES	In Continuous Improvement	In Progress	Not Yet Initiated
I1. Ensure the practice/program is clearly defined.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I2. Revisit implementation team membership to ensure needed perspectives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I3. Ensure the implementation team has the appropriate knowledge, skills, functions and authority to support infrastructure development and improvement of the program/practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I4. Convene implementation team regularly to use data (e.g., fidelity, program/ process, outcome) to critically examine and improve implementation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I5. Develop plan for implementation: <ul style="list-style-type: none"> • Develop selection protocols for practitioners. • Develop Training/Professional Learning Plans. • Develop coaching plans. • Develop data systems (what data, how data will be collected, used, and shared). • Develop decision making criteria for success and scaling. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I6. Secure and develop infrastructure resources and supports needed for the program/ practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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WHAT IS THE MARKER OF BEING IN INITIAL IMPLEMENTATION?
 A site is in initial implementation when implementers begin to deliver/use the program/practice.

INITIAL IMPLEMENTATION STAGE ACTIVITIES	In Continuous Improvement	In Progress	Not Yet Initiated
II1. Convene implementation team regularly to use data (e.g., outcome, fidelity, process) to critically examine and improve implementation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
II2. Practitioners begin delivery/use of program/practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
II3. Implement Coaching Supports .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
II4. Continue Training/Professional Learning as needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
II5. Gather data and feedback through multiple sources including staff, practitioners, recipients, families, and stakeholders to monitor progress.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
II6. Use a process to develop improvement strategies through analysis of data and feedback.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
II7. Refine implementation infrastructure (i.e., training, coaching, data systems, leadership supports and resources) based on data and feedback.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
II8. Use feedback loops with leadership, practitioners, staff, recipients, and stakeholders to communicate about progress, improvement strategies and success.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
II9. Use decision making criteria for expanding use of the practice/program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Starting the Implementation Plan!

Implementation Plans



Implementation Plan Template

Introduction

The Implementation Plan Template is designed to guide implementation teams in developing a plan for implementation across the four stages: exploration, installation, initial implementation and full implementation. The implementation plan should be collaboratively developed by the implementation team together with community partners and members of the focus population who will have a role in the implementation of the selected program or practice. Planning is a critical exercise that will help you document implementation goals at each stage and identify specific strategies to achieve these goals. Once the team has identified goals and strategies, they should document timelines for enacting each strategy, person(s) responsible, resources needed and data necessary to determine if progress is being made at each stage of implementation.

The implementation plan may need to be amended or adjusted as implementation advances, particularly if unforeseen circumstances arise. As either conditions or contexts change, the team may need to reconsider the strategies for achieving each implementation goal, or even the goals themselves.¹

Pull up this Document!



In your Google Drive Folder!

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Ok - Let's Dive in to the Google Drive Folders!



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This Implementation Plan has Two Purposes:

- 1) To help you identify key activities (implementation goals) that need to be addressed to increase your success at implementing and sustaining Infant Early Childhood Mental Health Consultation in your area,
- and**
- 2) Meet the requirements of the State of Oregon Early Childhood Suspension Expulsion Prevention Program Implementation Grant.

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Implementation Plan Instructions

EXPLORATION

This stage might include the following potential goals:

- Developing an implementation team (identifying members and building buy-in) to support the work as it progresses through the stages
- Identifying needs and assets within a community and focus population
- Identifying and learning about possible programs or practices that might align with the focus population's needs and assets
- Growing relationships with practitioners, organizational and systems leaders, community partners and members of the focus population who are supporting implementation
- Assessing practitioner, organizational and community readiness and creating readiness for change
- Developing communication processes to support the work
- Learning what it takes to implement the program or practice effectively, including needs related to developing related staff competencies and organizational/systems changes (e.g., new policies)
- Making a decision on whether to proceed with a selected program or practice

Action Planning

- What are our implementation goals for this stage?
- What strategies will we use to achieve these goals and make progress on implementation benchmarks to achieve implementation outcomes?
- What are next steps or activities that we need to revisit?

