AIMHiTN

INFANT AND EARLY CHILDHOOD MENTAL HEALTH CONSULTATION- STATEWIDE SUSTAINABILITY FRAMEWORK

Key Findings and Next Step Recommendations

Prepared by:

Consilience Group™, LLC

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Executive Summary

Overview

The Association of Infant Mental Health in Tennessee (AIMHiTN) is championing the development of a comprehensive, aligned, and sustainable strategy that promotes the social and emotional health of young children across Tennessee through the support of Infant and Early Childhood Mental Health Consultation (IECMHC). To lead this work, AIMHiTN, guided by the TN IECMH Financing & Policy Team, retained Consilience Group to develop an IECMHC sustainability framework that identifies opportunities to further advance statewide IECMHC practice. The resulting deliverable is this Advisory Report that provides insight into sustainability best practices and next step actionable recommendations.

Methodology

The process for developing this Advisory Report occurred over a period of four months and consisted of six key steps: literature scan and development of sustainability framework; peer state practice review, including best practice review and peer state interviews; inventory of state-level IECMHC resources; summary of key findings; opportunity landscape assessment; and next step recommendations.

Throughout the entire process, the Consilience Group team worked closely with the TN IECMH Financing & Policy Team. The team met bi-weekly to discuss research findings and related implications and relevance to Tennessee.

Sustainability Framework

The sustainability framework includes five key domains as critical in shaping a state's IECMHC state-level strategy and ultimately its sustainability. Not included as a separate factor—but woven throughout each of the stated factors in the framework—is diversity, equity, and inclusion (DEI). DEI is an essential component of the framework, ensuring that any promotion, prevention, or intervention efforts are effective throughout diverse cultures and communities. The five domains include: system integration, leadership development, awareness and understanding, workforce development, and financial sustainability. The sustainability framework was used to develop the peer state practice review and the TN Opportunity Landscape Assessment.

Next Step Recommendations

Implementing a successful statewide IECMHC initiative requires a long-term commitment from multiple early childhood leaders and stakeholders from across the state. While there are a number of opportunities identified as part of our Landscape Assessment, there are critical foundational elements that must be in place to ensure long-term sustainability. Identified below are recommended key next steps.

1. Identify potential statewide IECMHC champions and engage them in discussions about the value of pursuing an aligned strategy. An ideal starting point to support a cross-sector, cross-disciplinary framework is the TN Department of Mental Health and Substance Abuse Services (TDMHSAS), likely within the System of Care Across TN (SOCAT) initiative.

2. Identify/organize an interdisciplinary advisory body of early childhood leaders that can help champion the IECMHC strategy. Consider the opportunity to leverage existing state-wide bodies such as the AIMHiTN Advisory Council or the Young Child Wellness Council. Given that the AIMHiTN Advisory Council has a focus

specifically on infant and early childhood mental health, it may be most strategic for this effort to be overseen by that body with a commitment to ongoing coordination and alignment with YCWC, which has a broader mandate of overseeing systems for all children.

3. Via the identified advisory body, lead a statewide process that engages multiple stakeholders in the creation of a shared IECMHC vision, corresponding outcomes, and desired short- and long-term targets.

4. Design an oversight approach that establishes accountability for the different areas of the framework. It may be that the Advisory body is broadly responsible for leading Systems Alignment, with work groups established to address the remaining four domains of Leadership Development, Awareness and Understanding, Workforce Development, and Financial Sustainability. These working groups would be responsible for the development of action plans that advance the related opportunities.

5. Identify an entity that can provide administrative support to the statewide IECMHC initiative. AIMHiTN has secured funding for the next round of planning work and, therefore, can provide administrative support to the various working groups in the short term. It needs to be determined if AIMHiTN will play this role in the long term or if this work should be transitioned to another entity permanently.

Overview

The Association of Infant Mental Health in Tennessee (AIMHiTN) is championing the development of a comprehensive, aligned, and sustainable strategy that promotes the social and emotional health of young children across Tennessee through the support of Infant and Early Childhood Mental Health Consultation (IECMHC). According to the Center of Excellence for Infant and Early Childhood Mental Health Consultation:

> *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 child care, preschool, home visiting, early intervention and their home. Mental health consultation is not about "fixing kids." Nor is it therapy. Mental health consultation equips caregivers to facilitate children's healthy social and emotional development.*

IECMHC services are offered through a comprehensive approach that spans the continuum of promotion, prevention, intervention services that target all areas including:

- Promoting strong relationships and supportive environments
- Partnering with families and caregivers to understand children's behavior and working together to create solutions
- Equipping caregivers with training, tools, and insights to nurture social-emotional development and healthy behaviors in our children
- Ensuring ongoing developmental screening and early identification of needs
- Referring to more appropriate specialty services

IECMHC has been shown to improve children's social skills and emotional functioning, promote healthy relationships, reduce challenging behaviors, reduce the number of suspensions and expulsions, improve classroom quality, and reduce provider stress, burnout, and turnover.

Caring for our families with young children isn't just the right thing, but it also makes good financial sense. Strategic investments in IECMHC have the potential to lead to significant reduction in public cost. For example, the National Forum on Early Childhood Policy and Programs has found that high quality early childhood programs can yield a $4 – $9 dollar return per $1 invested (https://www.impact.upenn.edu/early-childhood-toolkit/why-invest/what-is-the-return-on-investment). This is due to early investments in mental health and wellbeing that over time can save public systems millions of dollars in downstream interventions. In fact, some economists believe that investments at the earliest stages of a child's life, including prenatally, have the potential to yield the greatest return.

Recognizing this opportunity to enhance how Tennessee as a state supports its young children while at the same time creating long term cost savings, AIMHiTN is leading a research effort to gain insight into high impact strategies that have the demonstrated potential to advance IECMHC services that improve impact, both in terms of outcomes for families and public system cost savings. Included in this research is an exploration of how states are applying a diversity, equity, and inclusion lens to their work, taking into account the needs of the various subpopulations they are serving across their states.

To lead this research initiative, AIMHiTN, guided by the TN IECMH Financing & Policy Team, retained Consilience Group. Working in close partnership with members of the Financing Policy Team and informed by secondary and primary research, Consilience Group developed an IECMHC sustainability framework. This framework became the guide for identifying opportunities to further advance statewide IECMHC practice that

builds on existing assets and resources and acknowledges gaps and potential challenges. The resulting deliverable is this Advisory Report, that provides next step actionable recommendations.

This report is organized into the following sections.

- Methodology
- IECMHC Sustainability Framework
- Key Success Measures and Evaluation Approach
- IECMHC Tennessee Landscape Assessment
- Strategic Next Step Opportunities
- Appendix
  - TN IECMH Financing & Policy Team Members
  - Key Findings informed by secondary research, interviews with states leading the country in their IECMHC efforts, and assessment of Tennessee's existing resources.
  - Tennessee IECMHC practitioner and stakeholder survey results
  - Listing of the literature review and best practice resources

Methodology

The process for developing this Advisory Report consisted of six key steps and was conducted over a period of four months. The Consilience Group research team included a team member with the following credentials: doctorate in Special Education with a specialty in Applied Behavior Analysis, licensed school social worker, licensed clinical social worker, and a registered play therapist. Throughout the entire process, the Consilience Group team worked closely with the TN IECMH Financing & Policy Team. The team met bi-weekly to discuss research findings and related implications and relevance to Tennessee. Key steps and related activities are identified below.

