

Ohio Early Intervention

**CLARIFYING THE ROLES OF THE
CREDENTIALLED INFANT MENTAL
HEALTH (IMH) PROVIDER AND
THE EARLY CHILDHOOD
MENTAL HEALTH (ECMH)
CONSULTANT**

www.ohioearlyintervention.org

Ohio Early Intervention Clarifying the Roles of the Credentialed IMH Provider and the ECMH Consultant

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Background:

The IMH credential is a priority of Governor DeWine. Dr. Valerie Alloy from the Ohio Department of Mental Health and Addiction services (OhioMHAS) oversees the project with support from Diane Fox from the Department of Developmental Disabilities (DODD) and other cross agency representatives (Ohio Child Care Resource & Referral Association(OCCRRA)/Jobs and Family Services (JFS)/Ohio Department of Education (ODE)/Ohio Department of Health (ODH)). The objective of the credential is to support professionals providing services & supports in Ohio to young children and families.

It is designed to use existing early childhood professionals and provide training to increase each professional's capacity to support parents with very young children who have concerns in the social and emotional domain. The focus is on the parent-infant dyad and relational practices that support optimum social and emotional development as early as possible!

Ohio uses national infant-mental health core competencies and cross-agency trainings to build upon existing skills of the professional. With the help of these additional skills, the professional can support parents of infants experiencing social and emotional issues.

Each credential level is different based on the practitioner's role, education and work experience. Each level has a different set of competencies (these competencies are from national infant-mental health alliance competencies) based on role and education and what is expected of someone who holds the credential.

In Ohio there are three different levels:

Level I - Ohio Infant Family Affiliate – Screening & connecting; generally, home visitors and service coordinators.

Level II – Ohio Infant Family Practitioner – Assessment & early intervention. Conduct social emotional assessment, develop EB strategies to support infant’s social and emotional development, recognizing the parent-child dyad as the center of intervention. Family centered practitioner and team expert on infant social and emotional development.

Level III – Infant Mental Health Practitioner – (typically, ECMH consultant, advance practice social workers and counselors) Assessment, treatment and consultation; and mentor (reflective supervision) Levels I or II Credentials

The purpose is to expand Ohio’s capacity to serve families who have children with social emotional development concerns in order to intervene as early as possible either by providing early intervention (EI) and/or ensuring the parent/caregiver has access to needed mental health services.

Role of the ECMH Consultant:

DODD/OHMAS have a contract with the Early Childhood Mental Health consultant's employing agency for consultative services. The grant covers the following activities:

1. Attend early intervention team meetings at least two times per month with each local early intervention team. This may be in-person or through digital technology.
2. Provide information and resources explaining additional assessment and screening tools that help in identifying strengths and needs of children in the social and emotional domain
3. Provide resources and evidence-based strategies to the Primary Service Provider (PSP) and early intervention team for how to promote social-emotional development in daily routines.
4. Provide expertise about mental health challenges parents may face, (for example, maternal depression, anxiety, mental health or substance use disorder also called SUD conditions, attachment/bonding issues, etc.) and how these challenges could influence parenting and the child's social and emotional development.
5. Assist the early intervention team with determining when it is appropriate to make a referral to mental health and/or ECMH services.
6. Be up to date on available local mental health resources and be able to assist the team with timely access for those families who need these resources.
7. Assist the early intervention team in understanding trauma and its impact on development and family dynamics.
8. Provide the early intervention team with at least one training annually to enhance understanding of social-emotional development and ways to promote social-emotional development.

Frequently Asked Questions

What is the difference between the Infant Mental Health Credential (IMH) and the Early Childhood Mental Health (ECMH) Credential?

These are two different credentials. To apply for the ECMH credential, you must be hired as an ECMH provider, which would be MH team consultants. The ECMH credential would only be for those working in the mental health field.

After completing the OCCRRA application, uploading your education and trainings, do you have the credential?

Not quite, you must also:

- have required work experience;
- have two references: one from current supervisor and the other from a colleague or family that has received services from you;
- sign the code of ethics and submit a self-reflection verified by your supervisor.

The credential may be renewed every two years with 15 hours of Professional Development Units also called PDU and at least one hour in each competency area.

On the steps to apply in OCCRRA it says that the applicant must be an ODMHAS employee currently or within the last 2 years. Is that still true? If so, not many Developmental Specialists can apply.

This is not a requirement for the Infant Mental Health credential although you must be employed and working in the Early Childhood field.

The list on the Ohio Early Intervention website of trainings and categories does not match OCCRRA...the categories in OCCRRA are different than what is listed on Ohio Early Intervention.

These things make it difficult to know what trainings go under what topics. Maybe I am reading it wrong but....the only area that I could match up was Assessment.

