Executive Summary

# Centering Racial Equity

## Design Considerations for Oregon's Statewide Infant and Early Childhood Mental Health Consultation (IECMHC) Program

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# Selected Terminology and Definitions[1]

**Anti-bias** A person, policy, or approach which works to actively prevent and oppose the unfair treatment of people based on race, ethnicity, language, sex, gender, socioeconomic status, disability, immigration status etc.

**Anti-racist** A person, policy, or approach which works to promote anti-racisct ideals through active efforts to change embedded organizational policies, procedures, rules, behaviors etc. that have historically resulted in continued unfair treatment to some people and unfair or harmful reatment to others based on race.

**Bias** A subjective opinion, preference, prejudice, or inclination, often formed without reasonable justification, that influences the ability of an individual or group to evaluate a situation objectively or accurately. Biases can be either explicit or implicit. Explicit biases are the attitudes and beliefs we have about a person or group on a conscious level, while implicit biases are formed and held without our conscious knowledge.

**BIPOC** Black, Indigenous, and People of Color. The term is used to highlight the specific injustices and differential experiences affecting Black and Indigenous groups and demonstrate solidarity between communities of color.[2]

**Culturally specific services** Programs and services that are designed by or adapted for members of the community served; reflect the values, beliefs, practices and worldviews of the community served; provided in the preferred language of the community served; and are led and staffed by people who reflect the communities served.

**Culturally responsive** A person, policy, or approach which includes the knowledge and skills to be able to work with, serve, respect, and understand the social, cultural, and linguistic needs of children and families from minoritized communities. *A culturally responsive approach* is one that is responsive to, and inclusive of, community cultural practices, values, and beliefs in their work.

**ECE Leadership** Representatives in leadership positions in Oregon early care and education (ECE) programs (e.g., directors) that receive Infant and Early Childhood Mental Health Consultation.

**ECE Programs** Early care and education programs is an umbrella term that includes child care and education programs for children 0-5 years old. In Oregon, this can include public and private programs, home-based and center-based programs, and child care and preschool programs.

**ECE Providers** Early care and education providers implement direct early care and education services. Providers include lead teachers, assistant teachers, and aids in early care and education programs.

**EI/ECSE** Early Intervention/Early Childhood Special Education is a child- and family-focused intervention to support the developmental and educational needs of children ages birth to five. Oregon's EI/ECSE program provides a free screening and/or evaluation for children ages birth to five. EI/ECSE programs ensure that children who qualify for special education receive a Free and Appropriate Public Education (FAPE) as required in the Individuals with Disabilities Act (IDEA).

**Equity** Working toward fair outcomes for people or groups by treating them in ways that address their unique advantages or barriers. Equity means that all young children and their families should have access to the resources and opportunities they need to reach their full, healthy potential. To achieve this goal, program administrators and policymakers need to be aware of and understand potential disparities in access to care and outcomes, and to then address these disparities.

**IECMHC** Infant and Early Childhood Mental Health Consultation involves providing training and coaching to child care and early care and education providers that helps promote healthy social-emotional development, and which builds on child, family and provider strengths to ensure inclusive, supportive care for all children. IECMHC is a prevention based approach that pairs a mental health consultant with adults who work with infants and young children in the different settings where they learn and grow, such as childcare, preschool, home visiting, and early intervention.

**Minoritized** This term is used in place of the traditionally used "minority." Using minoritized amplifies the reality that some groups acquire minority status through the beliefs and social processes enacted on them by other groups who place them in the "minority." This allows for a more accurate representation of minoritized groups, which frames them within the structural context of their historical relationships with dominant power and access to social and economic assets due to race, ethnicity, language, sex, gender, socioeconomic status, disability, immigration status, etc. (Dowd & Bensimon, 2015; Gillborn, 2005; Harper, 2012).

**Mental Health Leadership** Representatives in leadership positions in Oregon organizations that house, organize, and support Infant and Early Childhood Mental Health Consultation programming.

1 The following resources were consulted when creating these definitions: OHSU Inclusive Language Guide and Center of Excellence Equity Statement

2 For more information about the use of the term BIPOC, refer to this page: Why we use BIPOC

# Executive Summary

## Purpose and Goals of Current Project

In Fall 2020, the Oregon Early Learning Division (ELD) contracted with Portland State University's Center for Improvement of Child and Family Services (CCF) to develop a foundational document that would guide development and implementation of a model for providing statewide Infant and Early Childhood Mental Health Consultation (IECMHC) services. IECMHC had previously been identified as an important component of the state's broader effort to address the growing problem of preschool suspension and expulsion.