****Items with this asterisk are requirements from 4d of the state legislation of the Early Childhood Suspension Expulsion Prevention Program. These must be included in your plan and must be completed prior to moving to your State Implementation Grant.**

Pick at least two items from the "Implementation Stages Worksheet" under "Exploration" that you identified as a need to address prior to implementing IECMH consultation services.

All state required activities in 'exploration' and 'Installation' stage must be finished prior to moving from your Planning Grant to the State Implementation except for the work you are doing with Susan Fisher Maki and team.

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Implementation Plan Instructions

EXPLORATION

Implementation goal Why is this important?	Strategies How will we accomplish this goal?	Timeline Start–Finish	Person(s) responsible	Anticipated Challenges	Resources needed	How will we know if we're making progress? ² What data will be used?
**Demonstrate understanding of IECMHC service delivery as a capacity-building intervention focused						

² Progress represents benchmarks identified as important at each stage. More information can be found in *Implementation Action Guide #5: Identify Implementation Stage and Progress*.



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on increasing the skills and abilities of early educators to support the social-emotional well-being of children in their program						
**Demonstrate understanding of the unique needs of different early learning programs						
Add at least two items identified on the Stages of Implementation Tool						

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Implementation Plan Instructions

INSTALLATION

Pick at least two items from the "Implementation Stages Worksheet" under "Exploration" that you identified as a need to address prior to implementing IECMH consultation services.

**All state required activities in 'exploration' and 'Installation' stage must be finished prior to moving from your Planning Grant to the State Implementation except for the work you are doing with Susan Fisher Maki and [team](#).

INSTALLATION

This stage might include the following potential goals:

- Convening the implementation team regularly to gather and use data for assessing implementation
- Ensuring the implementation team has the appropriate knowledge, skills, functions and authority to support infrastructure development and improvement of the program or practice
- Developing timely feedback loops among practitioners, leaders, community partners and the focus population to ensure bidirectional and inclusive communication
- Gathering feedback on how the program or practice will be implemented from stakeholders including practitioners, leaders, community partners and members of the focus population
- Identifying what data will be used to measure implementation progress
- Discussing how data will be used to support communication, decision making and continuous improvement
- Securing and developing the implementation infrastructure needed to put the program or practice into place as intended

Action Planning

- What are our implementation goals for this stage?
- What strategies will we use to achieve these goals and make progress on implementation benchmarks to achieve implementation outcomes?
- What are next steps or activities that we need to revisit?

Implementation goal Why is this important?	Strategies How will we accomplish this goal?	Timeline Start–Finish	Person(s) responsible	Anticipated Challenges	Resources needed	How will we know if we're making progress? ³ What data will be used?
**Develop a plan for workforce development, recruitment, and hiring						Link to Hiring Plan here
**Demonstrate collaborative partnerships with						Link to plan you develop with Susan Fisher-Maki and team

³ Progress represents benchmarks identified as important at each stage. More information can be found in *Implementation Action Guide #5: Identify Implementation*

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Implementation Plan Instructions

INITIAL IMPLEMENTATION

INITIAL IMPLEMENTATION

Pick at least three items from the "Implementation Stages Worksheet" under "Initial Implementation" that you identified to help you when you start to implement the IECMH consultation services. These goals should center around items you feel will be helpful to knowing if your implementation is working and help you to keep improving!

This stage might include the following potential goals:

- Convening the implementation team regularly to gather and use data to assess implementation
- Gathering data and feedback through multiple sources including individuals and families in the focus population to check in on how implementation is going
- Developing improvement strategies through the implementation team's analysis of data and feedback
- Communicating with practitioners, leadership, community partners and the focus population about implementation progress, improvement strategies and successes
- Refining implementation supports based on these data

Action Planning

- What are our implementation goals for this stage?
- What strategies will we use to achieve these goals and make progress on implementation benchmarks to achieve implementation outcomes?
- What are next steps or activities that we need to revisit?

Implementation goal Why is this important?	Strategies How will we accomplish this goal?	Timeline Start-Finish	Person(s) responsible	Anticipated Challenges	Resources Needed	How will we know if we're making progress? What data will be used?
Add at least three items identified on the Stages of Implementation Tool						
**Will add items from scope of work (in development by DELC as of Nov. 14, 2024. ORIMHA will provide support for this in December CoP meetings)						

⁶ Progress represents benchmarks identified as important at each stage. More information can be found in *Implementation Action Guide #5: Identify Implementation Stage and Progress*.