1. Initial literature scan and development of guiding sustainability framework

   - Scan of IECMHC literature
   - Development of the IECMHC sustainability framework used to guide the subsequent research. The framework identified five key domains that play a critical role in a state's overall IECMHC strategy: system integration, leadership development, awareness and understanding, workforce development, and financial sustainability.

2. Peer State Practice Review

   - Best practice literature review and investigation of 10 peer states' IECMHC models. The review included third party evaluations of select states' IECMHC models, state-specific strategic plans, legislative briefs, budget documents, state agency websites, advocacy organization reports, and state AIMH websites. This included a review of DEI practices.

   - Interviews with 5 peer states to gather more specific information regarding the IECMHC sustainability domains. This included conversations with representatives from Alabama, Hawaii, Illinois, Pennsylvania, and Washington.

3. Inventory of State-level IECMC Resources

    ● Administration of a survey to TN IECMHC practitioners and leaders with the goal of inventorying existing IECMHC services across Tennessee as well as gaining insight into assets and challenges. The survey was distributed via AIMHiTN's email distribution list, which includes its members as well as other early childhood stakeholders. Recipients were encouraged to complete the survey as well as to share it with their networks and contacts. The survey was completed by 63 different early childhood representatives from 54 different organizations.

    ● Identification of assets and challenges informed by survey feedback as well as one-on-one conversations with IECMHC state leaders and feedback provided by members of the TN IECMH Financing & Policy Team.

4. Summary of Key Findings

    ● Summary and mapping of best practices related to each of the five domains organized in a series of charts. While each state had its own unique conditions, context, and political climates, we shared strategies and practices we identified in each.

5. Opportunity Landscape Assessment

    ● Using the IEMCHC sustainability framework, Consilience Group conducted an assessment of the Tennessee landscape by identifying the state's assets, gaps/challenges, and opportunities within each sustainability domain. This was informed by our literature review, interviews with key state representatives, and information gathered through a statewide survey.

6. Next Step Recommendations

    ● Informed by the Opportunity Landscape Assessment, which takes into consideration the state of Tennessee's existing IECMHC assets and challenges, the research team identified five next step recommendations that establish the foundation for ongoing statewide IECMHC coordination and further development.

IECMHC Sustainability Framework

Based on an initial secondary literature scan, five key domains were identified as critical in shaping a state's IECMHC state-level strategy and ultimately its sustainability. Not included as a separate factor—but woven throughout each of the stated factors in the framework—is diversity, equity, and inclusion (DEI). DEI is an essential component of the framework, ensuring that any promotion, prevention, or intervention efforts are effective throughout diverse cultures and communities. Each of the five domains along with associated best practices, informed by the peer state research, is presented below.

1. System Integration

● Form a cross-system Advisory Group or Leadership Team to develop and advocate for the statewide model.

● Use the state coordinator to coordinate and align stakeholders.

● Ensure child-serving systems across the state are trained in IECMH.

- Align with Medicaid to create billing codes.

- Develop trainings and gatherings for a cross-system audience.

- Adopt a diversity, equity, and inclusion (DEI) framework to guide systems-level IECMHC work.

2. Leadership Development

- Hire a state level coordinator and embed the IECMHC work in a state level agency or organization.

- Identify high-ranking, state-level champions to advocate for and move the work forward.

- Leverage universities to train people who will become lifelong advocates and eventually leaders.

- Identify programs already utilizing early childhood consultants and expand IECMHC from there.

3. Awareness and Understanding

- Identify language and messaging around IECMH that resonates with the community.

- Leverage universities to train people with standardized language and messaging.

- Learn messaging techniques from programs already utilizing early childhood consultants.

- Develop and distribute standardized materials across sectors and across the state.

4. Workforce Development

- Ensure independent consultants have the appropriate IECMHC skills and competencies.

- Use professional development and training opportunities as a primary way to unify the statewide system.

- Ensure reflective supervision/ consultation is embedded throughout the IECMHC work.

- Partner with universities who offer IECMH certification programs or courses.

- Develop learning collaboratives and communities of practice.

- Embed principles of diversity, equity, and inclusion (DEI) into the IECMHC workforce.

5. Financial Sustainability

- Diverse public and private funding sources that are strategically braided to support an array of IECMHC activities.

- Funding gaps or unmet IECMHC needs are proactively identified and strategies to pursue needed funding are developed.

- IECMHC providers are successfully billing healthcare providers for related services delivered to young children and families.

Success Measures and Evaluative Process

All state IECMHC related plans and guiding documents reviewed as part of the peer state research articulated a commitment to a set of shared values and principles rooted in System of Care and Early Childhood Mental Health constructs. While each state varies in their selection of targeted success measures, they can be organized into three general areas of focus: individual caregiver/provider awareness and capacity, system-wide capacity and effectiveness, child and family outcomes. Specific examples of associated measures adopted by states are identified below. This list is not intended to be exhaustive, but representative of the types of measures adopted by the states that were reviewed. It is also acknowledged that the viability of adopting related measures is highly dependent upon state level systems and the corresponding availability and reliability of related data sets.

1. **Individual caregiver/provider awareness and capacity**

   ● Reduction in early care expulsion and suspension practices. One state is using the Preschool Expulsion Risk Measure (PERM) to track this metric; however, it was acknowledged that this measure doesn't allow for the tracking of what are considered informal expulsion practices.

   ● Improved provider practices in supporting children's social and emotional development and managing challenging behavior. This was tracked through the assessment of:

      ○ Provider-child and parent-child relationships

      ○ Staff reflective capacity, mindfulness, and job satisfaction

      ○ Improved supervisory relationships

      ○ Measurable adoption of Pyramid Model practices among providers

2. **System-wide capacity and effectiveness**

   ● Access to screenings and services. This is often measured by:

      ○ Referrals for children and their families to community-based resources for more intensive services

      ○ Referral acceptance rates and the nature of the referral such as children's mental health services and early intervention

   ● Strengthened early care and education workforce. This includes tracking system-wide the:

      ○ Proficiency and confidence of professionals who work with infants, young children, and their families

      ○ Number of consultants that serve as a direct resource for those families and their communities

3. **Social and Emotional Health of Children and Families**

   ● Kids are ready for school academically, socially, and emotionally. This is being measured by:

- Healthy births

- Kindergarten school-readiness

- School-based academic achievement

- Family wellbeing as measured by caregiver stress

Evaluation Methodologies

States varied in their approach to evaluation. Many states relied on a combination of formal evaluative processes led by a contracted researcher coupled with regular tracking and review of key success metrics with clearly defined data definitions. Many states gather baseline data related to key metrics through stakeholder partnerships that include a commitment to sharing aggregate data that allows for tracking change over time. It is also critical to point out that states are not just reporting on overall population metrics but disaggregating data by various demographic factors such as race, ethnicity, and geography to identify potential disparity among identified subpopulations.