> **"We need to create pathways for more people of color to get to this field of mental health consultation. That's the only way that we are going to increase culturally specific or culturally responsive services for the children, the families, and the [ECE] providers that are serving those children and families... I think the state has the responsibility to create those pathways to increase the number of consultants that are consultants of color that are coming from those same backgrounds of the families and the children that we are serving, and the [ECE] providers that are serving those families on a daily basis."**

Because of the well-documented disparities in rates of early learning suspension and expulsion for children of color (Burton et al., 2020; Meek & Gilliam, 2016; U.S. Department of Education, 2016), PSU's charge from the ELD was to gather information that **prioritized and centered the needs, experiences, and strengths of children, families, and early child care and education (ECE) providers of color**. Rather than replicating an existing model that may not have been developed for, by, or with Black, Indigenous and People of Color (BIPOC) communities, the ELD saw this as an opportunity to create a system grounded in racial equity. Leading with race acknowledges inequities based on race within and across other dimensions of identity, such as income, gender, ability, and geography. We know that a system based on an understanding of the intersectional aspects of marginalization, and one that centers those most impacted by inequities, is more likely to meet the needs of *all* children (Ake & Menendian, 2019; Powell et al., 2009).

The full report summarizes information collected from key systems stakeholders, particularly those representing minoritized communities, and provides detailed recommendations for implementing an equity-focused system of IECMHC in Oregon. This summary brings forward the central design considerations and offers a framework for moving forward. A key lesson from the data collection process is that there is no one prescribed or clearly evidence-based way to implement effective IECMHC. Likewise, IECMHC is considered by experts in the field to be a nuanced, long-term, holistic approach to transforming mindsets, relationships, and environments. The intervention is aimed at multiple levels—the program itself, individual classrooms and staff, and, when necessary, specific children. While IECMHC has been shown to be effective in improving crucial outcomes such as suspension and expulsion, it is also not intended to be a child-level, quick-fix. It is as much about building the knowledge, practices and capacity of ECE providers and programs, in order to prevent future suspensions and expulsions, as it is about preventing specific children from being expelled. Indeed, if implemented with only short-term, child-level outcomes in mind, the model may well lose its potency and transformative capacity. In particular, it is unlikely to uncover or begin to address the root causes of preschool suspension and expulsion and at worst, it could reinforce the tendency already present to pathologize BIPOC children and families.

Pragmatically, it is also important to keep in mind that while legislation passed in Oregon's 2021 legislative session that provided a significant investment in this new model, these resources are insufficient to provide IECMHC services to all ECE providers across

the state. Given this reality, it is recommended that this report be read as outlining a **vision for phasing in a high-quality, equity-centered IECMHC system over time**. The need for services is pressing, yet the risk of rushing to implement, and potentially spreading resources too thin, is also real. It is recommended that **available funds be used intentionally and thoughtfully to lay a strong foundation for progressive expansion**, given the lessons learned from other states and the experiences and perspectives shared by key stakeholders in Oregon.

Creating a truly innovative system that disrupts assumptions about and patterns of interacting with BIPOC and other minoritized communities will require deeply reflective and creative work. Accordingly, ELD IECMHC program and administrative staff should be selected in part based on their **curiosity, learning orientation, and demonstrated reflective capacity**—mirroring the basic IECMHC competencies. A crucial first step will be articulating and building shared understanding around the core values that will be used to guide model refinement and implementation. The hope is that the design considerations offered in this report will serve as key touchstones in the process of creating policies and structures, negotiating complex decisions, and building/strengthening relationships. Most importantly, perhaps, continuing to dialogue with ECE providers, families and communities will be fundamental to understanding and supporting flexibility and responsiveness to local contexts, histories and needs. All of this will no doubt require time and resources; done right the first time, it will be well-worth the investment and likely prove both more efficient and effective in the long-term.

Oregon has garnered national attention as the first state to explicitly center racial equity in its statewide IECMHC system design process. BIPOC respondents in Oregon who shared their perspectives for this report expressed both support for the approach and a level of skepticism that it will actually come to pass. The state has a unique opportunity to defy those expectations by authentically listening to, learning from, and partnering with minoritized communities to keep children in safe, stable early learning environments and interrupt the preschool-to-prison pipeline. In doing so, Oregon would also serve as a valuable model and innovation lab for other states contemplating similar initiatives.