Implementation Plan Instructions

FULL IMPLEMENTATION



Supports for FULL IMPLEMENTATION in Spring 2025 to Plan for 2025-26!

On first glance this may feel like a lot...

But, we have tried to put all the required pieces in one place with links, templates, and more.

Also, as we work today, if additional needs are identified we will work to add more resources!

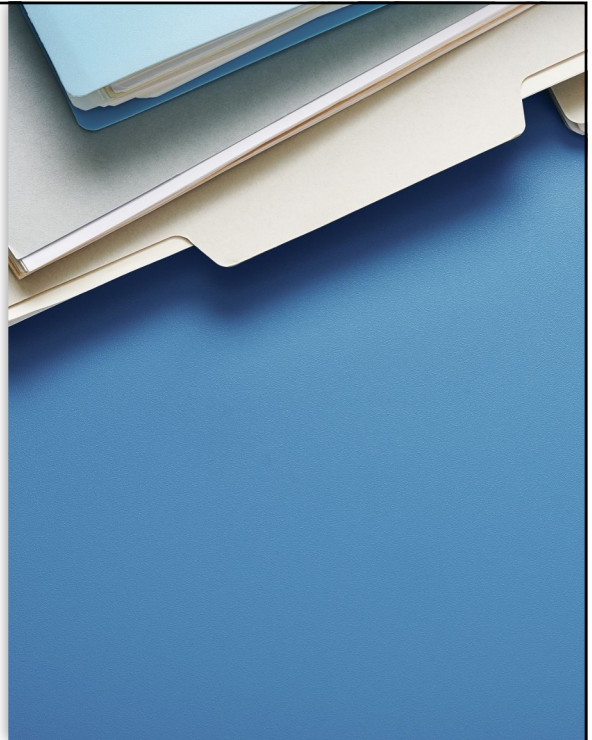


We are in this together!

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Tips

- Use the Google Drive folder you are working in today to keep your plan!
- Keep all supporting materials in this folder (e.g., Hexagon Tool, Stages of Implementation Planning Tool, etc.)
- Insert a link to other documents you are working on into the last column for evidence/measures (e.g., the plans you are working with for the Regional Support Network with Susan Fisher-Maki and team, any visuals you develop for the warmline/referral response system, etc.)



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Tips

- ❑ For the written paragraphs that are required as deliverables from the state, start one Google Doc in your folder that contains all the information and have headings for each one. This includes items such as:
 - Submission of the paragraph describing IECMH consultation as a capacity-building intervention (what is your elevator speech for IECMH Consultation? How would you describe this to your community or someone who called to find out what it is?)
 - A short paragraph on how you plan to embed equity in your hiring process.
 - Etc.

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Scaffolding into Focused Work Groups

Hexagon Planning Tool

- New RSPs or those who are considering being an RSP

Implementation Stages Planning Tool

- RSPs who have completed the Hexagon Tool and are ready to begin working on or toward their Implementation Plans

Implementation Plan

- RSPs who have completed the Hexagon Tool and Implementation Stages Planning Tool and are ready to make their plan!

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Promoting a Diverse Workforce in IECMH Consultation

- Making space and creating pathways via
 - Job description
 - Endorsement
 - Equitable hiring practices
- Links to implementation plans



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Diversity Informed Tenet 9



Make Space and Open Pathways

Infant, child, and family-serving workforces are most dynamic and effective when historically and currently marginalized individuals and groups have **equitable access** to a wide range of roles, disciplines, and modes of practice and influence.

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Quote from Centering Equity

“We need to **create pathways** for more people of color to get to this field of mental health consultation. That’s the only way that we are going to **increase culturally specific or culturally responsive services** for the children, the families, and the [ECE] providers that are serving those children and families... I think the state has the responsibility to create those pathways to increase the number of consultants that are consultants of color that are coming from those same backgrounds of the families and the children that we are serving, and the [ECE] providers that are serving those families on a daily basis.”