Landscape Opportunity Assessment - Key Findings

Learnings gained through the literature scan, combined with information shared through primary interviews and feedback from the statewide survey informed the development of our IECMHC Tennessee Landscape Opportunity Assessment. The Assessment identifies Tennessee's statewide assets as it relates to IECMHC, potential gaps and challenges, and key opportunities. The detailed best practice findings along with the survey results can be referenced in the Appendix.

Domains/Characteristics	Assets/Strengths	Challenges/Gaps	Opportunities
1. System Integration			
● Form a cross-system Advisory Group or Leadership Team to develop and advocate for the statewide model. ● Use the state coordinator to coordinate and align stakeholders. ● Ensure child-serving systems across the state are trained in IECMH. ● Align with Medicaid to create billing codes. ● Develop trainings and gatherings for a cross-system audience. ● Adopt a diversity, equity, and inclusion (DEI) framework to guide systems-level IECMHC work.	● AIMHiTN Advisory Council includes cross-sector professionals. ● TN has many existing cross-system groups: YCWC, TN IECMH Financing Policy Team, etc. ● AIMHiTN contracts with state agencies and community organizations to provide IECMH training and technical assistance, and they support professionals in their IECMH sector in seeking Endorsement® (e.g., EBHV, early care and education). ● TN created the DC: 0-5 Crosswalk and AIMHiTN contracts with organizations to provide training. ● Many organizations (e.g., AIMHiTN, TCCY) across the state conduct cross-system trainings or gatherings. ● AIMHiTN endorses The Diversity-Informed Tenets for Work With Infants, Children, And Families. ● The AIMHiTN Equity Impact Team is tasked with ensuring that AIMHiTN follows the tenets and develops a plan on how to promote it throughout the state.	● No clear group identified as the Advisory Group or Leadership Team. ● No single position (e.g., state coordinator) identified to coordinate and align stakeholders. ● Limited child-serving systems across the state are trained in IECMH. ● Limited clinical providers are trained to use the DC: 0-5 Crosswalk.	● Form a cross-system Advisory Group or Leadership Team to develop and advocate for the statewide model. ● Assess willingness to expand IECMH trainings and endorsement to additional child-serving systems (e.g., DCS, TDMHSAS). ● Train clinical service providers on how to use the DC: 0-5 Crosswalk and ensure they are able to bill for services. ● Ensure system-level stakeholders are trained in DEI principles and The Diversity-Informed Tenets for Work With Infants, Children, And Families.

Domains/Characteristics	Assets/Strengths	Challenges/Gaps	Opportunities
2. Leadership Development			
- Hire a state level coordinator and embed the IECMHC work in a state level agency or organization. - Identify high-ranking, state-level champions to advocate for and move the work forward. - Leverage universities to train people who will become lifelong advocates and eventually leaders. - Identify programs already utilizing early childhood consultants and expand IECMHC from there.	- ESC has laid a strong foundation for IECMHC work that can be used as a model for the state. - AIMHiTN is positioned as a key leader and champion of IECMH. - The TN Young Child Wellness Council (YCWC) is a multi-sector collaborative and could strengthen its support of IECMHC. - TN has many early childhood advocacy organizations: AIMHiTN, TQEE, TCCY, YCWC, etc. - TQEE is positioned as a policy leader. - Collaboration between many universities across the state through the AIMHiTN Advisory Council Higher Ed Committee. - TDH has championed the linkage between IECMHC/ and home visiting, as well as the expansion of EBHV across the state. - Early Success Coalition (ESC) developed a 30-hour IECMH training course for home visitors that is expanding to other systems. - Head Start hires mental health consultants to assess the child, develop plans, etc.	- Not all state child-serving systems are aligned in approaches to IECMH services, awareness, training, funding, and interventions. - No clear state entity to embed the IECMHC work, including the coordinator. - The universities are meeting to identify resources, trainings, and opportunities for alignment and replication across institutions, but this work is in the beginning stages. - State-level efforts are primarily focused on K-12 education.	- Explore pros/cons associated with centralizing and embedding the IECMHC work (including the coordinator) with various entities. - Continue university collaboration through the AIMHiTN Advisory Council Higher Ed Committee. - Identify process (e.g., partner organization(s)) to expand the ESC IECMH training course to additional home visitors and additional early child serving systems. - Cultivate relationship with TQEE to champion IECMHC. - Work with Head Start to better understand the role of their mental health consultants. - Cultivate relationship with the Governor to champion IECMHC. - Identify and cultivate relationships with other high-ranking state officials to champion IECMHC.

Domains/Characteristics	Assets/Strengths	Challenges/Gaps	Opportunities
4. Awareness and Understanding			
• Identify language and messaging around IECMHC that resonates with the community. • Leverage universities to train people with standardized language and messaging. • Learn messaging techniques from programs (e.g., Head Start) already utilizing early childhood consultants. • Develop and distribute standardized materials across sectors and across the state.	• Organizations have had success connecting the IECMH work to the Building Strong Brains initiative (i.e., ACEs and brain development messaging). • TN IECMH FP Action Team 3, in collaboration with AIMHiTN, has identified language and messaging around IECMH. • AIMHiTN is a workforce development focused organization that provides the space for leveraging universities. • TN has strong, existing models to promote healthy social and emotional development: Building Strong Brains, The Pyramid Model for Promoting Social Emotional Competence in Infants and Young Children, etc. • Collaboration between many universities across the state through the AIMHiTN Advisory Council Higher Ed Committee to develop pre-service trainings. • Collaboration between many early childhood advocacy organizations (e.g., AIMHiTN, ESC, Allied Behavioral Health Solutions, etc.) to develop in-service trainings • Organizations (school districts, pre-K programs through Porter Leath and Head Start) have had success raising awareness about IECMHC by focusing on preschool expulsions through their	• Building broad IECMHC awareness is a challenge. Definitions vary and understanding is limited. • Limited understanding of what populations or subgroups need more targeted messaging related to IECMHC.	• Explore expanding ACEs and brain development messaging. • Work with TN IECMH FP Action Team 3 to learn more about their process and identify next steps. • Explore expanding focus on early care and preschool expulsions to raise awareness of IECMH. • Explore raising awareness of IECMHC by focusing on early literacy (i.e., third grade reading). • Continue university collaboration through the AIMHiTN Advisory Council Higher Ed Committee. • Work with Head Start to better understand how they message the work of their mental health consultants. • Assess current messaging methods and develop tailored language and messaging tactics that resonate with various subgroups and populations. • Develop standardized materials across sectors and across the state.