# Summary of Key Design Considerations

In moving forward, we offer the following high-level summary of design considerations. These are not meant to provide a detailed implementation plan, but instead to serve as foundational guiding principles for building an anti-racist, equity-focused IECMHC system.

1 **Ensure that the model uses an equity-based, holistic approach** rooted in principles of racial equity and prevention to support the capacity of ECE providers and programs to meet the social/emotional needs of young children. Consultants need to be trained and able to address racism and implicit bias in addition to providing support for social-emotional well-being at the individual child, family, classroom, and program level.

2 **Ensure a flexible model** that can individualize consultation activities based on needs, strengths, and community context, but which is guided by foundational principles for ensuring a high-quality, equity based approach.

3 **Provide sufficient on-site/classroom time and limit caseloads** so that consultants and ECE providers can build the authentic, trusting relationships that are needed for their work together. 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. To support these foundational relationships, it was strongly recommended that **caseloads be limited** and **duration of services** be prioritized. National experts generally agreed 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 consultants 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.

**4** **Ensure equitable access** to consultants based on ECE provider needs and supported by a culturally responsive communication plan and systems that prioritize consultation for smaller programs that do not have access to IECMHC services. This might include moving away from a simple, "first come, first served" model of accepting referrals that is likely to be skewed toward those with the most resources and power. Moreover, avoid stigma and unintended barriers to accessing the services by renaming "Early Childhood Mental Health Consultation" and creating more welcoming language to brand and communicate about its program.

**5** **Create formal templates for outlining services, roles, and expectations for IECMHCs and ECE providers, and include equity work as an expected component.** Respondents agreed that formal agreements between programs and consultants were essential to supporting realistic expectations and effective relationships. Several suggested using a template to clearly lay out goals of the consultation, roles and responsibilities of consultants and ECE providers, types of activities the consultant and ECE provider will engage in, and the timeline and process for both beginning and ending the consultation. Many respondents noted that it was important to specifically include in the agreement elements of the work related to implicit bias and racial equity; the Center of Excellence likewise now recommends setting those expectations up front.

**6** **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. Ensure consultants have specialized knowledge across multiple disciplines and bodies of knowledge, including the research regarding disproportionate suspension/expulsion and implicit bias in ECE settings, and consider using the Center of Excellence's IECMHC consultation competencies[3] as a basis for education, training, and hiring. To address the severe shortage of BIPOC consultants, respondents recommended creative problem-solving at multiple levels, ranging from short-term to long-term, and from individual workarounds to coordinated systems-level change. Intentionally and explicitly centering and promoting equity within the state program, from the individual to the system level, was seen as foundational to supporting BIPOC consultants, as was increasing BIPOC representation at the supervisory and administrative levels. White consultants currently in the field should be provided with required training related to equity and interrupting oppression, and supported to do their own work to understand community and historical contexts, White privilege, power, and their own identities and potential biases.

3 http://www.iecmhc.org/documents/IECMHC-competencies.pdf

**7** **Ensure that addressing implicit bias and racism is a core part of IECMHC services.** The vast majority of experts interviewed agreed that a key role for consultants is to actively and intentionally address implicit and explicit bias as a root cause of disproportionality in suspension and expulsion rates. The state should develop and implement accountability strategies for ensuring that all IECMHCs and supervisors are housed in regional organizations that demonstrate robust support and commitment to ongoing equity transformation at the organizational and programmatic level.

**8** **Allocate sufficient funds from the outset in building state infrastructure** for program administration and contracting, technical support and workforce development, systems alignment and coordination, and data systems and evaluation. Specifically:

- **Create statewide systems to support implementation** that can reduce workload and improve service quality, while allowing sufficient local flexibility to meet community-driven needs.
- **Establish state and local level structures for cross-system coordination,** such as regular meetings between cross-agency TA and quality improvement ECE providers at the state, regional, and program level. Within programs, it was recommended that IECMHCs connect with other TA providers and coaches working within a given program at least quarterly, and ideally more frequently.
- **Plan and implement an ongoing system for program evaluation and data collection** from the beginning. Statewide evaluation systems should be linked to an overarching program logic model, and measures should reflect service implementation as well as a holistic set of intended short and longer-term outcomes. The evaluation should use equity-oriented evaluation approaches that are based on partnerships with the BIPOC community members and organizations that this model is focused on supporting.