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Sample Job Description

Mental health training is required to support consultant's understanding and response to the relational health needs of infants/young children, particularly those who have experienced/are experiencing trauma or may be neurodivergent. Consultants should be competent in:

- Bringing a mental health perspective to understanding infants' and young children's social-emotional development
- Creating a therapeutic alliance with consultees
- Modeling and fostering reflection and self-awareness
- Integrating new mental health consultation practices and strategies as the field evolves
- Identifying risks to an infant/young child's mental health and/or development that may indicate the need to refer for more intensive services

Consultants who promote Infant & Early Childhood Mental Health

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Pathway 1: Experienced Mental Health Professional

1. Master's degree in mental health
2. Licensed or license-eligible and trained in their field
3. 1–2 years of work experience as a mental health professional (preferred)
4. Endorsed in IMH-E® or ECMH-E® (or willing to earn Endorsement)

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Pathway 2: Experienced Professional **without** a Masters Degree in Mental Health

At least 2 years of experience in a related infant/early childhood field

AND

Endorsed (IMH-E® or ECMH-E®) as Family Associate or Family Specialist (no degree required for these categories of Endorsement) **or willingness to apply for Endorsement within 3 months of hire**

AND

Completion of at least 4 hours on each of the 5 mental health topics identified above (10. a-e) from an association for infant mental health (AIMH) for a minimum of 20 hours total **(or a willingness to complete such training within 6 months of hire)**.

OR

PSU Infant/Toddler Mental Health Graduate Certificate Programs

OR

Georgetown Online Certificate in Infant & Early Childhood Mental Health

OR

Georgetown Online Certificate in IECMH Family Leadership

OR

Other advanced training in IECMH

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WHAT IS ENDORSEMENT?



- A credential
- Recognition of a specialization in IECMH within a **scope of practice**
- Not specific to IECMH Consultation, but competencies overlap
- The application documents:
 - Requirements such as years of work experience, hrs of reflective supervision, hrs of training, etc.
 - No degree requirement for Family Associate and Family Specialist.
 - Competencies such as infant/young child development & behavior, cultural humility, observation & listening, etc.
 - Reference ratings attest to all competencies i

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ORIMHA COMPETENCY GUIDELINES: Standards for Endorsement

Theoretical Foundations

- Infant/Young Child Development & Behavior
- Cultural Humility
- Attachment, Separation, Trauma, Grief, & Loss

Direct Service Skills

- Observation & Listening
- Screening & Assessment
- Responding with Empathy

Reflection

- Self-Awareness
- Curiosity
- Emotional Response

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Law, Regulation, & Agency Policy