There are different categories for each level – this has been corrected and a new spreadsheet will be submitted to OCCRRA. Right now, in order to expand training, whenever new trainings are developed each agency should be identifying potential approval for the Infant Mental Health PDU's also. The most PDUs you can get per training is 3 hours even if training is 6, 8, 30 hours. Soon, this work will be moved to the cross agency IMH professional development workgroup.

It will take a couple of weeks to get the OCCRRA website corrected. Use titles on the Ohio Early Intervention website and you should not have issues with OCCRRA accepting. OCCRRA will know where to assign them as of today even though the OCCRRA website is not correct.

Which trainings apply for which competency?

Refer to: <https://ohioearlyintervention.org/imh-credential>

The column "Topic Area" refers to the competency. All the trainings on this site are for Level II and some Level I and III.

If you are taking a training focused on infants and families of infants and it is not listed on the website as part of the approved training, you can send to [Diane Fox](#) to review to determine if it can be approved for the IMH credential.

I have submitted my information to OCCRRA and am awaiting verification. I have looked through the listings of trainings and understand there are trainings in each of the six content areas. However, I cannot find if we need a certain number of hours per content area. Is it 30 hours total as long as we have some training in each area? I would also like to know when OCCRRA will be releasing

training dates for the remainder of the year as their current list only goes through June.

You must have at least one PDU per competency; each level has a different hour requirement:

Level 1 - 20

Level 2 - 30

Level 3 - 40

Trainings are developed by cross-systems including: OCCRRA (ODE/JFS/OMHAS) and ODH and DODD, providing training. Go to OCCRRA website to find the training. SYF21 trainings should be posted soon. Recently added are 15 new hours focused on infant mental health, and OCCRRA is getting ready to upload. These are self-paced webinars.

Once you have the credential, what can you do with the credential?

The IMH credential is a way to:

- confirm your professional expertise and training focused in Infant Mental Health;
- become experts in the social emotional domain and skilled & knowledgeable in red flags when mental health services are needed.
- become newborn & infant experts.
- build competency & expertise in social emotional development.

Any early childhood professional in Early Intervention holding the level 1 credential should have expertise in early identification of social and emotional concerns, screening and referral. Any early childhood professional holding the IMH level 2 credential should have expertise in assessing and identifying evidence-based strategies and intervening early for infants with social and emotional concerns. These professionals are your experts in infant-social and emotional development and, they are well versed in cultural, linguistic, family-centered and relationship-based practices. They have demonstrated skills and knowledge in the national key competency areas in infant social and emotional development.

Is there any movement in mental health to increase the availability & treatment?

Deliverables for this interagency agreement (IAA) with OMHAS are supporting the team and building confidence around infant social emotional development. If resources are available, the ECMH can be consulted on individual family basis. The ECMH should be able to assist primary or service coordinator with connecting the parent and caregivers with mental health services.

Could ECMH providers do telehealth with families?

See explanation above related to deliverables of the Early Intervention expansion IAA.

Where can I find more information regarding requirements for the credential?

<https://occr.org/wp-content/occr.org/opr/opr-imhc-guidance-doc.pdf>

How is the ECMH consultant services documented on the Individualized Family Service Plan (IFSP)?

Should the family be linked with the (ECMH) agency for any mental health services beyond the consultative services described in the request for proposal and clarified in DODD communication (#2011), a (EI-06) Release of Information will be needed.

The consultative services offered by the Early Childhood Mental Health Consultant can be listed in Section IV in the strategies section (see example below) when applicable refer to IFSP guidance document pages 22-24.

Example:

Mom will feed Charli breakfast four out of seven days per week.

Early Intervention Service Coordinator (EISC) will request an application from Franklin County Board of Developmental Disabilities (FCBDD) to obtain family support dollars to purchase Nanobebe bottles to help decrease Charli's air intake. EISC will purchase a Boppi pillow so caregivers can better support Charli's head during feedings. Occupational therapist (OT) will teach mom how to position bottle to prevent Charli from choking. OT will teach mom techniques to get Charli to open her mouth for bottle feedings. Mom will respond to Charli's coos and smiles while feeding her.

ECMH will consult with OT on a home visit to complete a Devereux screening. ECMH will give EISC resources to share with mom on the signs and symptoms of post-partum depression.

What happens if a family is linked to mental health services that help achieve the outcome, but the provider is not an EI provider?

If as a result of consultative services provided by the ECMH consultant the family is linked to a mental health service provided by an agency that is not an Ohio-approved EI provider, then the service is not placed on the grid.

The EI service would go in the "supports that we currently have available to help us with this outcome" (formal and natural, including services not provided by EI). This section captures resources identified by the parents and team that support an outcome but are not EI services. This can include both formal and informal supports. Family identified resources may include emotional, informational, and material support such as extended family and friends, childcare, toddler programs in libraries, community groups, spiritual groups, recreation and sports programs, and social services.