**9** **Build support for ongoing, stable funding from as few sources as possible;** Oregon's state investments in the system bode well for consistency in funding.

# What is IECMHC?

IECMHC[4] is a prevention-based approach to working with ECE providers to support young children's social and emotional development that has also been shown to reduce rates of preschool suspension and expulsion. In this model, mental health professionals with expertise in early childhood development work with ECE providers to improve their skills for promoting positive social-emotional development and responding effectively to children with existing mental and behavioral health challenges and/or children who are perceived by the ECE provider as challenging (Center for Excellence for Infant and Early Childhood Mental Health Consultation, 2021). IECMHCs often do observations of children and classroom practices, conduct social-emotional assessments, and provide training and reflective support for teaching staff about children's social and emotional behavior. Mental health consultation is not considered "therapy," and according to the model developers, is not about "fixing kids."

Newly revised IECMHC competencies elevate equity by addressing explicit and implicit biases that influence ECE providers' perceptions of, and behaviors towards, BIPOC children. In so doing, equity-focused IECMHC seeks to shift ECE providers' internal representations of young children and increase positive relationships between ECE providers and children with different levels of ability and from different racial, ethnic, and linguistic backgrounds. Research shows that IECMHC can reduce racial and gender disparities in children's preschool experiences by supporting the adults and systems that make decisions about children (Shivers, Farago, & Gal-Szabo 2021).

**That the time is right to make these investments is clear.** Respondents in this study were unequivocal in voicing the need for increased support related to understanding and working with children whose behaviors they described as "challenging." Further, recent survey results (Pears et al., 2021) found that Oregon's ECE providers have extremely limited access to IEMCHC, with fewer than 10% of ECE providers who work outside state-funded preschool programs reporting access to a consultant. At the same time, over half of these ECE providers reported feeling that they struggle to manage children's behavior at least some of the time. Early childcare and education providers are overwhelmed with the challenges of their jobs, and their need for support was a key theme throughout the data collection process.

Moreover, research demonstrates that suspension and expulsion in early childhood is a significant event during a critical, foundational period for learning, development, and growth (Gilliam & Shahar, 2006; Stegelin, 2018). In addition to short-term hardships, these early experiences with suspension and expulsions have long-term consequences and cascading effects including lower overall school engagement, likelihood of repeated suspension and expulsions, school dropouts, and increasing the likelihood of contact with the juvenile justice system and subsequent arrest (American Psychological Association Zero Tolerance Task Force, 2008; Fabelo et al., 2011; Harowitz, 2015; Mittleman, 2018; Nicholson-Crotty et al., 2009; Skiba et al., 2014; Yang et al., 2018). Interventions focused on targeting the reduction of early childhood suspension and expulsion are critical to interrupting the "preschool to prison pipeline" which disproportionately affects BIPOC children (Meek & Gilliam, 2016).

# Methodology

## Study Sample

Seventy-six individuals participated in 47 one-on-one interviews and 5 focus groups. Participants included Oregon professionals representing mental health and ECE program leadership (n=16); IECMHC consultants (n=9); Early Intervention/Early Childhood Special Education (EI/ECSE) representatives (n=5); ECE providers (n=32); and national IECMHC experts (n=14). Oregon respondents worked across 19 counties, representing 40.3% rural, 46.8% urban, and 12.9% suburban/mixed rural populations.

Because Oregon's IECMHC model is intentionally centering racial equity, interviews and focus group data collection prioritized hearing from BIPOC-identified respondents. Approximately 65% of participants identified as BIPOC. Of those that identified as BIPOC, 42% identified as Native American/American Indian, 28% as Black, 28% Latino/a/x, and 8% as Asian or Pacific Islander. Ninety-six percent identified as being female.

Data collection for interviews and focus groups occurred through web conferencing (e.g., Zoom). Participants completed an anonymous survey providing background information using a web-based survey platform. Interviews and focus groups were digitally recorded and transcribed for analysis. All participants were offered $50.00 gift cards as an acknowledgement of their time and expertise. Interviews lasted approximately 60 minutes and focus groups ranged from 60-120 minutes. Transcripts were coded to identify key themes and analyzed by the PSU research team.