- Ethical Practice
- Government, Law, & Regulation

Systems Expertise

- Service Delivery Systems
- Community Resources

Working with Others

- Building & Maintaining Relationships
- Collaborating

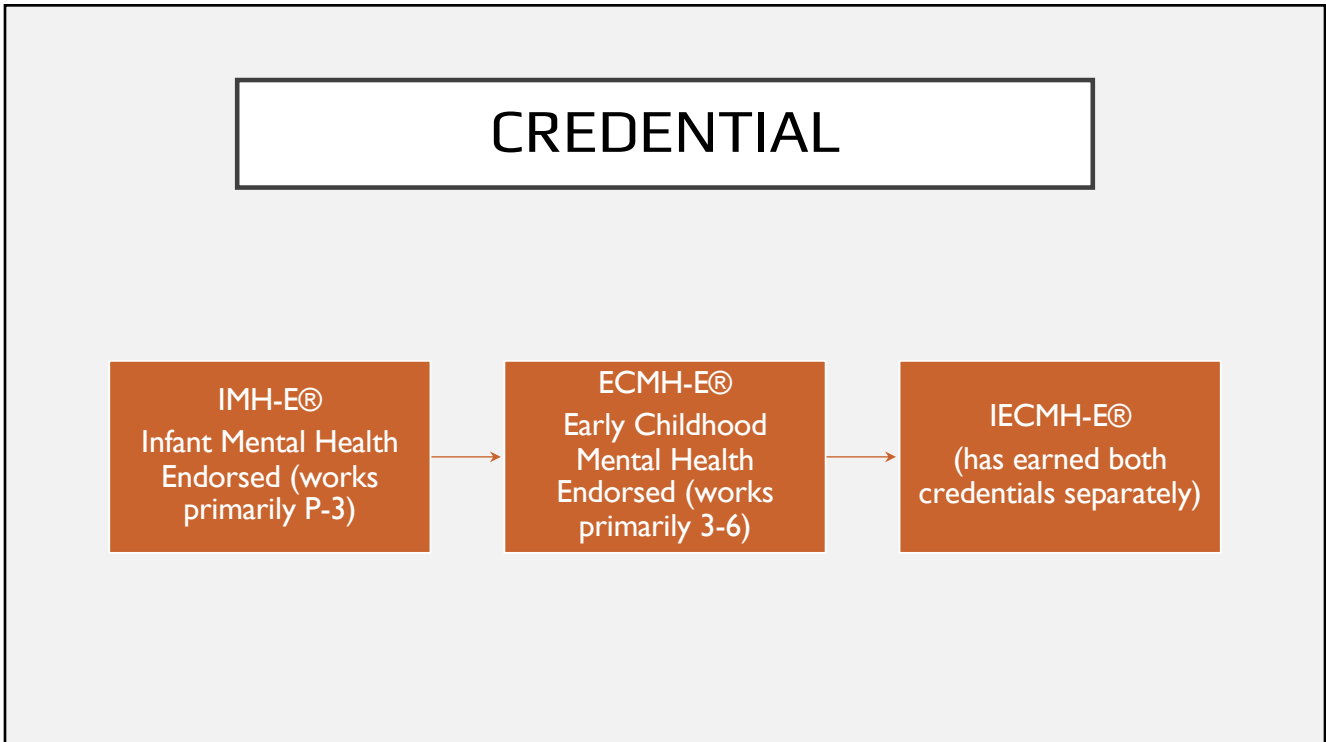
Communicating

- Listening, Speaking, Writing

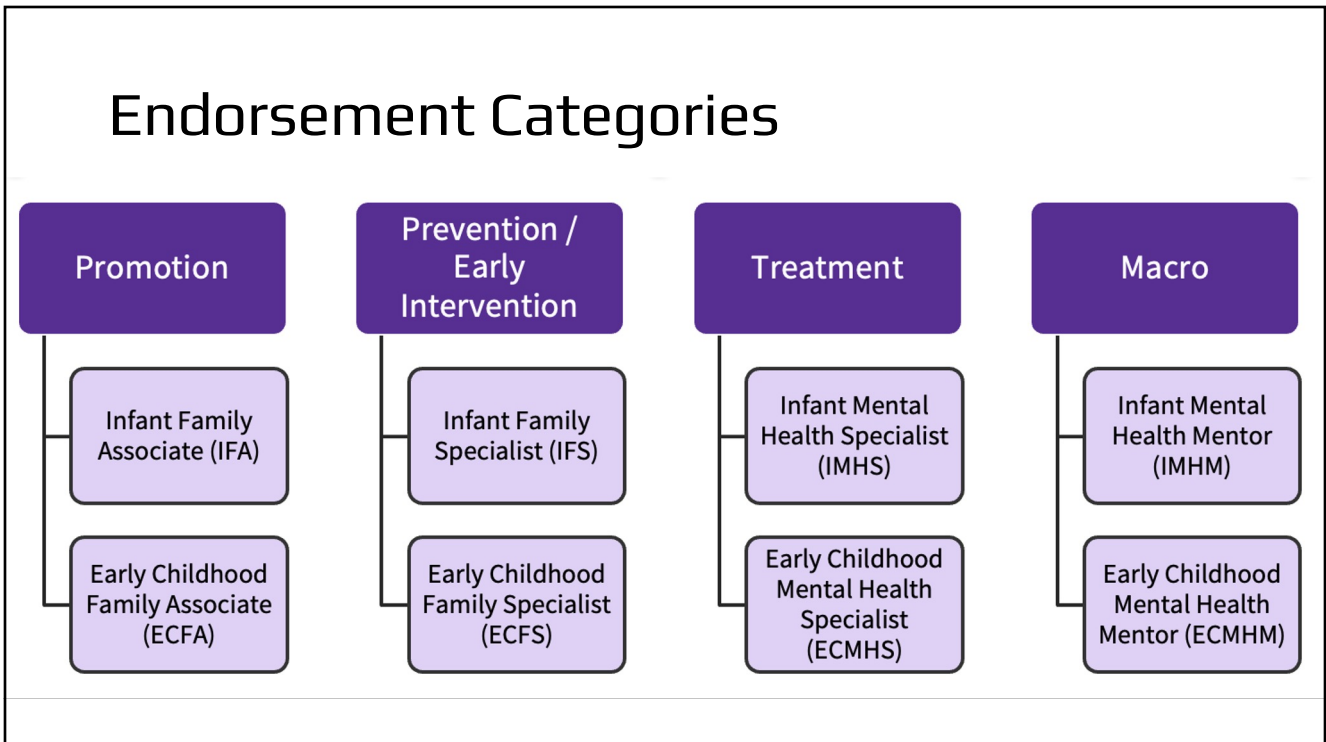
Thinking

- Exercising Good Judgement
- Maintaining Perspective


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DEI INITIATIVES IN ENDORSEMENT

Advance Workforce Development Efforts that Reflect our Commitment to Diversity, Equity, Inclusion, and Racial Justice and to Sustain the Sector

- Best Practices & Professional Development
- **Broaden Pathways**
- **Remove Barriers**
- Dismantle/Update Policies

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	Infant Early Childhood Family Associate	Infant Early Childhood Family Specialist	Infant Early Childhood Mental Health Specialist	IECMH Mentor - Clinical, Research/Faculty, or Policy	(Add-On) Endorsed Reflective Supervisor
Scope of Work	PROMOTION	PREVENTION/ EARLY INTERVENTION	CLINICAL INTERVENTION/ TREATMENT	MACRO	Prerequisite: Family Specialist or Mental Health Specialist Endorsement®
Education		No Degree	Masters, Post-Graduate	Masters, Post-Graduate	NA
Work Experience	Any academic degree OR Min. 2 yrs. of early childhood related work experience	Min. 2 yrs. of prevention and/or early intervention services with 0 up to 6 yr. olds & their caregivers/families; served a min. of 10 families	Min. 2 yrs. post-masters IECMH practice working on behalf of caregiver-young child relationship	Min. 3 yrs. as an IECMH practice leader Plus provider of RSC for 3+ yrs. (Clinical)	NA
In-Service Training	Min. 33 hrs.	Min. 33 hrs.	Min. 33 hrs.	Min. 33 hrs. (Policy & Research/Faculty) Min. 48 hrs. (Clinical)	Min. 15 hrs.
