



Oregon Regional Service Providers - Community of Practice (CoP)

Thursday August 7, 2025
Virtual

FACILITATORS:

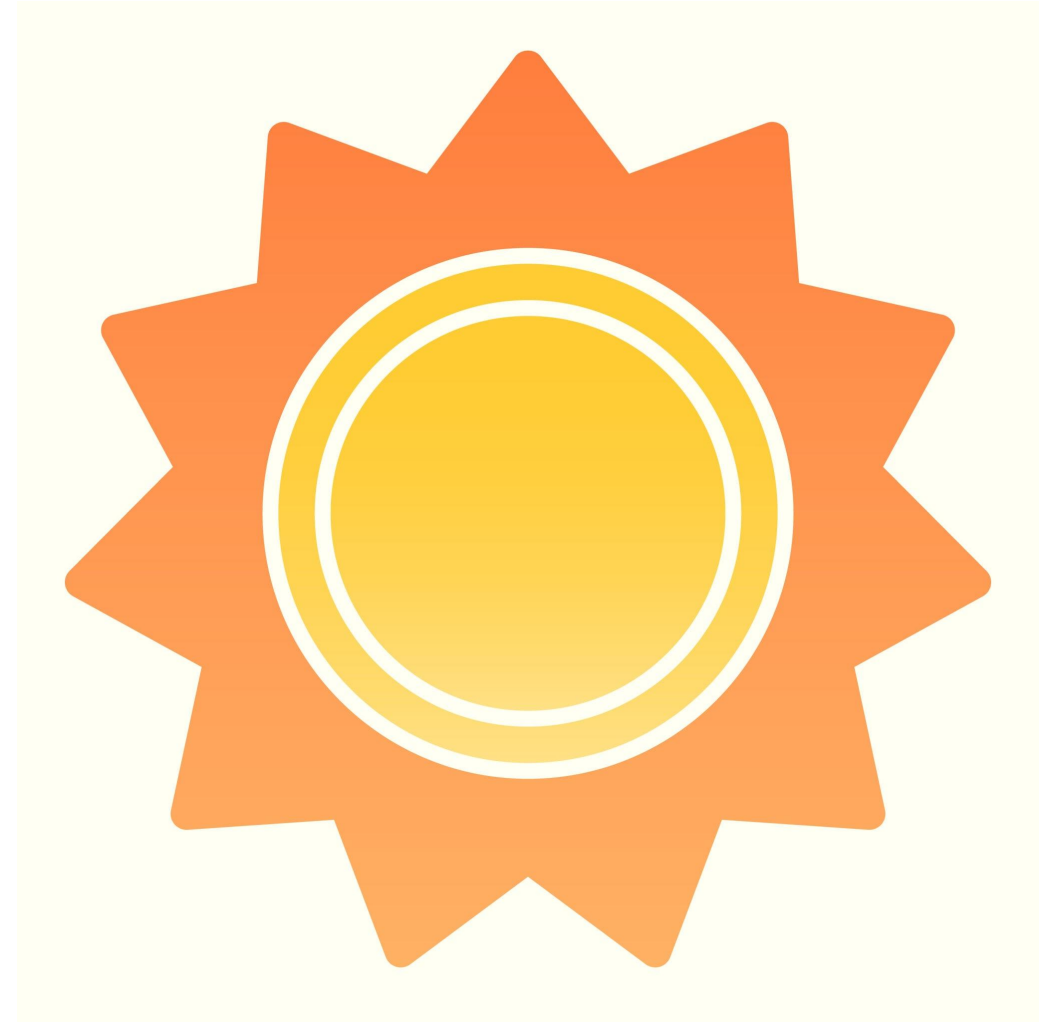
NICHOLE PARADIS, MSW, LMSW, IMH-E®

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

Welcome!

What summer activity will you squeeze in over the next few weeks?

Unmute or add to the chat!