4 For more information about IECMHC programs, see https://www.iecmhc.org/.

# Results & Key Design Considerations

Below we summarize recommendations and considerations for designing the statewide system. Considerations for core IECMHC program components are presented first (**Consultation Approach and Model Assumptions**). Next, recommendations foundational to building a culturally responsive, anti-racist model are presented (**Implementing a Culturally Responsive and Anti-Racist Model**). These recommendations are pulled out in a separate section in order to highlight their importance and ***not*** to suggest that racial equity should be viewed as an "add-on" or optional component—quite the contrary. Respondents and the Georgetown Center of Excellence for IECMHC agree that equity is, and should be, central to every aspect of IECMHC, from service delivery, to staffing and supervision, to program policies and administration.

Finally, we summarize recommendations related to establishing the state infrastructure (**Infrastructure & Model Administration**), e.g., funding, coordination across systems, and program evaluation, again noting potential equity implications as applicable.

# A. Consultation Approach and Model Assumptions

### Scope of IECMHC: Promotion, Prevention, or Intervention?

- Respondents emphasized that IECMHC is primarily a prevention-focused model to support the capacity of ECE providers and programs to meet the social/emotional needs of young children.
- IECMHC was described as a holistic approach that can transform the ways that ECE providers, families, and children work with each other.
- Some state models of IECMHC center around the needs of specific children; however, national experts cautioned about over-emphasis of this aspect of consultation to the detriment of prevention, promotion, and ECE provider capacity development.
- However, current understanding of IECMHC varies widely, with some still viewing it as a "last resort" service for providing intensive, child-focused intervention.
- Many acknowledged that there is a need for supports at both "ends" of the prevention-intervention continuum.

### Model Flexibility versus Standardization

- Respondents strongly recommended a flexible model that can individualize consultation activities based on need.
- Likewise, consultants need to be able to flex their role to meet the differing community and program needs across the state.

### Consultation Strategies and Role

- Respondents agreed that consultants should be trained and supported to provide support at multiple levels (program, classroom, child, family), and that consultation is highly skilled, complex work.
- Respondents repeatedly emphasized the importance of having consultants consistently present in a program or classroom, building the trusting relationships with staff, families and children that are critical to effective consultation.
- Consultants likewise described doing classroom observations and being able to provide classroom-level advice, strategies, and support for staff within the classroom context as a foundational aspect of their role.
- One of the most important things that consultants do is to help ECE providers to understand the broader context for children's behavior, taking into account an understanding of child-development; community, family, and historical trauma; systemic racism; and other factors that can contribute to children's struggles to manage their emotions and behaviors.
- Part of this work is to help normalize developmentally-appropriate behaviors that can often be mis-labeled as "problems."
- ECE leaders from Oregon noted that IECMHCs can also provide much needed staff training on mental health, a gap they perceived in currently available training.
- Consultants should also be familiar with the research on disproportionate suspension/expulsion, implicit bias, and the role of their own cultural identifications and positionalities on the consultation process.

### Consultant Caseload, Frequency, and Duration of Consultation

- Respondents acknowledged that caseload and service frequency and duration is often driven by the reality of limited resources, rather than best practice.
- 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.
- A typical caseload appears to be anywhere from 9-18 sites, with virtually everyone agreeing that lower caseloads would be more effective. Some of the most well-established and highly-regarded programs have caseloads closer to 4 sites.
- Many cautioned against a short-sighted impulse to spread resources "too thin" in an effort to be "fair" and serve greater numbers; current Oregon IECMHCs noted that the growing need for their services can lead to pressure to increase caseloads beyond what is likely needed for effective consultation.
- Respondents likewise urged flexibility rather than standardized timelines, in responding to program needs.

- When asked to specify an adequate duration of services, national experts generally agreed 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 consultants building long-term relationships with ECE providers to prevent future crises.
- For longer-term capacity building and maintenance—the crucial "prevention" aspect of IECMHC—at least one year of involvement was recommended.
- Longer-term involvement is likewise viewed as necessary to support authentic equity and anti-racist work with ECE providers and ECE programs.