References	3	3	3	3	2
Reflective Supervision with a Qualified Provider	Not required	Min. 24 hrs. received	Min 50 hrs. received	Min. 50 hrs. received; 25 hours about the provision of RSC (Clinical only)	1 year of providing RSC to infant-family professionals while receiving 12 hours of RSC from a qualified provider about your provision of RSC to others.
Written Exam	No	No	Yes	Yes	No

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QUOTES FROM ENDORSED PROFESSIONALS

- “Just as having a college degree validates one's expertise, I feel the Endorsement validates my knowledge and experience in the field of early childhood and specifically in infant mental health. I honestly wasn't sure I had all the requirements necessary for Endorsement and learned I had enough and more! **The process helped me see myself as very competent in the field.**”
- “It was much less overwhelming than I thought it would be! **Although it was rigorous (it should be!), it was manageable to complete.**”
- “Although I pursued Endorsement and encourage others to do so, the time and expense has prevented others in my workplace from pursuing endorsement. They have the qualifications and experiences and are doing the work, but **they do not see that the additional time and expense of Endorsement will benefit them** beyond what they are already doing or advance their learning beyond what they are already able to do within our organization.”

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Knowledge



Skills



Opportunities



BIPOC participants reported higher scores on the impact of Endorsement on their knowledge, skills, and opportunities compared to their white participants.

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What are your questions about Endorsement?

What do you see as the advantages? Barriers?

