



Oregon Regional Service Providers - Community of Practice (CoP)

Thursday March 6, 2025
Virtual

FACILITATORS:

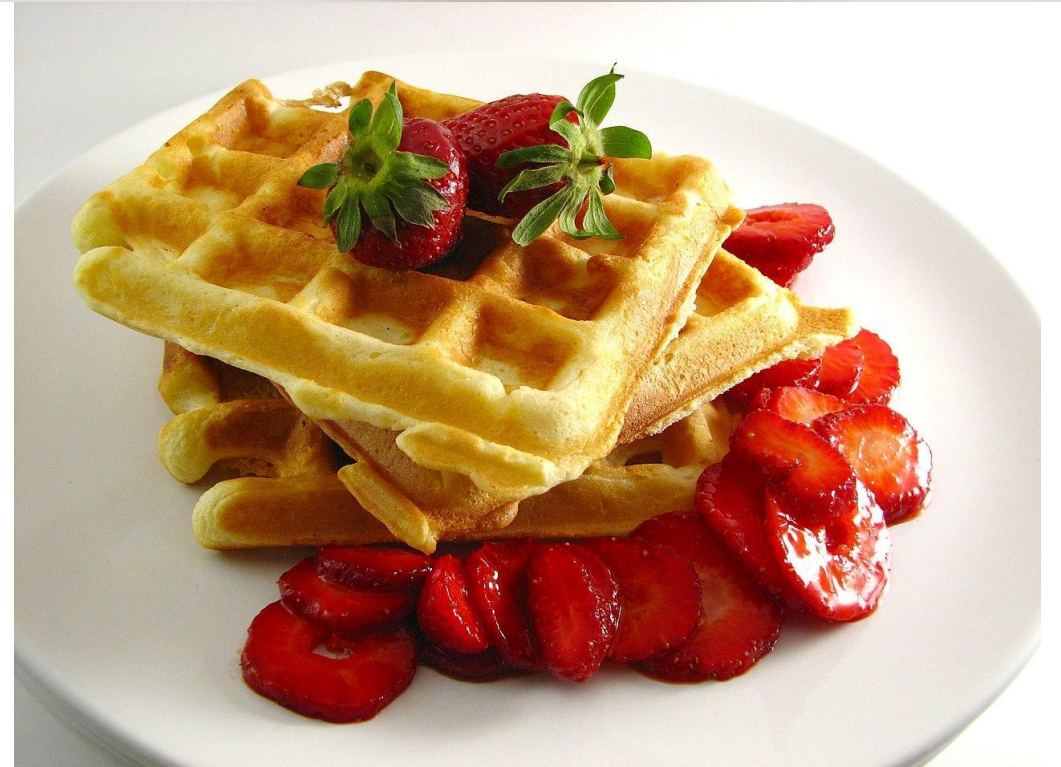
NICHOLE PARADIS, MSW, LMSW, IMH-E®

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

Welcome!

Waffles or
Pancakes? Which is
better and why?

Unmute or add to
the chat!



Agenda

Administrative Updates (30 min) – Katrina

Community of Practice (CoP)

- Overview of proposed IECMH Consultation model: Emerging, Standard, Advanced - Nichole (20 min)
- Implementation Plan Supports / Q&A - Sondra (5 min)
- Review plans for Apr 30-May 2 in Bend - Sondra & Nichole & Erin (5 min)
- Breakout Group Options (20 min)
 - Recruitment & Hiring with Nichole
 - Implementation Planning with Sondra
- Share Out from from Groups + Questions/Final Thoughts - Sondra (5 min)

Open Office (Optional) - Nichole & Sondra (10:30-11a) PT



Oregon Department of
Early Learning and Care

Administrative Updates – Katrina Miller

Michelle Harvey, LCSW, IMH-E®

New Mentor Consultant!



OREGON MODEL OF
IECMH
CONSULTATION

Fidelity

Flexibility

Elements &
Activities

Culturally
Responsive

Dosage

Responsive to
Settings

Drive Program
Evaluation

Responsive to
Regional Barriers

Fidelity of Implementation

- An intervention used according to identified criteria outlining:
 - activities
 - materials
 - behaviors
- Results in improved outcomes



Fidelity of an intervention is a lot like a recipe! you need all the right ingredients or you can't expect the desired outcomes.



Support for Fidelity - Providing high quality IECMH Consultation services that have true impact!

- ORIMHA trainings on best practices in IECMH consultation
- Planning to have built in fidelity checklists to documentation to aid in self reflection and improvement
- Community of practice sharing on how to realistically provide IECMH consultation in your communities while still maintaining core elements that lead to improved outcomes
- 1:1 optional assistance for planning for needed adaptations and culturally responsive approaches to service delivery
- ETC.

Centering Racial Equity Recommendation 6

“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 issues related to mental health within BIPOC communities....”