### Access and Referral Pathways

- Respondents shared that many ECE programs and providers in Oregon are either unaware of IECMHC or fundamentally misunderstand the nature of consultation.
- Large, established ECE programs are more likely to be aware of and already have access to IECMHC—and may be the most likely to seek out these new, additional services.
- Given these realities, the ELD should develop mechanisms for ensuring equitable access by smaller programs, e.g., consider moving away from a simple, "first come, first served" model of accepting referrals that is likely to be skewed toward those with the most resources and power.
- Likewise, to support interest in and access to the new services by smaller programs, the ELD should develop a thoughtful, culturally responsive communication plan.
- Feedback indicates that the term, "Early Childhood Mental Health Consultation" is a particular barrier for many ECE providers and families, especially BIPOC families, that activates stigma, historical trauma, and mistrust of the system—and does a poor job of communicating the true nature of IECMHC. Oregon should consider using more welcoming language to brand and communicate about its program.

### Supporting Early Learning Program Readiness for Consultation

- Respondents agreed that formal agreements between programs and consultants were essential to supporting realistic expectations and effective relationships.
- Several suggested using a template to clearly lay out goals of the consultation, roles and responsibilities of consultants and ECE providers, types of activities the consultant and ECE provider will engage in, and the timeline and process for both beginning and ending the consultation.
- Many respondents noted that it was important to specifically include in the agreement elements of the work related to implicit bias and racial equity; the Center of Excellence likewise now recommends setting those expectations upfront.
- Negotiating these agreements is another area in which consultants will require training and support.

### Consultant Qualifications, Competencies, and Professional Development Supports

- Respondents were unanimous in stating that IECMHC requires specialized knowledge across multiple disciplines and bodies of knowledge, including the research regarding disproportionate suspension/expulsion and implicit bias in ECE settings.
- Likewise, the role is considered highly skilled, with consultants working at multiple levels within a given organization, and using varied strategies to support administrators, ECE providers, children, and families.
- Typically, IECMHCs enter the role with a Masters degree.
- Respondents were also clear that comprehensive onboarding, regular reflective supervision, and ongoing training are critical to consultation success and should be explicitly included and budgeted for in Oregon's model.
- As discussed in greater detail below, respondents agreed that effective consultation is supported by having consultants who reflect the communities served.
- An understanding of local community histories, cultures, and current contexts is likewise seen as foundational to the work—as is an understanding of one's own culture identification and social position.
- Many recommended that Oregon anchor its IECMHC model in The Center of Excellence's IECMHC consultation competencies.[5]

5 http://www.iecmhc.org/documents/IECMHC-competencies.pdf

# B. Implementing a Culturally Responsive and Anti-Racist Model

## The Crucial Importance of BIPOC Consultants

The need to expand the consultant workforce generally, and to increase the number of BIPOC consultants in particular, was a key theme across many respondents. The reasons for focusing specifically on developing, hiring, and retaining BIPOC consultants were clearly articulated, and are summarized below.

- There was widespread agreement that a consultation workforce that reflects the communities served is much more likely to be effective. Specific reasons for this related to the ways in which BIPOC consultants: (1) are grounded in a shared history, culture, and language; (2) are better positioned to overcome mistrust; (3) have a deeper understanding and skills for navigating issues related to mental health within BIPOC communities.
- Currently, the vast majority of IECMHCs are White-identified women.

## Strategies for Increasing the Number of BIPOC Consultants

- Identifying and addressing existing barriers to joining the IECMHC workforce experienced by minoritized groups was identified as critical.
- To address the severe shortage of BIPOC consultants, respondents recommended creative problem-solving at multiple levels, ranging from short-term to long-term, and from individual workarounds to coordinated systems-level change.
- Note that there was little interest in "lowering" standards; everyone agreed that mental health consultation requires extensive background knowledge and a high skill level.
- BIPOC respondents in particular talked about the desire for high-quality services in their communities and referenced past experiences with being served by less skilled or experienced professionals.
- Respondents would like to see the state IECMHC program build formal partnerships with colleges and universities, cultivate strong relationships with relevant graduate internship programs, and clearly communicate program and community needs for BIPOC IECMHC interns.
- Others noted that Master's level social workers may be particularly good IECMHC candidates given their social justice orientation and higher BIPOC representation.
- Generally, respondents talked about the importance of not serving as "gatekeepers" to the role, but rather of finding ways to advertise and recruit for positions that would be perceived as welcoming and accessible.
- Some respondents made the case for recruiting BIPOC candidates with less formal education, while providing supplemental, on-the-job professional development support and pathways—including financial support—to advanced degrees.
- At the same time, caution was urged around the risks of deprofessionalizing the BIPOC IECHMC workforce and permanently creating a second tier of consultants, in the name of increasing diversity. It was recommended that lowering the degree requirement should only be used as a temporary, transitional strategy—and only if coupled with the above supports.
- Other recruitment strategies mentioned included recruiting directly from the ECE workforce, which is more likely to reflect the communities served.