Agenda

1. Welcome (5 min)
2. Announcement re: change to the CoP format beginning in October (10 min)
 - a. Still preserving 2 hours (9-11a, first Thursday of the month)
3. Katrina: DELC updates (30 minutes)
4. Updates (5 min)
 - a. Who is here + updates on hiring and other
5. Updates from Caroline re: Mentor Consultants (5 min)
 - a. Poll to determine IECMH consultant training days
6. Other announcements (5 min)
 - a. In-person gatherings in the new biennium
 - b. No CoP on 9/4
7. Presentation of the IECMH consultation model for feedback (30 min)
8. Open Office (30 min)

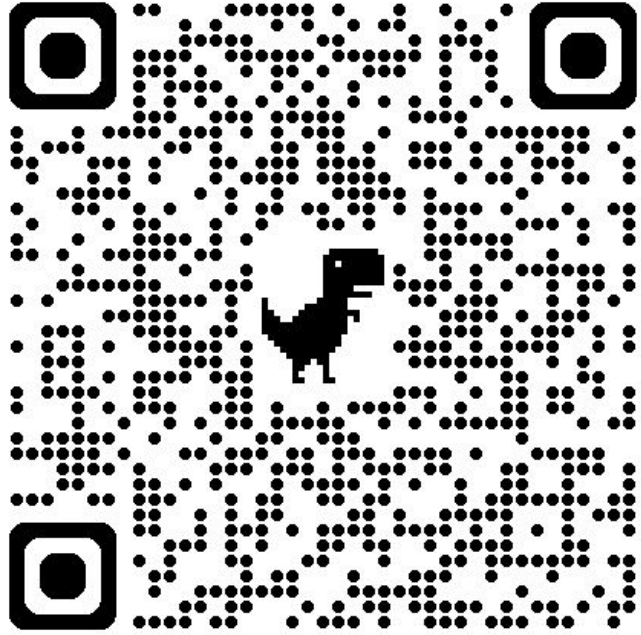
Change to Format Coming in October 2025 to an Authentic Community of Practice





Oregon Department of
Early Learning and Care

Administrative Updates – Katrina Miller



Who's Here? Who's Hiring?

- Use QR code to record your attendance
- Add to the chat if you have recently hired or are in the process of hiring IECMH consultant(s)



Mentor Consultant Update from Caroline Falcone



Caroline Falcone will be the contact for IECMH Consultants, supporting the onboarding process, coordinating and facilitating training & coaching, and providing reflective consultations. Consultants should look for an invite from Caroline to meet in August to reconnect.

In the meantime, we are working to schedule a foundational training for all IECMHC's. Starting in November, we will be offering a virtual training which is twenty 3-hour sessions! A big and necessary undertaking. The title of the series is "Foundation for Culturally Sensitive Relationship-Focused Infant Mental Health Practice." Caroline will be talking directly to the consultants to discuss the timing of the training in the (not yet scheduled) August consultant meeting.

Additional Announcements

This coming biennium will require a lot of time in (virtual) training and RC spaces + Budgets are more limited =

No in-person gatherings being planned

ORIMHA unavailable first week of September =

No CoP on September 4





ORIMHA
Oregon Infant Mental
Health Association

OREGON MODEL OF IECMH CONSULTATION

Our Iterative Process

What we are presenting today is an iterative proposal. Most of the components originated from the literature and SME at ORIMHA.

Earlier versions were shared with the Advisory Committee (twice), DELC staff, the Regional Service Providers, and the community at large.

Feedback was used to refine the proposed model.

We also recently received feedback from Eva Marie Shivers at Indigo Cultural Center. What we are presenting today represents changes made based on her feedback.

What we learned from Indigo Cultural Center

Core elements selected (based on peer-reviewed research) is a good starting place, but Oregon will be the first to evaluate outcomes directly linked to this set of activities. (More on Slide 12)

Valuable guidance on the way in which we write and present on the job requirements and the ways we determine Emerging, Standard, and Advanced.

All foci of IECMHC are critical (child, classroom, and center). Training consultants to have the discernment necessary to know when to focus on which is critically important.

Dr. Eva Marie Shivers is producing a lit search for ORIMHA that demonstrates the need for multiple foci.

Regarding dosage, Eva indicated that adequate time is necessary to build relationships and to experience the impact of the consultative stance.

Child-Focused: IECMH consultants support a teacher / provider and collaborate with them to understand and respond to a particular child. Despite the name, this is an intervention delivered to the **teacher / provider**, not to the child.