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Equitable Hiring Practices: Recruitment

- This project's broad goals include reducing rates of suspension/expulsion from ECE settings, and more specifically to reduce race disparities in the rates of suspension/expulsion. Therefore this position will **require a strong commitment to equity, anti-bias, and anti-racist practices. Culturally specific and culturally responsive services are important to the success of the program. Consultants who's race, ethnicity, culture, and/or language are representative of the community served are strongly encouraged to apply.**
- *[If your HR is concerned about the language above, consider this alternative to the previous sentence: We encourage applications from candidates of all backgrounds, experiences, and perspectives. We believe that a diverse and inclusive workforce that is reflective of our community will help us achieve our program's goals.]*
- We are most interested in finding the best candidate for the job. **We encourage you to apply, even if you don't meet every one of the requirements listed below.** If you are unsure whether you meet the qualifications of this position, please feel free to contact us to discuss your application.

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Equitable Hiring Practices: Recruitment

- Community newspapers & websites run by BIPOC.
- Multicultural centers or cultural studies departments at local colleges and universities.
- HBCUs, community colleges, and schools with a large number of students of color.
- Professional associations (i.e., Association of Black Social Workers), affinity groups within professional associations.
- Partner orgs that represent & serve BIPOC communities.
- Your ideas and strategies that have been successful?

https://www.usdn.org/uploads/cms/documents/usdn-equity-in-recruitment_hiring_retention.pdf

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Equitable Hiring Practices: Interviewing

- ORIMHA will provide suggested interview questions.
- Each question is tied to an essential competency from Center of Excellence's IECMH Consultation Competencies.
- ORIMHA will also provide rubrics for scoring responses.
- Be sure to use same questions (in the same order) and rubric for every candidate



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Equitable Hiring Practices: Interviewing

Implement a more structured approach to hiring in order to help avoid “familiarity bias” or “similar to me bias”

1. Candidates receive a structured interview using a standard set of questions
2. A diverse interview panel individually scores answers
3. Interview scores are supplemented by a training and experience questionnaire to create an overall applicant score
4. Applicants are ranked based on scores

https://www.usdn.org/uploads/cms/documents/usdn-equity-in-recruitment_hiring_retention.pdf

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Equitable Hiring Practices: Managing Implicit Bias

Accept that you have biases, especially affinity bias

- “...it’s important to accept that no one is pre-loaded with inclusive behavior; we are, in fact, biologically hardwired to align with people like us and reject those whom we consider different.”

Ask: “Where is, or could, bias show up in this decision?”

- By explicitly acknowledging that we all have biases, especially unconsciously, and creating a space to call them out, there’s an opportunity to hold ourselves and each other accountable.

Reduce the influence of your peers’ opinions on your hiring decisions

- Score the interview rubric BEFORE debriefing with others on the interview panel

<https://hbr.org/2019/06/how-to-reduce-personal-bias-when-hiring>

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Equitable Hiring Practices: Managing Implicit Bias

Consider Implicit Bias Training for Members of Interview Panel

- Harvard Implicit Bias Test
 - 10-minute test: <https://implicit.harvard.edu/implicit/takeatest.html>

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What other ideas or
questions do you have about
equitable hiring practices?

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Paired Exercise

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Suggested Interview Questions

Question	CoE Competency
How do you define cultural humility?	Recognizes and respects child and family culture, families' knowledge, sources of strength and resilience, and routes to healing within diverse families and communities.
Describe your understanding of the term "implicit bias."	Understands implicit bias and its manifestations, and systemic racism, and how they affect adult behavior and the experiences of infants, young children, and families from historically marginalized and oppressed communities.
Describe your experience observing interactions between caregivers and infants/young children. How did your observations enrich your understanding of the child's relational health?	Demonstrates an ability to pay close attention to the relationships and interactions between staff, family members, and the infant or young child—and between that infant or young child and his or her peers—and to consider how those interactions may impact infant or young child and family well-being.

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Paired Exercise Debrief

Feedback on these questions?

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IECMH Consultant Attribute 1

Enjoyment of the consultee/consultative setting(s): Identify candidates who are comfortable in the setting where consultation services are provided.