## Supporting and Retaining BIPOC Consultants

- Respondents highlighted support and retention of BIPOC consultants as equally important design considerations.
- Intentionally and explicitly centering and promoting equity within the state program, from the individual to the system level, was seen as foundational to supporting BIPOC consultants.
- Likewise, increasing BIPOC representation at the supervisory, leadership, and administrative levels was identified as central to creating a welcoming and inclusive workplace and supports an intentional strategy for the recruitment and retention of BIPOC IECMHCs.
- Respondents said that salaries and benefits should be competitive and care should be taken not to ask BIPOC staff to take on unpaid equity work, nor to educate White colleagues.

- It was also recommended that the state program implement safe spaces and culturally responsive supervision for BIPOC consultants, supervisors, and administrators, e.g., affinity groups.

## Addressing Implicit Bias and Racism

- The vast majority of experts interviewed agreed that a key role for consultants is to actively and intentionally address implicit and explicit bias as a root cause of disproportionality in suspension and expulsion rates.
- This includes work to address racial bias as well as the intersection with gender and disability bias that all contribute to disproportionality in rates of early childhood suspension and expulsion
- Experts cautioned against avoiding these sometimes challenging conversations; to do so was described as being complicit in perpetuating bias.
- Indeed, it was recommended that formal IECMHC agreements with ECE providers include clear expectations around addressing bias in the context of consultation.
- In Oregon, BIPOC consultants expressed more comfort and preparedness to take on this role than did White consultants (or EI/ECSE specialists); additional training and support in this area is likely to be important.
- In order to do effective anti-bias, anti-racist work, respondents noted that sufficient consultation time must be available to develop ongoing relationships and trust between consultants and ECE providers.
- In addition, the system needs to develop required racial equity training for ECE providers—generally, and in particular for those working with IECMHCs. The system should provide education about disproportionate suspension and expulsion and the ways that implicit bias emerges within ECE settings.

## Training for Current and Future Consultants to Support Anti-Bias, Anti-Racist Work

- As noted above, the model will need to provide training, ongoing professional development, and reflective supervision to support consultants to engage in effective anti-racist and anti-bias work with ECE providers.
- Budget and adequate time for professional development and reflective supervision for consultants and their supervisors should be built into the model, so that they take place on paid work time, and are not treated as an optional, unpaid "extra."
- White-identified consultants would likely also benefit from the opportunity to do equity-related self-reflection and learning in the context of White affinity spaces.
- Additionally, given the current reality that White women are significantly overrepresented among IECMHCs, White consultants should be expected to spend time in the communities they are serving, learning the histories and current contexts, and building the authentic relationships that support effective consultation.

# C. Infrastructure and Model Administration

Putting in place the necessary infrastructure for the new IECMHC system is critical to ensuring success. This includes providing sufficient funding; ensuring strategic and intentional alignment and coordination of IECMHC services with other ongoing professional development, technical assistance, training, and coaching supports (e.g., EI/ECSE specialists, quality improvement specialists, etc.); developing training and other professional development resources for the IECMHC workforce; and engaging in ongoing program evaluation for quality and systems improvement. Key infrastructure recommendations are summarized below.

### Centralization versus Decentralization

To best structure the system to support equity, Oregon's system should combine elements of both centralized and decentralized systems. For example, elements that would benefit from centralization might include standards of practice, training, support and supervision, and evaluation. Centralization of such elements would likely increase efficiency and support high-quality service delivery. On the other hand, consultation service delivery itself might be highly decentralized and customized to local, community needs and preferences.

### Alignment & Coordination with Existing Technical Assistance & Professional Development Systems

A wide variety of TA providers work across Oregon in different capacities serving ECE classrooms. Classrooms have different access to TA providers based on available resources. Building relationships and communities of practice with shared language, frameworks, and theories of change across these various TA providers will support better communication and coordination and is foundational to success for the IECMHC system. This issue was a key theme across interviews, noting the fragmentation of current early childhood systems and supports and the potential for additional confusion in developing this new system. Specific recommendations included:

- The system should establish some formal structures for cross-system coordination, such as regular meetings with supervisors from all the TA programs that may be represented in ECE classrooms.
- IECMHCs should connect with other TA providers and coaches working within a given program at least quarterly. Ideally, more frequent case staffings or team meetings should be held when multiple TA providers are supporting a specific child, ECE provider, or ECE classroom to align approaches and avoid duplication of effort.
- The system should consider providing a series of trainings using Zoom, accessible to professionals from the range of different ECE TA positions. These trainings should be responsive to the program's commitment to centering equity and offer an opportunity to build shared frameworks.