Classroom-Focused: IECMH Consultants work with a **teacher / provider** to increase the level of social-emotional support for all the children in the class / setting. The IECMH consultant observes, models, and offers resources. The approach is collaborative, reflective, supportive, and provider-centered.

Program-Focused: IECMH consultants offer reflective support to **teachers / providers / directors and other staff** to focus on policies and procedures that will benefit all children and adults in the program / setting.

Note: IECMH consultants are trained to provide each type of consultation and develop the capacity to determine which type of support will be most helpful. It is common to provide multiple types of consultation in one visit or contact.

Centering Racial Equity Recommendations

“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....”

Diversity Informed Tenets for Work with Infants, Children, and Families

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.

Diversify the Workforce: Making a Broader Pathway

EDUCATION

- Master's degree preferred (mental health, early childhood education, early childhood special education, child development, physical therapy, occupational therapy, speech & language pathologist, or other related discipline)

OR


- Bachelor's degree in early child development, social work, or psychology **plus** at least 2 years of experience in a related infant/early childhood field

CREDENTIAL

- Endorsed in IMH-E[®] or ECMH-E[®] as Family Associate or Family Specialist or willingness to earn Endorsement as a Family Specialist within 2 years of hire (fees and time to complete application are covered)

TRAINING

- All applicants will be offered and must be willing to complete advanced training about IECMH consultation within 6 months of hire (time and fees covered)
- Applicants with a mental health background will receive additional training in early childhood development and early childhood education
- Applicants with a background in early childhood development or ECE will receive additional training in mental health



"As I was thinking more and more about this role, it does seem like the mental health components of forming relationships, being aware of bias, knowing and understanding how to access resources, being kind and gentle and flexible, being able to truly listen (and look for underlying complexities) are most important for this role."

Regional Service Provider Leader

Emerging	Standard	Advanced
<p>Consultation Experience: Consultants with less than 6 months experience providing IECMH consultation</p>	<p>Consultation Experience: Consultants with more than 6 months experience providing IECMH consultation</p>	<p>Consultation Experience: Consultants with more than 6 months experience providing IECMH consultation <u>plus</u> Qualified provider of reflective supervision</p>
<p>Endorsed: Family Associate or Family Specialist or Mental Health Specialist or Applying for: Family Specialist</p>	<p>Endorsed: Family Specialist or Mental Health Specialist</p>	<p>Endorsed: Family Specialist + Endorsed Reflective Supervisor (ERS) or Mental Health Specialist + ERS or Mental Health Mentor - Clinical</p>
<p>Reflective Consultation: Monthly group RC + monthly 1:1 Program supervision: weekly 1:1</p>	<p>Reflective Consultation: Monthly group RC Program supervision: weekly 1:1</p>	<p>Reflective Consultation: Monthly group RC Program supervision: weekly or bi-weekly 1:1</p>

Developmental Model

Support is scaffolded as newly hired consultants gain knowledge, skills, and experience.



Elements and Activities of IECMH Consultation

Davis Schoch, A., Tidus, K.M., Catherine, E., Perry, D., Duran, F., Rabinovitz, L. (2024). Essential elements of infant and early childhood mental health consultation: Inside the black box of preschool expulsion prevention. *Early Childhood Research Quarterly*, 66, pages 24-33.

From the abstract:

An interdisciplinary research team, with support from the national Center for Excellence in IECMH consultation, led a **consensus - building process to identify the essential activities of IECMH consultation as implemented across settings**. The three-stage Delphi Process resulted in a list of five essential elements and 26 activities that define IECMH consultation and make concrete its emphasis on relationships and equity. This greater clarity around the activities of IECMH consultation can help inform future research and evaluation, as well as workforce and professional development.











Applying Relevant Research











Get started, then get better

- This proposed model is a first step.
- According to Indigo (expert consultant on the project), Oregon will be the first to evaluate these elements and activities. This is an incredible opportunity for Oregon to lead and to publish our findings for others to learn from. Data collection will be critical.
- Indigo also emphasized there needs to be variability/fluidity in the model.
- We will be monitoring and will propose changes to this model once we have started delivering services
- All of this links to conversations about documentation, such as service notes and referral and response. Therefore, we are glad to be having this conversation and collaboration!