Domains/Characteristics	Assets/Strengths	Challenges/Gaps	Opportunities
	preservice and in-service trainings to teachers. ● Head Start hires mental health consultants to assess the child, develop plans, etc. ● Through the ZERO TO THREE TA project - Building Strong Foundations for Families project, the YCWC is holding Tennessee's second IECMH summit with state leaders to determine 2-4 policies they will promote.		
4. Workforce Development			
● Ensure independent consultants have the appropriate IECMHC skills and competencies. ● Use professional development and training opportunities as a primary way to unify the statewide system. ● Ensure reflective supervision/ consultation is embedded throughout the IECMHC work. ● Partner with universities who offer IECMH certification programs or courses. ● Develop learning collaboratives and communities of practice. ● Embed principles of diversity, equity, and inclusion (DEI) into the IECMHC workforce.	● AIMHiTN's Endorsement® program ensures professionals have a certain level of expertise with the necessary competencies, skills, and knowledge. Additionally, AIMHiTN provides the support needed to achieve endorsement. ● Reflective supervision is a requirement to receive some categories of AIMHiTN Endorsement® ● State agencies contract with AIMHiTN to support professionals in their IECMH sector in seeking Endorsement® (e.g., EBHV, early care and education). ● AIMHiTN contracts with state agencies and community organizations to provide IECMH training and technical assistance. ● AIMHiTN endorses The Diversity-Informed Tenets for Work With Infants, Children, And Families. ● AIMHiTN maintains a registry of	● While AIMHiTN has a strong endorsement system and provides TA and support, obtaining Endorsement® remains challenging for some. ● The limited number of IECMH consultants in Tennessee cannot meet the needs across the state and across sectors (e.g., childcare, EBHV, integrated care, early intervention, etc.). ● Limited IECMH consultants trained and conducting reflective supervision in accordance with AIMHiTN Endorsement® standards. ● Limited number of providers trained in The	● Assess and standardize IECMH trainings happening across the state. ● Assess and mitigate barriers to IECMH Endorsement®. ● Ensure system support for access to IECMH Endorsement® ● Ensure all IECMHC workforce embed reflective supervision/consultation principles in their practice. ● Ensure IECMH consultants are trained on The Diversity-Informed Tenets for Work With Infants, Children, And Families ● Ensure equity principles are embedded in IECMHC reflective supervision/consultation sessions. ● Continue university collaboration through the

Domains/Characteristics	Assets/Strengths	Challenges/Gaps	Opportunities
	endorsed professionals. ● AIMHiTN contracts consultants to provide leadership and reflective supervision/consultation regionally. ● Early Success Coalition (ESC) developed a 30-hour IECMH training course for home visitors that is expanding to other systems. ● Universities across the state through the AIMHiTN Advisory Council Higher Ed Committee have begun talking about certification programs. ● Five Centers of Excellence (COEs) across the state provide trainings and support systems development.	Diversity-Informed Tenets For Work With Infants, Children, And Families ● The AIMHiTN Advisory Council Higher Ed Committee is meeting to identify trainings and discuss certification programs, but this work is in the beginning stages.	AIMHiTN Advisory Council Higher Ed Committee. ● Expand learning collaboratives and communities of practice across the state.
5. Financial Sustainability			
● Diverse public and private funding sources that are strategically braided to support an array of IECMHC activities. ● Funding gaps or unmet IECMHC needs are proactively identified and strategies to pursue needed funding are developed. ● IECMHC providers are successfully billing healthcare providers for related services delivered to young children and families.	● Expansion of home visitation services to every county in the state using TANF funds. ● Establishment of the DC 0-5 billing crosswalk ● Tennessee's Mental Health Trust Fund (limited to K-12) ● AIMHiTN has secured funding for the next round of planning work to advance a statewide IECMHC model.	● No comprehensive approach to assessing IECMHC funding gaps and needs. ● No comprehensive strategy for braiding various public and private funding sources in support of IECMHC needs. ● Limited funding that directly supports IECMHC consultants.	● Explore opportunities to expand Tennessee's Mental Health Trust Fund (limited to K-12) to support early childhood. ● TANF funds are being used to support expansion of home visitation services. ● Train clinical service providers on how to use the DC: 0-5 Crosswalk and ensure they are able to bill for services.

Next Step Recommendations

Implementing a successful statewide IECMHC initiative requires a long-term commitment from multiple early childhood leaders and stakeholders from across the state. While there are a number of opportunities identified as part of our Landscape Assessment, there are critical foundational elements that must be in place. Identified below are recommended key next steps.

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2. Identify/organize an interdisciplinary advisory body of early childhood leaders that can help champion the IECMHC strategy. Consider the opportunity to leverage existing state-wide bodies such as the AIMHiTN Advisory Council or the Young Child Wellness Council. Given that the AIMHiTN Advisory Council has a focus specifically on infant and early childhood mental health, it may be most strategic for this effort to be overseen by that body with a commitment to ongoing coordination and alignment with YCWC, which has a broader mandate of overseeing systems for all children.

3. Via the identified advisory body, lead a statewide process that engages multiple stakeholders in the creation of a shared IECMHC vision, corresponding outcomes, and desired short- and long-term targets.

4. Design an oversight approach that establishes accountability for the different areas of the framework. It may be that the Advisory body is broadly responsible for leading Systems Alignment, with work groups established to address the remaining four domains of Leadership Development, Awareness and Understanding, Workforce Development, and Financial Sustainability. These working groups would be responsible for the development of action plans that advance the related opportunities.

5. Identify an entity that can provide administrative support to the statewide IECMHC initiative. AIMHiTN has secured funding for the next round of planning work and, therefore, can provide administrative support to the various working groups in the short term. It needs to be determined if AIMHiTN will play this role in the long term or if this work should be transitioned to another entity permanently.

Appendix

- TN IECMH Financing & Policy Team Action Team 1- IECMHC Subgroup Members

- Individual State Findings/Best Practices

- Listing of Literature Scan Resources

- Tennessee Stakeholder Survey Results

TN IECMH Financing & Policy Team Action Team 1- IECMHC Subgroup Members

- **Sandra Allen**, Senior Advisor for the Early Success Coalition at Porter Leath (sallen@porterleath.org)

- **Katherine Bell**, Early Childhood Program Manager at TN Voices (kbell@tnvoices.org)

- **Melissa Binkley**, Program Director of the Regional Intervention Program for the TN Department of Mental Health and Substance Abuse Services (Melissa.Binkley@tn.gov)

- **Kelli Celsor**, Endorsement and Reflective Practice Specialist at Association of Infant Mental Health in Tennessee (kellic@aimhitn.org)

- **Denise McDrummond**, Tennessee Child Care Resource & Referral Network (CCR&R) (denisemcdrummond@gmail.com)

- **Beth Vorhaus**, Education Consultant at Vanderbilt University (beth.a.vorhaus@Vanderbilt.Edu)

- **Angela Webster**, Executive Director of Association of Infant Mental Health in Tennessee (angelaw@aimhitn.org)

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Individual State Findings/Best Practice