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IECMH Consultant Attribute 2

Identify candidates who:

- Reflect the cultural and ethnic experiences and languages of the population with whom they will work.
- Understand the cultural beliefs, practices, and languages of the infants, young children, and families served.
- Recognize that the effectiveness of any intervention (especially IECMH Consultation) is related to understanding and considering the beliefs and customs of the infants, young children, and families served.

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IECMH Consultant Attribute 3

Reflective Capacity is the ability to imagine, think, and plan; to generate new awareness; to construct new understandings, and to use this process to transform practice. The reflective consultant uses both internal and external knowledge to enhance their consultative practice (Brandt, 2014).

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IECMH Consultant Attribute 4

Openness to new information:

- Capacity to remain open to a process of discovery rather than prematurely drawing conclusions about a problem.
- Must be able to acknowledge and consider the relevance of new information, resisting the temptation to discard it because it does not readily fit with existing hypotheses or conclusions.
- Willing to explore new areas of knowledge and new ideas and recommendations from supervisors and peers.
- Work to evaluate the merits of new information and integrate it when it seems useful. Sometimes, they may discover that new information requires them to change course—alter their thinking, approach, or strategies.

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IECMH Consultant Attribute 5

Can tolerate uncertainty in consultative situations that are unclear or confusing. This allows the consultant to maintain a stance of curiosity, flexibility, and openness to information as it emerges. It also allows the consultant to encourage this capacity in their consultees.

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IECMH Consultant Attribute 6

High value on reflection and relationships:

- Are aware of their own thoughts, feelings, and behaviors as important source of information.
- Can appreciate that others have equally rich and diverse internal experiences.

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IECMH Consultant Attribute 7

Cultural awareness and sensitivity:

- Have invested time in learning about equity, diversity, and inclusion.
- Are alert to discomforts and emotional responses to multicultural issues in themselves and others.
- Can openly discuss and sensitively attend to topics related to race.
- Are committed to ongoing professional development in cultural awareness and sensitivity.
- Actively engage in self-reflection and reflective supervision.
- Embrace a stance of compassion, humility and curiosity.

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Suggested Interview Scenario: Fishbowl

In some centers or homes, you may see teachers, staff, or caregivers speaking to infants and young children in ways that seem harsh or insensitive. What strategies might you use to manage your own emotional response to seeing infants and young children in less-than-ideal environments?

CoE attribute: Enjoyment of the consultee/consultative setting(s): Identify candidates who are comfortable in the setting where consultation services are provided. Reflective Capacity is the ability to imagine, think, and plan; to generate new awareness; to construct new understandings, and to use this process to transform practice. The reflective consultant uses both internal and external knowledge to enhance their consultative practice.

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Suggested Interview Scenario: Small Groups

Ask the candidate about the different racial and ethnic groups they have served. Ask how they incorporated a client's cultural beliefs and experiences in the work. Ask for the candidate to share an example or story from their work that involved infusing or addressing cultural beliefs and experiences.

CoE attribute: Identify candidates who:

- Reflect the cultural and ethnic experiences and languages of the population with whom they will work.
- Understand the cultural beliefs, practices, and languages of the infants, young children, and families served.
- Recognize that the effectiveness of any intervention (especially IECMHC) is related to understanding and considering the beliefs and customs of the infants, young children, and families served.

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What are the ideas you will be taking away?

How does this afternoon's information help with your implementation planning?

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- Please complete these survey on the training and planning time today!
- Collaborate with your teams and community partners and review your findings
- Add or Change to your Implementation Plan Based on their feedback
- Begin working toward your goals
- Join us for future CoPs to continue the work!
- https://www.surveymonkey.com/r/ORIMHA_Nov_Conference



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Reminders, Questions, & Wrap-Up

2024

Dec 5: Virtual CoP, 9-11am

Dec 12: Office hours (virtual), 9-10am

2025

Jan 9*: Virtual CoP, 9-11am

Jan 10: Office hours (virtual), 9-10am

Feb 6: Virtual CoP, 9-11am

Mar 6*: Virtual CoP, 9a-2p

April 3: Virtual CoP, 9-11am

May 1 and possibly May 2: In person CoP in Bend, 9a-4p