A key component of quality in early childhood settings is the presence of warm, responsive, consistent relationships between children and their adult caregivers. However, trauma and stress, as experienced by children or by adults, can interfere with the formation of these bonds, which may manifest as behavioral, physical, or mental health problems. These experiences of adversity and trauma are likely to increase during and in the wake of the COVID-19 crisis, and caregivers and educators may be unprepared to intervene to help children or others work through their experiences or emotions. One result of unmanaged child stress is suspension or expulsion from child care or preK, which has cascading, negative consequences for children and families, and disproportionately affects Black and African American boys.

Infant-early childhood mental health consultation (IECMHC) is a prevention strategy that pairs mental health professionals with early care and education providers, teachers, families, and other caregivers to build their capacity to support young children’s healthy social-emotional development. IECMHc is a vital quality support in early care and education. Early childhood teachers with workplace and personal supports show less stress and use more effective classroom management strategies, more supportive emotional exchanges, and better instructional quality. High-quality IECMHC programs can reduce external behavioral problems and improve some prosocial behaviors among children, and reduce child expulsions, particularly among Black and African American boys.

What do IECMH consultants do? Consultants share and facilitate the use of evidence-based, culturally appropriate strategies with child care providers to help effectively manage challenging behaviors, build healthy relationships, increase overall classroom quality, and reduce caregiver burnout and stress. Activities include: reflective consultation, observation, screening, skills assessment, and strategizing; professional development, such as training or seminars; co-facilitation of groups; and direct meetings with families. The COVID-19 crisis highlights the profound need for IECMHC. IECMHC equips early care and education providers and other adults who care for and teach children with the knowledge, skills, and supports needed to foster young children’s social-emotional development.

IECMHC services in Washington State are scarce and use a variety of models. Early Head Start, Head Start, and ECEAP programs offer mental health consultation as part of comprehensive services, and King County supports several consultants. Other efforts in the state like nurse health consultation for infants in child care and shared services hubs offer platforms for offering IECMHC and opportunities to integrate a range of services or support teams for early care and education programs. In 2019-2020, DCYF launched a pilot IECMHC program for early care and education programs in Early Achievers (the state Quality Rating Information System).

Policy Next Steps: A pilot or demonstration Infant-Early Childhood Mental Health Consultation program, scaled up over time to be a comprehensive, statewide IECMHC system. Policy next steps: A pilot or demonstration Infant-Early Childhood Mental Health Consultation program, scaled up over time to be a comprehensive, statewide IECMHC system. Pilot and expanded programs should meet quality standards and prioritize early care and education programs serving subsidized children, but offer flexibility so that consultants can serve children who are enrolled in or move among different systems. We recommend a rigorous evaluation that would track pre- and post-pilot measures of early care and education program and family participation, and outcomes including receipt of services (e.g., staff turnover, child attendance), informing program expansion and real-time continuous improvement.

**Quality in IECMH Consultation:**
- Consultants have experience, skills, advanced degrees in mental health, and specialized training in infant/early childhood mental health and ECE
- Program infrastructure includes leadership with strong community outreach and ongoing support for consultants, including reflective supervision
- Consultant caseloads do not exceed capacity (8-10 ECE programs per consultant) to allow for relationship building and maintenance
Building an Opportunity Infrastructure from *Cradle to Kindergarten* in Washington State

Infant and Early Childhood Mental Health Consultation

Cost estimates for a Statewide Infant-Early Childhood Mental Health Consultation System. An IECMHC program that serves 5% of the licensed centers and family child care homes in the state (253) at a given time (more across the year) would cost $5.73 million per year, inclusive of evaluation and administrative costs (see Table 1). We estimate that an IECMHC program that serves 10% of the licensed centers and family child care homes in the state (506) would cost $11.1 million annually, and $27.4 million would be needed to serve 25% of licensed centers and homes.

<table>
<thead>
<tr>
<th>% of centers/FCC homes served</th>
<th>5% of centers/FCC homes served</th>
<th>10% of centers/FCC homes served</th>
<th>25% of centers/FCC homes served</th>
</tr>
</thead>
<tbody>
<tr>
<td>Est. # of children with access to MH consultation</td>
<td>5,600</td>
<td>11,200</td>
<td>28,000</td>
</tr>
<tr>
<td><strong>Total: Direct costs</strong></td>
<td><strong>$4,774,026</strong></td>
<td><strong>$9,252,327</strong></td>
<td><strong>$22,832,770</strong></td>
</tr>
<tr>
<td>Evaluation (5%)</td>
<td>$238,701</td>
<td>$462,616</td>
<td>$1,141,639</td>
</tr>
<tr>
<td>10% indirect/local admin</td>
<td>$477,403</td>
<td>$925,233</td>
<td>$2,283,277</td>
</tr>
<tr>
<td>5% state admin</td>
<td>$238,701</td>
<td>$462,616</td>
<td>$1,141,639</td>
</tr>
<tr>
<td><strong>Total est. program costs</strong></td>
<td><strong>$5,728,831</strong></td>
<td><strong>$11,102,793</strong></td>
<td><strong>$27,399,324</strong></td>
</tr>
</tbody>
</table>

Estimates include expenses related to personnel, training, supplies, IT and data, state and local administrative, and evaluation. Estimates do not take into account existing state spending on IECMHC in Early Achievers ($773,000). EHS, HS, and ECEAP programs, which have their own IECMHC services, although the infrastructure, services, and other characteristics vary.

To support the long-term vision for IECMHC program implementation in the context of COVID-19, over the next two years we recommend that early childhood policy efforts:

- **Support a statewide scan of existing IECMHC efforts** to better understand existing reach, scope, and quality of services.
- **Convene partners across the state to develop a statewide approach to infant-early childhood mental health consultant training and support.**
- **Expand and evaluate the existing IECMHC program in Early Achievers** to reach more communities, including urban, suburban, and rural areas.