The Consilience Group team engaged nine early childhood representatives from across five peer states. Findings for each state are presented in the charts below. As noted, the best practices within each sustainability domain were informed by the secondary research scan and individual interviews with respective representatives within different state systems. The best practices represent what seem to be common activities. Approaches where states varied in their strengths and/or methods are further identified. In the tables below, solid circles indicate practices that are currently in use; open circles indicate practices that are in process of being implemented.
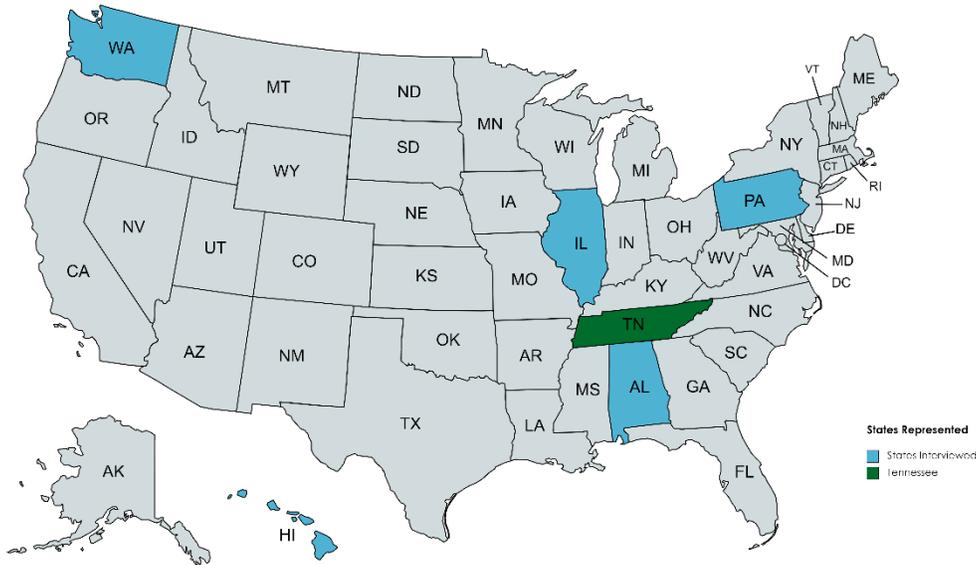
Created with mapchart.net

Key	
●Practice established	○ Practice in progress

Systems Integration

Identified Best Practice	States				
	AL	HI	IL	PA	WA
State coordinator to coordinate and align stakeholders.	●	●	●	●	●
Align with Medicaid to create billing codes.		○	○		●
Plant an IECMHC consultant in various systems (e.g., Head Start, home visitation, early intervention, public/private preschool).		●	●	●	

Form cross-system Advisory Group/Leadership Team.	●	●	●	●	●
Adopt a diversity, equity, and inclusion (DEI) framework to guide systems-level IECMHC work.	●		●		●

Key Learnings from Select States:

Hawaii:

- Unable to infuse social/emotional services into the initial public preschool legislation; however, they are actively working on including it. Childcare is the engine of Hawaii's economic system.

Washington:

- Identified an organization (The Barnard Center) to be the backbone agency who has the information, makes connections, knows funders, etc.
- The Barnard Center is very relationship based. Staff attend conferences, conduct trainings, etc. and network with participants. They find advocates, make connections, and align systems using this method.

Policy: Use policy to create an additional funding source (e.g., Missouri's tax funded children's behavioral health funds)

Leadership Development

Identified Best Practice	States				
	AL	**HI**	**IL**	**PA**	**WA**
Hire a state-level coordinator	●	○	●	●	●
Identify a high-ranking, state-level champion	●	●	●	●	●
Embed the work in a state agency	●	○	●	●	●
Use the university to train people who will become lifelong advocates and eventually leaders.	●			●	●
IECMHC started in Head Start and home visiting		●	●		●

Learnings from Select States:

Hawaii

- Medicaid leadership is very involved in the IECMHC framework/plan, knowing that if Medicaid establishes a policy, the health plans always follow.
- Worked very closely with Medicaid (60% of children are on Medicaid) to integrate behavioral health into primary care.

Illinois

- Early champions included many mid-level DHS staff. They were able to advocate for IECMHC throughout the agency.

Pennsylvania

- Pennsylvania's Governor-appointed Early Learning Council included pediatricians, childcare providers, early intervention, etc.
- The Council was chosen based on what stakeholders and systems needed to be part of the work.
- Some were already champions, and some needed to become champions.

Alabama

- Pediatricians were early champions. Agencies like the AAP Alabama Chapter identified pediatrician champions and then connected them with other champions. Alabama leverages agency relationships to identify champions in the work and get them connected.

Awareness and Understanding

Identified Best Practice	States				
	AL	**HI**	**IL**	**PA**	**WA**
Across all states building broad IECMHC awareness is an area of challenge. Varying definitions and limited understanding of IECMHC.	●	●	●	●	●
Began to raise awareness by focusing on expulsions from preschool			●		●
Statewide coordinators conduct presentations to a variety of stakeholders defining IECMHC	●		●	●	●
Use the university to train people – raise awareness	●			●	●

Work with Head Start to learn how they raise awareness (Head Start has been doing this work for a long time)		●			●
Develop and distribute printed materials	●	●	●	●	●

Key Learnings from Select States:

- Awareness remains a challenge. States recommend that all stakeholders should use the same language. The more that the community hears consistent messaging, the more they will understand and accept it.
- National Collaborative for Infants & Toddlers (www.thencit.org) researched and published strategies for messaging IECMHC to various audiences.

Illinois:

- Legislated awareness as part of the recent IECMHC Act, which holds the coordinator accountable for awareness.

Pennsylvania:

- PA created their awareness campaign based on Colorado's awareness model. Additionally, PA recently developed a monthly newsletter with hundreds of subscribers.

Alabama:

- AL targeted state level conferences as a source to message the IECMHC work. They attempted to present at as many state conferences as possible.

Washington:

- WA improved awareness by using the NEAR@Home toolkit, which provides a framework to talk with families, staff, colleagues, etc. It helped the state normalize the IECMH conversation. Using ACES messaging has been especially effective for families.
- WA trains high school students to help them better understand early development (ACES, trauma, etc.).

Workforce Development

Identified Best Practice	States				
	AL	**HI**	**IL**	**PA**	**WA**
Contract with independent consultants		●	●		●
Partner with universities who offer IECMH certification program or courses	●			●	●

Ensure reflective supervision/ consultation is embedded throughout the IECMHC work.	●	●	●	●	●
Use professional development and training opportunities as a primary way to unify the system	●	●	●	●	●
Develop learning collaboratives/communities of practice	●	●	●	●	●
Embed principles of diversity, equity, and inclusion (DEI) into the IECMHC workforce.	●	●	●	●	●
Focus on competencies, not the endorsement		●	●	●	●

Key Learnings from Select States:

Many states had the following challenges:

- Differences in skill sets in practitioners with mental health backgrounds vs. early childhood education backgrounds
- Difficulty standardizing IECMH consultant qualifications.

Illinois:

- Consultant orientation includes 18 hours of live, virtual training. After orientation, consultants are connected to a reflective learning group. So far, 150 people have completed the orientation.
- Developed a searchable consultant database that currently includes 40 consultants (there are roughly 150 consultants in the state).
- Model started with stricter competency/qualification requirements. Currently reassessing how to realign with national standards.

Hawaii:

- AIMHi-HI runs the Promising Minds Fellowship Program to train IECMH early career professionals. Many state agencies send their workforce to the program for training. The fellows program is HI's pipeline for endorsement.

Alabama:
- AL holds several "train the trainer" events to sustain needed training going forward (DC:0-5, TGB, FAN, Foundation in CORE Curriculum Series)
- Currently creating a learning management system platform within ADECE on which many trainings are available and more to be added for early childhood in general, including the IECMH focus
- Created multiple cohorts of Child-Parent Psychotherapy to increase the number of licensed clinicians trained to provide age/developmentally appropriate trauma treatment.

Pennsylvania has a unique IECMHC model.

- All consultants are employed through PA Key who are based in home offices and have a two-hour travel diameter.