Element 1 Structure the Process for Consultation	EMERGING	STANDARD	ADVANCED
Begin the consultation; Clarify role and orient to consultation	+	+	+
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	+	+	+
Initially, and repeatedly, gather information and explore context to develop shared understanding	+	+	+
Collaboratively develop a shared vision and plan for consultation (subsequent: revisit and clarify the plan for today and make adjustments necessary based on changes that may have occurred since last visit)	+	+	+
Support consultees as they implement the vision/plan	+	+	+
Recommend and/or facilitate linkages for children, families, and/or teachers & providers to supplemental services or supports that are contextually, culturally, and linguistically appropriate whenever possible	+	+	+
Monitor progress, make adjustments, and address new issues, as needed	With support of Mentor Consultant (MC) as needed	+	+
Support and empower teachers / providers through staff transitions, shifts in the focus of consultation, or case closures	With support of Mentor Consultant (MC) as needed	+	+

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	+	+	+
Communicate using best practice interpersonal skills, both verbal and nonverbal	+	+	+
Create a sense and expectation of belonging and inclusion	+	+	+
Share power, value mutual expertise, and allow teachers / providers to lead in goal-setting and decision-making	+	+	+
Attend to teachers' / providers' personal wellbeing while maintaining boundaries of the consultant role	With support of Mentor Consultant (MC) as needed	+	+
*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
Share knowledge to enhance teachers' / providers' understanding of infant and early childhood mental health and how to support it			
Promote strategies that will strengthen teacher / provider capacity to foster health, equitable, responsive relationships and environments			
Foster teachers' / providers' abilities and inclinations to reflect	With support of Mentor Consultant (MC) as needed		
Explore the contextual, cultural, developmental, and environmental influences on the situation being discussed in consultation	With support of Mentor Consultant (MC) as needed		

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			
Provide information and perspectives on critical equity topics	With support of Mentor Consultant (MC) as needed		
Facilitate teacher / provider reflection on systemic equity issues and how they affect the teacher / provider and children/families	With support of Mentor Consultant (MC) as needed		
Collaboratively develop strategies to address identified concerns and areas for improvement around equity	With support of Mentor Consultant (MC) as needed		
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
Actively engage in consultant self-care	+	+	+
Actively engage in consultant capacity-building	+	+	+
Continuously build consultant cultural humility, awareness of their own cultural identity and how it may affect consultation, and ability to engage in potentially challenging	+	+	+
Exemplify desirable skills and behaviors for teachers / providers to adopt	+	+	+
*Provide reflective consultation to teachers / providers (as appropriate) that meets requirements for Endorsement			+
*Deliver ORO-approved self-care training to staff and/or parents of children cared for by staff			+

Centering Racial Equity Recommendations

“...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....”

Centering Racial Equity Recommendations

“...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.**”

“In designing a new system, it was **strongly recommended that caseloads be limited and duration extended** to allow sufficient time to develop strong relationships, ECE provider understanding and insight, and program capacity.”

IECMH Consultation Dosage*

Frequency (Guidance)	Intensity (Guidance)	Rural / remote regions can use a hybrid approach of in-person + virtual (Guidance)	Duration (Strong Recommendation)
<p>2-4 times per month initially.</p> <p>Frequency can be higher if S/E seems imminent.</p>	<p>Between 1-6 hours per week</p>	<p>Approximately every 4th visit in-person</p> <p>In-person visits may be longer (3-6 hours)</p>	<p>6-12 months</p>
<p>“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. Providing IECMHC in this way has the added benefit of being seen as normative rather than as ‘fixing’ children or ECE providers.”</p> <p>*All these dosage recommendations are dependent on the presence of a full range of supports available to ECE professionals and families in the community.</p>			<p>Recommendations from both research and the Centering Racial Equity report indicate that duration is the most impactful factor. IECMH consultation is a relationship-based service. Time to develop trusting and collaborative relationships is critical. Also, strengthening reflection and self-awareness is necessary to reduce the effects of implicit bias.</p>



Feedback?



Thank you!