**Infant & Early Childhood Mental Health Consultation (IECMHC)**

**FY26 Model of Service – Project ACT**

Project ACT partners with child care centers, preschool programs, and family child care providers to strengthen young children's social-emotional development, support family engagement, and promote inclusive, high-quality early childhood experiences.

Services are structured in an integrated, tiered model. Tiers are not separate stages, but interconnected supports that adjust to the needs of each child, educator, and program.

**Integrated Consultation Support (Tier 1 & Tier 2 Embedded Model)**

All child-specific referrals are now supported through an embedded consultation approach. This includes classroom-wide strategies (previously Tier 1) and child-focused support (previously Tier 2). The goal is to build inclusive practices while responding to individual children's needs.

**Eligibility**

Any child from birth to age five whose social and emotional development is of concern to a parent, guardian, or child care provider may be referred. Services cannot begin until:

* Signed **parent/guardian consent** has been received.
* Required referral documentation from the child care program is complete.
* Child care program director/owner/designated person completes 30-minute phone interview.

**Consultation Process**

1. **Initial Contact**
   * The Inclusion Specialist (IS) schedules meetings with the family and child care team to explain services, gather background, and distribute initial assessment tools (e.g., ASQ, DECA, TPOT/TPITOS).
2. **Observation & Assessment**
   * The IS conducts 2–3 classroom visits totaling approximately 3 hours.
   * Observations include both individual child behavior and classroom-wide dynamics.
   * Families are contacted after each visit for updates.
3. **Plan of Action (POA)**
   * A collaborative meeting is held with family and teaching staff to review data and co-create an action plan.
   * All parties are expected to complete assessments before this meeting.
   * The POA must include at least one universal (Tier 1-style) strategy.
4. **Coaching Phase**
   * Approximately 10 in-person coaching visits are provided over 4–6 months, typically every other week.
   * Coaching sessions include observation, modeling, reflective debriefing with teaching staff, and support with implementation.
   * Optional virtual check-ins may occur during off-weeks to maintain momentum.
5. **Closure**
   * Final observation and assessments (e.g., TPOT/TPITOS, DECA).
   * Summary report and evaluation tools distributed to family, director/family child care provider and teachers.
   * Case is formally closed and documented.

**Participation Requirements**

* **Families**: Must provide consent, complete assessments, participate in the POA meeting, and are encouraged to attend at least one virtual parent workshop.
* **Programs**: Family Child Care Providers, Directors and teachers must participate in assessments, respond to requests to schedule visits, attend scheduled meetings, and implement strategies outlined in the POA. Director follow-up after each visit is required.

**Resource & Referral Support (As Requested)**

If concerns emerge that are beyond the scope of consultation (e.g., potential developmental delays, trauma, or mental health needs), Project ACT will collaborate with the family to connect them to appropriate community resources. This may include referrals to:

* Infants & Toddlers or Child Find
* Mental or behavioral health specialists
* Speech/language or occupational therapy providers

Written parental/guardian consent is required before any referrals are made.

**Commitment to Partnership**

IECMH consultation is a collaborative process. Services are most effective when families, educators, and Project ACT Inclusion Specialists work together with mutual respect, shared goals, and open communication. Project ACT is committed to supporting inclusive practices that promote social-emotional wellness, prevent suspension and expulsion, and enhance quality of care for all children.