Diversify the Workforce: Making Pathways

Pathway 1: Licensed Mental Health Professional

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

Pathway 2: Experienced, Without Masters in Mental Health

- At least 2 years of experience in a related infant/early childhood field AND
 - Endorsed as Family Associate or Family Specialist (no degree required) or willingness to apply for Endorsement within 3 months of hire
- AND
- Completion of at least 4 hours on each of the 5 critical mental health topics for a minimum of 20 hours total or willingness to complete such training within 6 months of hire
- OR
- Other advanced training in IECMH

Emerging	Standard	Advanced
Consultation Competencies: Newly hired Consultants who are still obtaining the essential competencies (Many but not all may be in this category at time of hire)	Consultation Competencies: Consultants who demonstrate at least average ability for at least 80% of the essential competencies	Consultation Competencies: Consultants who demonstrate at least average ability on at least 90% of essential competencies <u>plus</u> Qualified provider of reflective supervision
Endorsed (or applying for): Family Specialist	Endorsed: Family Specialist or Mental Health Specialist	Endorsed: Family Specialist + ERS or Mental Health Specialist + ERS or Mental Health Mentor - Clinical
Degree of Fidelity: Less than 80% as measured by self-assessment (fidelity checklists) and provider of RC assessment	Degree of Fidelity: 80% as measured by self-assessment (fidelity checklists) and provider of RC assessment	Degree of Fidelity: 90% as measured self-assessment (fidelity checklists) and provider of RC assessment
Reflective Consultation: Min 2x per month in group; monthly 1:1 Program supervision: weekly 1:1	Reflective Consultation: Min 1x per month in group Program supervision: weekly 1:1	Reflective Consultation: Min 1x per month in group Program supervision: weekly or bi-weekly 1:1
Limitations re type of case: Not recommended to take on child-focused requests for support with complex trauma without Mentor Consultant support No Program Focused	Limitations re type of case: No Program Focused?	Limitations re type of case: None

Developmental Model

- Acknowledging that it will take time for many newly hired IECMH Consultants to acquire all the essential skills and competencies.
- The frameworks ORIMHA proposes aligns the Activities of IECMH Consultation with a Consultant's degree of competency and category of Endorsement.

Centering Racial Equity Recommendation 1

“...Consultants need to be trained and able to address racism and implicit bias in addition to providing support for social-emotional well-being at the individual child, family, classroom, and program level.”
















Onboarding Plans











- Add here how there will be training, affinity groups, CoPs, coaching, and RC from Mentor Consultants to help:
- Consultants need to be trained and able to address racism and implicit bias in addition to providing support for social-emotional well-being at the individual child, family, classroom, and program level.











Centering Racial Equity Recommendation 6

“...To address the severe shortage of BIPOC consultants, respondents recommended **creative problem-solving at multiple levels, ranging from short-term to long-term, and from individual workarounds to coordinated systems-level change....**”

Element 1 Structure the Process for Consultation	EMERGING	STANDARD	ADVANCED
1/ Begin the consultation; Clarify role and orient to consultation	+	+	+
2. Identify the central issue(s) or challenge(s) to be addressed in consultation and decide which individuals to engage in consultation based on their spheres of influence	+	+	+
3. Identify the central issue(s) or challenge(s) to be addressed in consultation and decide which individuals to engage in consultation based on their spheres of influence	+	+	+
4. Initially, and repeatedly, gather information and explore context to develop shared understanding	+	+	+
5. Collaboratively develop a shared vision and plan for consultation	+	+	+
6. Support consultees as they implement the vision/plan	+	+	+
7. Recommend and/or facilitate linkages for children, families, and/or consultees to supplemental services or supports that are contextually, culturally, and linguistically appropriate whenever possible	+	+	+
8. Monitor progress, make adjustments, and address new issues, as needed	With support of Mentor Consultant or until provider of RC determines consultant is ready	+	+
9. Support and empower consultees through staff transitions, shifts in the focus of consultation, or case closures	With support of Mentor Consultant or until provider of RC determines	+	+

Element 2 Build and Nurture Strong, Equitable Consultative Relationships that Foster Readiness for and Commitment to Consultation	EMERGING	STANDARD	ADVANCED
Establish and maintain rapport, trust, and respect			
2. Communicate using best practice interpersonal skills, both verbal and nonverbal			
3. Create a sense and expectation of belonging and inclusion			
4. Share power, value mutual expertise, and allow consultees to lead in goal-setting and decision-making			
5. Attend to consultees' personal wellbeing while maintaining boundaries of the consultant role	When provider of RC determines consultant is ready		
*6. Deliver ORO approved IECMH training to staff and/or parents of children cared for by staff			

Element 3 Optimize Consultee Capacity to Support IECMH Through New Ways of Thinking and Acting	EMERGING	STANDARD	ADVANCED
1. Share knowledge to enhance consultees' understanding of IECMH and how to support it			
2. Promote strategies that will strengthen consultee capacity to foster health, equitable, responsive relationships and environments			
3. Foster consultees' ability and inclination to reflect	With support of Mentor Consultant or until provider of RC determines consultant is ready		
4. Explore the contextual, cultural, developmental, and environmental influences on the situation being discussed in consultation	With support of Mentor Consultant or until provider of RC determines consultant is ready		

Element 4 Empower Consultees to Enhance Equity in Their Roles	EMERGING	STANDARD	ADVANCED
Discuss interpersonal dynamics related to culture, bias, and discrimination within the consultative relationship			
2. Provide information and perspectives on critical equity topics	When provider of RC determines consultant is ready		
3. Facilitate consultee reflection on systemic equity issues and how they affect the consultee and children/families	When provider of RC determines consultant is ready		
4. Collaboratively develop strategies to address identified concerns and areas for improvement around equity	When provider of RC determines consultant is ready		
*5. Deliver ORO-approved equity training to staff and/or parents of children cared for by staff (?)			