- PA's current model includes a Director, a program manager, 4 regional supervisors, and 24 consultants.
- Consultants start with a three-month orientation with trainings (largely using third party materials), shadowing experienced consultants, a manual of expectations and best practices, etc.
- The Center of Excellence recommends that consultants are licensed providers. However, PA's workforce is 60% (mental health masters degree) and 40% (masters/bachelors in education, human services). This blended grouping of backgrounds works well for PA. They noted that it is difficult to find qualified people with appropriate backgrounds.
- PA's IECMHC model does not serve Head Start or Early Head Start (those programs have their own consultants).
- PA adopted California's competencies.

Washington:

- Important to establish and invest in an organization to support and move forward workforce development (Barnard Center is that org is WA).
- The Barnard Center (University of Washington) runs the Advanced Clinical Training (ACT) program to train clinical professionals by filling the gaps in knowledge and skills required to provide developmentally-appropriate, diversity-informed, relationship-based clinical mental health interventions.
- Barnard Center trains all medical residents in their first year to receive IECMH training and they've trained over 300 pediatricians. Pediatricians are the gateway provider (many of their cases have emotional or behavioral cases), but they need additional training.
- Many of the Barnard Center's early trainees are now in leadership positions throughout the system. Workforce development can be used to raise awareness, develop leaders/advocates, and standardize the IECMHC system.
- Currently working to create a registry with consultants who have met the qualifications but not the endorsement. WA is intentionally focusing more on competencies and less on the endorsement.
- It takes a long time to build the infrastructure. They train early learning providers (speech, OT, etc.), early intervention, child welfare, and other professionals who work with kids 0-5 (through the back door). The providers bill for services, but they also provide IECMHC services.
- The WA State child welfare agency provides IECMHC services. The child welfare agency is a big contractor, and their staff receives IECMHC training through the Barnard Center that results in strong outcomes. WA State is paying for the service (not charging insurance).
- Use the MIECHV workforce as a base since they need to provide care aligned with IECMH.

Financial Sustainability

Funding Source	Eligible Usage	Peer State Usage	TN: Access to Fund and Controlling Agency	Opportunity
Child Care and Development Block Grant (CCDBG), quality set aside	Federal funding to states for childcare subsidies for low-income families with children under age 13. Funds are also used to support activities to improve the quality of childcare and for certain other costs.	Funds Director, program manager, regional supervisors, consultants (PA) - funds the vast majority of their program. Funds TA and support services to ensure quality program (PA) Public pre-K consultants	Tennessee received $231 million in supplemental CCDBG funding through the Coronavirus Response and Relief Supplemental Appropriations Act (CRRSA), passed in December 2020. This is in addition to the $82 million in supplemental CCDBG funding the state received in the CARES Act, passed in March 2020. TN DHS deepened their focus on IECMH in FFY2020 via bringing AIMHiTN in as a CCDF partner (funded) agency. Funding support has increased annually with funding nearly doubling in FFY2022. AIMHiTN receives funding via CCDF to support Endorsement, RSC, emergency preparedness and trauma response, relationship-based inclusion in childcare settings, IECMH-C infrastructure development. T&TA, etc. DHS and the CCDF partners network have expressed a desire to have an IECMHC framework in support of childcare providers.	TN is exploring strategies to deploy CRRSA funds to support long-term sustainability and viability of the child care provider network. These strategies may include access to technology resources, enhanced shared services, **resources to improve social and emotional capabilities**, and support for strengthened business practices.

Funding Source	Eligible Usage	Peer State Usage	TN: Access to Fund and Controlling Agency	Opportunity
Child Care Development Fund (CCDF)	Consolidates discretionary funds appropriated for CCDBG with entitlement funds under the Social Security Act into a single, unified federal childcare funding stream to states. CCDF is administered by the Office of Child Care within the Department of Health and Human Services.	Funds consultants and Director position (AL) 21 full time consultants, three associate directors, one program director, and administrative/data support (IL)	TN Department of Human Services. TN DHS (FY 2019-2021): Fire inspections of childcare facilities, health inspections, CCR&R training and TA, TECTA professional development for staff, childcare assessment program training. Additionally, CCDF funds the AIMHiTN Endorsement®, Reflective Practice, and T&TA.	Explore using CCDF to fund IECMHC consultants.
The Preschool Development Birth through Five (PDG B-5) grants	PDG B-5 grants, which differ greatly from the previous Preschool Development Grants, are designed to fund states to conduct a comprehensive statewide birth to five needs assessment followed by in-depth strategic planning, enhancing parent choice and expanding the current mixed delivery system consisting of a wide range of provider types and settings, including child care centers and home-based child care providers, Head Start and Early Head Start, state pre-kindergarten, and home visiting service providers across the public, private, and faith-based sectors.	Workforce development (AL) Required consultant orientations, additional module development and content to support the IECMHC model, consultant reflective learning groups, and the IECMH consultant database (IL)	TN was a PDG Expansion grant state (funding began in 2015). TN received a supplement (unspent funds from the expansion grant) to extend the life of the grant for 1 more year. TN did not apply or receive funding under the PDG B-5 initial funding for the needs assessment for the integration of B-5 services.	Apply for additional PDG B-5 funds if Congressional support continues for the program in the next year.

Funding Source	Eligible Usage	Peer State Usage	TN: Access to Fund and Controlling Agency	Opportunity
Maternal and Child Health (MCH) Block Grant (aka, Title V)	Promote and improve the health and well-being of the nation's mothers, children-including children with special needs, and their families. Eligible populations: - Preventive and primary care services for pregnant women, mothers, and infants up to age one - Preventive and primary care services for children - Services for children with special health care needs	Funded pilot program (IL)	Agency: Tennessee Department of Health's Division of Family Health and Wellness, Maternal and Child Health Section Many programs: Click here	Many states use Title V funding to pay for consultants and other IECMHC program elements. Explore how TN can use Title V funds for IECMHC work. AIMHiTN can speak more to this as necessary/helpful. A small pool of funds has been designated for exploration of IECMHC supports for EBHV in TN. AIMHiTN currently receives funding from MIECHV and is moving toward a contract from TANF funding.
IDEA Part C: Individuals with Disabilities Education Act (IDEA), Part C: Early Intervention for Infants and Toddlers with Disabilities	Enhance the development of infants and toddlers with disabilities Reduce educational costs by minimizing the need for special education through early intervention Minimize the likelihood of institutionalization, and maximize independent living Enhance the capacity of families to meet their child's needs	Social-emotional consultant (IL) Minimal funding for consultants (PA)	TN Department of Intellectual and Developmental Disabilities (DIDD). DIDD has committed funding to support Endorsement and Reflective Practice, but they are not funding consultation.	As a first step, identify a champion within DIDD to support the IECMHC work. Begin by talking with Commissioner Brad Turner.

