

Youth Research Inc. (YRI) is conducting a landscape analysis of IECMHC services using the I-T CHILD framework for service delivery. During the first phase of this evaluation, YRI sent out a 10-question survey to organizations using the I-T CHILD to better understand how this is being implemented in various contexts. This brief is a summary of the cumulative approaches and practices being used by Adelphi, Brightside Up, the Committee for Hispanic Children and Families, the Childcare Council of Westchester, the Chinese-American Planning Council, and Docs for Tots.

Question	Very Difficult	Difficult	Neutral	Easy	Very Easy
Overall, how easy did you feel it was to hire qualified consultants?	1	3	1	0	1
Overall, how easy did you feel it was to recruit providers?	2	2	2	0	0
Overall, how easy do you feel it is for consultants to input and manage data?	0	0	4	2	0

Recruiting providers

- Outreach methods for provider recruitment included broad outreach (flyers, post cards, emails, e-news, and marketing campaigns); personal communications (personalized emails, phone calls, cold calls with gift, or workshop/open house for interested providers); or referrals from infant-toddler specialists, Quality Stars NY, Pyramid Model, Family Child Care Network, and offering a referral bonus for providers who refer others.
- Agencies offered a range of incentives to pique providers interest during recruitment, such as a social-emotional basket when recruiting providers. Others offered multicultural and social emotional books to providers at the completion of the program or offered educational supplies and services.
- All survey respondents reported at least some difficulty with recruiting family/group family childcare providers who were interested in consultation services. Challenges included facing the stigma around mental health, providers hesitancy to have visitors in their home, or not wanting to commit to three-to-four-months of consultation. Others found there was a lot of interest, but that providers didn't want to be burdened with the paperwork that comes with participating in an RCT.

Hiring, training, and supervision of consultants

- Key hiring considerations included finding candidates who are licensed MHCs; have experience in early childhood; and are culturally and linguistically representative of the community.
- Training included exploration of the I-T CHILD tool; IECMHC principles; the consultative stance; and resources, readings, and discussions from other projects.
- Supervision is frequent (usually weekly) and includes wellness check-ins, reflective supervision and discussion on the challenges, and successes MHCs are experiencing when working with homebased providers.

Service Delivery

- Service delivery models varied, including 16 being served fully in person, 28 hybrid with in-person observations and virtual follow up, and two fully virtual.
- All programs reported weekly visits lasting anywhere from one-to-three hours and the total duration of services ranging from eight to 15 weeks.
- Currently, all organizations are using Excel files or Google Sheets to store I-T CHILD related data with some using the MITCH data system to track outreach and consultant activities.

Lessons Learned

- The I-T CHILD tool is better aligned with the consultative process than other tools
- A linguistically, racially, and ethnically diverse team is essential
- It is best not to use the mental health when describing consultation
- There is a need to continue to work on marketing IECMHC to recruit providers to help them commit to the process
- When first using the I-T CHILD, participants can be overwhelmed with information. MHCs should focus feedback on a few key areas
- The work of an MHC can be isolating – a team approach should be used to help share plans, discuss cases, and brainstorm together