Element 5 Attend to Consultant Skills, Self-Care, and Self-Awareness	EMERGING	STANDARD	ADVANCED
1. Actively engage in consultant self-care	+	+	+
2. Actively engage in consultant capacity-building	When provider of RC determines consultant is ready	+	+
3. Continuously build consultant cultural humility, awareness of their own cultural identity and how it may affect consultation, and ability to engage in potentially challenging	When provider of RC determines consultant is ready	+	+
4. Exemplify desirable skills and behaviors for consultees to adopt	When provider of RC determines consultant is ready	+	+
*5. Provide reflective consultation to consultees (as appropriate) that meets requirements for Endorsement			+
*6. Deliver ORO-approved self-care training to staff and/or parents of children cared for by staff (?)			+

Centering Racial Equity Recommendation 2

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.

Centering Racial Equity Recommendation 3

“...Respondents repeatedly emphasized the **importance of having consultants consistently present in a program or classroom, and of being able to spend time ‘on site’** to build the trusting relationships with staff, families and children that are critical to effective consultation....”

“...National experts generally agree that **6-months would be the minimum time period** required for working intensively to address some limited kinds of child-specific issues, but continued to emphasize the importance of consultant building long-term relationships with ECE providers to prevent future crises. For longer-term capacity building, as well as the critical equity and anti-racist work with ECE providers, **at least one year of involvement was recommended.**”

Types of Consultation

Child-Focused: Generally speaking, child-focused consultation is needed when a specific child's behavior is of concern to parents and/or teachers/caregivers. The consultant's role in this situation may be to facilitate the development of an individualized plan for the child.

Classroom-Focused: In classroom-focused consultation, the consultant works with a teacher/caregiver to increase the level of social-emotional support for all the children in the class. This can occur through observations, modeling, and sharing of resources and information.

Program-Focused: Directors and administrators are supported by the consultant in program-focused consultation. In this scenario, the focus may be on policies and procedures to benefit all children and adults in the program

IECMH Consultation Dosage

OPTIMAL	Frequency	Intensity	Duration	Hybrid: In person & virtual
Child Focused and/or Classroom Focused	At least 1 time / week for most instances; At least 2x / week if S/E is imminent	4-8 hours	6-12 months	At least every 4 th visit in-person In person visits are for at least 4 hours
Program Focused (provided by Advanced) Or by ORIMHA Fellows? Mentor Consultants?	1-2 times / week	1-3 hours	1-6 months	At least every 4 th visit in-person

What to expect from IECMH Consultation

- IECMH Consultants recognize that the caregiver is the expert on their classroom/setting and the children in their care.
- IECMH Consultants will visit your setting* at a time that you think would be the most helpful and the least disruptive.
- Consultants show up with curiosity and cultural humility. They want to hear about your perspective. They will be curious to hear what you have tried already. Their support is non-judgmental.
- With your permission, the Consultant can observe the child/children. They will come back more than once* to get an accurate picture. They might conduct a formal screening.
- IECMH Consultants will reflect with you about what they have heard and observed. They will rely on their training to collaborate on new ideas and to offer support and encouragement.
- When appropriate, the consultant may talk with you about implicit bias (we all have it!) so you can reflect together and consider if it might be a factor.
- IECMH Consultants will not have quick fixes. They understand complex situations require patience and compassion.

**In rural or remote regions, some Consultation may be provided virtually or by phone at least part of the time.*

Implementation Plans - Supports & Reminders

- Reach out anytime with questions or for support
- Most areas have plans & budgets in - making great progress toward implementation grants & services!
- Please save the date for the April 30-May 2, 2025 - In person planning & training time.



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- Apr 3 from 9-11 am: Virtual CoP for RSP Leaders
 - Apr 30-May 2: In-Person Gathering near Bend
 - Jun 5 from 9-11 am: Virtual CoP for RSP Leaders

Save the Dates

Draft Agendas for Apr 30-May 2

Agenda A

RSP Planning for next biennium

- Wednesday April 30 from 1p -5p
- Thursday May 1 from 8:30a-12:15p
- LUNCH (for Agenda A and / or Agenda B attendees)

Agenda B

Building regional partnerships

- Planning for responses to requests for support
- Equity in early childhood education & care
- Thursday May 1 from 1-5p
- Friday May 2 from 8:30a-2p

Breakout Rooms

Recruitment & Hiring with Nichole

OR

Implementation Plans and Related Questions with Sondra

OR

Endorsement with Erin

OR

Stay in the main room to connect with each other?

Have a Great Week!