Funding Source	Eligible Usage	Peer State Usage	TN: Access to Fund and Controlling Agency	Opportunity
Head Start/Early Head Start, MIECHV	Program-specific funding.	HS/EHS, MIECHV consultants (IL) IL: MIECHV is one of their longest and strongest funding streams.	TN uses all of these funding streams, but they aren't woven into an IECMHC statewide model.	Many states use Head Start, Early Head Start, MIECHV as major funding streams in their IECMHC work. Explore how TN can integrate these funding streams into an IECMHC statewide model. While there is no dedicated funding, conversations have been ongoing between AIMHiTN and HS/EHS at the state level and in some cases at the local level to bring IECMH related T&TA and specific IECMH supports to HS/EHS classrooms. Begin to expand these conversations to include IECMHC.
TANF	Families First is Tennessee's Temporary Assistance for Needy Families (TANF) program. It is temporary and has a primary focus on gaining self-sufficiency through employment. The Families First program helps participants reach this goal by providing transportation, childcare assistance, education, job training, employment activities, and other support services.		Department of Human Services: TANF funds are being used to support expansion of home visitation services.	Similar to MIECHV, explore how TN can integrate TANF (through home visitation) into an IECMHC statewide model. Current interest in TN to use home visiting funding streams, including TANF, to implement IECMHC for all home visitors.

Funding Source	Eligible Usage	Peer State Usage	TN: Access to Fund and Controlling Agency	Opportunity
Medicaid	Coverage for a variety of IECMH services	IECMHC services (IL)	TennCare - Department of Finance	Ensure that all IECMHC providers are aware of and making use of the DC 0-5 billing crosswalk. Access the TN IECMH Financing & Policy Team as a resource to explore additional pathways to funding options in support of IEMCHC
CARES Act/American Rescue Plan	Medical expenses; public health expenses; payroll expenses for public safety, public health, health care, human services, etc.; expenses incurred to facilitate compliance with COVID-19-related public health measures; and expenses associated with the provision of economic support in connection with COVID-19.	One consultant (PA) Curriculum development, public awareness, reflective supervision training of trainers, and I/ECMH consultants (IL) - IL is using the Governor's Emergency Education Relief (GEER)		Assess how the CARES Act can be used to promote TN's IECMHC work.
Specially funded/tax funded special use set asides. Trust Funds and Office of School Readiness funds	Various uses based on fund policy.	Combined: funds 8 IECMH consultants (AL) Funds numerous full-time positions: consultants, coordinators, and leadership positions (AL) AL: Education Trust Funds	State of TN - Mental Health Trust Fund (limited use - K-12);	Explore opportunities to expand the Mental Health Trust Fund to support early childhood.

Funding Source	Eligible Usage	Peer State Usage	TN: Access to Fund and Controlling Agency	Opportunity
Family First Prevention Services Act (FFPSA)	The FFPSA authorized new optional title IV-E funding for time-limited prevention services for mental health, substance abuse, and in-home parent skill-based programs for children or youth who are candidates for foster care, pregnant or parenting youth in foster care, and the parents or kin caregivers of those children and youth.			The legislation has potential to expand services that can prevent the placement of children into foster care. It challenges states to reduce the number of children and youth in congregate placements. It is a challenge to states to build the capacity and access to services (mental health, substance use, and in-home services) and to build the infrastructure of services and providers.
TN Department of Health	Currently has a state appropriation for home visitation. Could explore additional funds specific to physical health.	N/A	TDH	Continue to use state appropriation for home visitation and explore how TN can integrate these funds into an IECMHC statewide model. Explore funds that would support physicians implementing IECMHC.
TN Department of Mental Health and Substance Abuse Services	The proposed statewide IECMHC framework aligns with the System of Care Across Tennessee (SOCAT) initiative within TDMHSAS.	N/A	TDMHSAS	Identify an IECMHC champion within TDMHSAS, likely within the SOCAT initiative.
TN Department of Education	Oversees licensed childcare facilities that strongly align with the proposed statewide IECMHC model.	N/A	TDOE	Identify an IECMHC champion within TDOE. Ideally the champion would oversee the licensed childcare facilities to promote consultation in early education settings.

Funding Source	Eligible Usage	Peer State Usage	TN: Access to Fund and Controlling Agency	Opportunity
TN Department of Child Services	Possibly integrate IECMH trainings and endorsement to DCS.	The Washington State child welfare agency provides IECMHC services. The child welfare agency is a big contractor and all of their staff receives IECMHC training.	DCS	Identify an IECMHC champion within DCS.

Literature Scan Resources

Pennsylvania:
- Executive Summary: https://www.iecmhc.org/wp-content/uploads/2020/12/PA_ECMHC_Report_Updated_executive-summary.pdf
- Report: https://www.iecmhc.org/wp-content/uploads/2020/12/PA-ECMHC-Report-2016.pdf
- Website: https://www.pakeys.org/iecmh/

Hawaii:
- AiMHI-HI: https://aimhhi.org/
- Hawaii Community Foundation: https://www.hawaiicommunityfoundation.org/strengthening/promisingminds#:~:text=Launched%20in%20March%202019%2C%20Promising,or%20dealing%20with%20their%20aftereffects
- Evaluation Report: https://www.hawaiicommunityfoundation.org/file/2021/Promising-Minds_YR-1-Report-Final-Share.pdf
- Early Childhood Action Strategy: https://hawaiiactionstrategy.org/efforts-iecbh
- Hawaii IECBH Strategic Plan: https://static1.squarespace.com/static/5b1c38f5f407b460c985fc4c/t/608346fd85abfc4d364dd791/1619216136206/IECBH_v1FinalPlan_APR22.pdf
- Website: https://hawaiiactionstrategy.org/
- Snapshot: https://static1.squarespace.com/static/5b1c38f5f407b460c985fc4c/t/6054aa4295ac577b82979760/1616161347279/ECAS_Snapshot2021_FEB25.pdf

Alabama:
- Website: https://mh.alabama.gov/infant-and-early-childhood-special-programs/
- Policy Brief: file:///C:/Users/KatrinaDorse/Downloads/Alabama%20IECMH%20Policy%20Vignette.pdf
- Website: https://www.first5alabama.org/

Maryland:
- Executive Summary: https://www.iecmhc.org/wp-content/uploads/2020/12/Maryland-report-executive-summary.pdf
- Report: https://www.iecmhc.org/wp-content/uploads/2020/12/Maryland-State-Evaluation.pdf
- Website: https://earlychildhood.marylandpublicschools.org/infant-and-early-childhood-mental-health-iecmh-consultation-project
- Legislative Brief: https://earlychildhood.marylandpublicschools.org/system/files/filedepot/19/legislative_brief_fy2020_3.pdf

Illinois:
- Website: https://www2.illinois.gov/sites/OECD/Pages/Illinois-Infant-Early-Childhood-Mental-Health-Consultation.aspx
- Overview of I/ECMHC in Illinois: https://www.icmhp.org/wp-content/uploads/2020/05/Cross-System-Collaboration-to-Better-Support-Babies-in-Illinois.pdf
- Website: https://www.icmhp.org/

South Carolina:
- https://www.scimha.org/
- Policy Brief on launch and current efforts of SCIMHA: https://www.zerotothree.org/resources/3160-south-carolina-infant-and-early-childhood-mental-health-policy-vignette

Washington:
- https://www.wa-aimh.org/
- https://barnardcenter.nursing.uw.edu/
- https://soarkc.org/
- https://www.esd112.org/ece/infant-toddler/