### Funding Recommendations

- Build support for ongoing, stable funding from as few sources as possible; Oregon's state investments in the system bode well for consistency in funding.
- Consider other funding sources, especially those that are more durable and ongoing, and those that allow flexibility (e.g., philanthropy).
- Time-limited federal grants can be useful for testing or implementing specific model pieces as long as concurrent sustainability planning is ensured.
- Allocate sufficient funds from the outset in building the needed state infrastructure for program administration and contracting, technical support and workforce development, systems alignment and coordination, and data systems and evaluation.

### Evaluation

- In order to support accountability and continuous quality improvement, mechanisms for data collection and program evaluation should be developed, budgeted for, and built into the system from the very beginning.
- Consistent with the equity focus of the Oregon model, Oregon's evaluation should likewise utilize equity-oriented approaches to evaluation, in authentic partnership with BIPOC communities and organizations.
- Developing a logic model for Oregon's planned system will be an important foundational step for evaluation planning.
- Evaluations should include both implementation measures and key short and longer term outcomes that reflect the breadth and depth of intended outcomes for IECMHC.
- As relevant and appropriate, evaluation planning should take into account lessons learned from past and ongoing evaluations of IECMHC, and draw from existing resources, e.g., successful strategies and tools.

## Community Input Sessions

In order to garner further input on the design considerations, the PSU team contracted with a facilitator to solicit feedback from 4-6 groups of diverse stakeholders and community partners. In total, 48 individuals participated across 5 engagement sessions and 5 individual interviews. Participants in these input sessions included representatives from Health Share Oregon, AFSCME, Relief Nurseries, IECMHCs, Oregon Alliance, and statewide ECE providers. See Appendix E for complete input session report.

Key findings from these feedback sessions suggested that:

1. **Participants were excited about the opportunity.** A majority of participants were excited about the proposed recommendations. Participants particularly underscored the need for IECMHC in their communities, the emphasis on BIPOC communities, and saw significant value in its emphasis on supporting ECE providers.
2. **Participants voiced concerns reflecting historical distrust and past negative experiences with White-dominant systems.** These included:
    a. Fears that IECMHC would be duplicative of existing programs, including supports already being provided by BIPOC-led organizations.
    b. Concerns that the title "IECMHC" would be a barrier for BIPOC ECE providers and family members (overly long, complex, and potentially triggering stigma related to "mental health").
    c. That a significant amount of responsibility for program success would be placed directly on ECE providers or on the consultants.
    d. Skepticism that the program would be able to achieve the equity goals.

Throughout the feedback sessions, and in line with what respondents shared throughout the project, the theme of trust and mistrust emerged—especially from BIPOC ECE providers. Participants emphasized the importance of building trust in consultant-consultee relationships, consultant-community relationships, and community-state relationships. To do this, participants described the need for slowly building authentic relationships across these sets of partners, and in particular with consultants. Oregon has an opportunity to build trust by continuing to meaningfully engage BIPOC ECE providers and families as the model is developed and implemented, and by taking observable steps to center equity in IECMHC model planning and implementation.

## Conclusions & Next Steps

Oregon is in a unique position to be the first state to design and implement a statewide IECMHC program that explicitly uses an anti-racist lens. The time is now to invest in and build a transformative IECMHC system in Oregon that authentically listens to, learns from, and partners with minoritized communities to keep children in safe and stable early care and education learning environments. One clear message from this project is that there is no single "right" way to implement effective IECMHC. At its core, IECMHC seems to be as much a philosophy—a way of being in the world—as a specific technique. Accordingly, it is important to establish a shared set of values, guidelines and expectations upon which to build an equity-centered system, combined with sufficient flexibility to be responsive to local contexts, histories, and needs. This report serves as a decision-making framework to support the vision for a system that centers the needs of BIPOC children and families and infuses anti-bias and anti-racist commitments at every level. National attention is focused on Oregon's innovative approach: the state and its early childhood partners are urged to embrace this challenge and commit to transformative change on behalf of all our children and families.