Ohio:
- https://aimhiohio.org/
- https://www.greeneesc.org/EarlyChildhoodMentalHealthConsultation.aspx
- https://achievementcenters.org/
- https://www.groundworkohio.org/
- Ohio Children's Initiative (Gov. DeWine): https://childrensinitiatives.ohio.gov/wps/portal/gov/ci/priorities/wrap-around-supports-in-schools-prevention-education
- Whole Child Matters: https://mha.ohio.gov/Schools-and-Communities/Educators/Early-Childhood-Mental-Health/Whole-Child-Matters-Map
- https://mha.ohio.gov/Families-Children-and-Adults/For-Children

New Mexico:
- http://www.nmaimh.org/
- https://cyfd.org/behavioral-health/infant-and-early-childhood-mental-health-services
- https://unmhealth.org/services/development-disabilities/programs/early-childhood-programs/echfs/infant-mental-health.html
- https://www.zerotothree.org/resources/3159-new-mexico-infant-and-early-childhood-mental-health-policy-vignette
- https://www.nccp.org/new-mexico/
- https://www.nmhealth.org/publication/view/report/3277/
- https://www.santafenewmexican.com/opinion/my_view/start-early-to-improve-new-mexicos-mental-health/article_29ceae40-c223-11eb-a85d-dfd3c42cc6bd.html

Tennessee Stakeholder Survey Results

TN IECMHC leaders completed a stakeholder survey in an effort to begin to build an inventory of existing IECMHC services across Tennessee. The full survey results are attached as a pdf, and survey highlights are listed below:

- 63 stakeholders across the state responded to the survey.

- Half of all respondents represent the non-profit sector, with the remaining respondents fairly evenly distributed between public agencies, private providers, and educational organizations.

- Over a third of respondents provide assessments, parenting classes/trainings, and/or home visitation directly to young children and their families.

- Over half of respondents provide professional development/training for individual professionals (non-degree or certificate), and over a third of respondents provide advocacy, reflective supervision, and/or internships/practicums in support of early childhood professionals.

- Almost 70% of respondents provide IECHMC services directly to children and families targeted to a specific geography, while only 40% of respondents provide IECMHC services in support of early childhood professionals targeted to a specific geography.

- Respondents indicated that the most reliable key champions of their IECMHC services have been organizational/executive leadership, statewide advocacy groups, and state-level departmental leaders.

- The three strategies respondents found to be the most successful in building public awareness and understanding of their IECMHC services include word of mouth, public presentations/community outreach activities, and councils or committees (i.e., professional networking).

- Over 60% of respondents fund their IECMHC services through grants.

- Half of respondents utilize reflective practices for clients and staff, 40% provide regular DEI trainings for staff, and 25% have formally adopted a DEI policy.

# Q1 What is the name of the entity you represent?

Answered: 63   Skipped: 0

#	RESPONSES	DATE
1	Tennessee Early Childhood Training Alliance (TECTA)	7/26/2021 1:32 PM
2	Eighteenth Avenue Family Enrichment Center	7/26/2021 9:38 AM
3	Tennessee Justice Center	7/22/2021 11:09 AM
4	Promethean Foundation	7/21/2021 10:12 AM
5	Department of Education- Special Populations (early childhood)	7/21/2021 7:35 AM
6	Laurel Heights Hospital	7/20/2021 9:38 PM
7	David Friend, LCSW	7/20/2021 8:00 PM
8	Healthier beginnings	7/20/2021 7:37 PM
9	Melesa Love Therapy Services	7/20/2021 5:06 PM
10	Nashville Conflict Resolution Center	7/20/2021 3:46 PM
11	St. Luke's Community House	7/20/2021 3:45 PM
12	Mid-Cumberland CCR&R	7/20/2021 3:34 PM
13	Montessori Internationale School	7/20/2021 3:13 PM
14	Frontier Health	7/20/2021 1:33 PM
15	CHET	7/20/2021 11:29 AM
16	Nurture the Next	7/20/2021 11:11 AM
17	Vanderbilt Children's Primary Care	7/20/2021 10:42 AM
18	Northwest Tennessee Head Start/Early Head Start	7/20/2021 9:49 AM
19	Southwest Tennessee Healthier Beginnings	7/20/2021 9:21 AM
20	Madison County CASA	7/20/2021 9:14 AM
21	Nurture the Next	7/20/2021 9:10 AM
22	Child Care Resource & Referral	7/20/2021 8:47 AM
23	Nurture the Next	7/20/2021 8:34 AM
24	Centerstone	7/20/2021 8:06 AM
25	Boys and Girls Clubs of the Tennessee Valley	7/19/2021 10:42 AM
26	Eighteenth Avenue Family Enrichment Center (EAFEC)	7/19/2021 8:51 AM
27	McNabb Center	7/19/2021 8:33 AM
28	Sequatchie Valley Head Start	7/18/2021 6:08 PM
29	Northwest Tennessee Head Start/Early Head Start	7/16/2021 12:20 PM
30	Helen Ross Mcnabb	7/16/2021 9:03 AM
31	Little Tennessee Valley Educational Cooperative	7/16/2021 8:59 AM
32	East Tennessee Children's Hospital Rehab Center	7/16/2021 8:18 AM
33	Kingswood Home for Children	7/16/2021 8:02 AM

34	Omnivisions	7/16/2021 6:29 AM
35	Tennessee Department of Children's Services	7/16/2021 2:20 AM
36	Knox Co. Schools	7/15/2021 8:18 PM
37	Emerald Youth Foundation	7/15/2021 7:21 PM
38	Rutherford County Safe Baby Court	7/15/2021 5:32 PM
39	Etsu Little Bucs	7/15/2021 4:56 PM
40	CCR&R	7/15/2021 3:29 PM
41	Department of Health	7/15/2021 3:22 PM
42	Nashville Collaborative Counseling Center	7/15/2021 2:57 PM
43	TN Voices Early Childhood Program	7/15/2021 10:35 AM
44	Centerstone	7/15/2021 10:08 AM
45	MTSU Early Learning Programs	7/15/2021 9:37 AM
46	HB/PAFT	7/15/2021 7:34 AM
47	Grundy Family Resource Center, Grundy TN	7/14/2021 7:58 PM
48	Child Care Resource and Referral	7/14/2021 4:59 PM
49	Omni Community Health	7/14/2021 4:47 PM
50	CCR&R	7/14/2021 4:43 PM
51	Early Success Coalition at Porter-Leath	7/14/2021 4:22 PM
52	Le Bonheur Early Intervention and Development	7/14/2021 4:18 PM
53	The Village of Kairos	7/14/2021 4:04 PM
54	Le Bonheur	7/14/2021 3:48 PM
55	St. Jude Children's Research Hospital	7/14/2021 3:27 PM
56	Corinne Lewis, LLC	7/14/2021 3:14 PM
57	Mindy Kronenberg, Ph.D., IECMH-E	7/14/2021 3:07 PM
58	Porter-Leath	7/14/2021 2:32 PM
59	Methodist Le Bonheur Community Outreach	7/14/2021 2:32 PM
60	Stephens Center	7/14/2021 2:31 PM
61	TECTA	7/14/2021 2:25 PM
62	East Tennessee Children's Hospital	7/14/2021 2:09 PM
63	McNabb Center	7/14/2021 1:55 PM

Q2 What type of business entity is your organization/practice?

Answered: 63   Skipped: 0
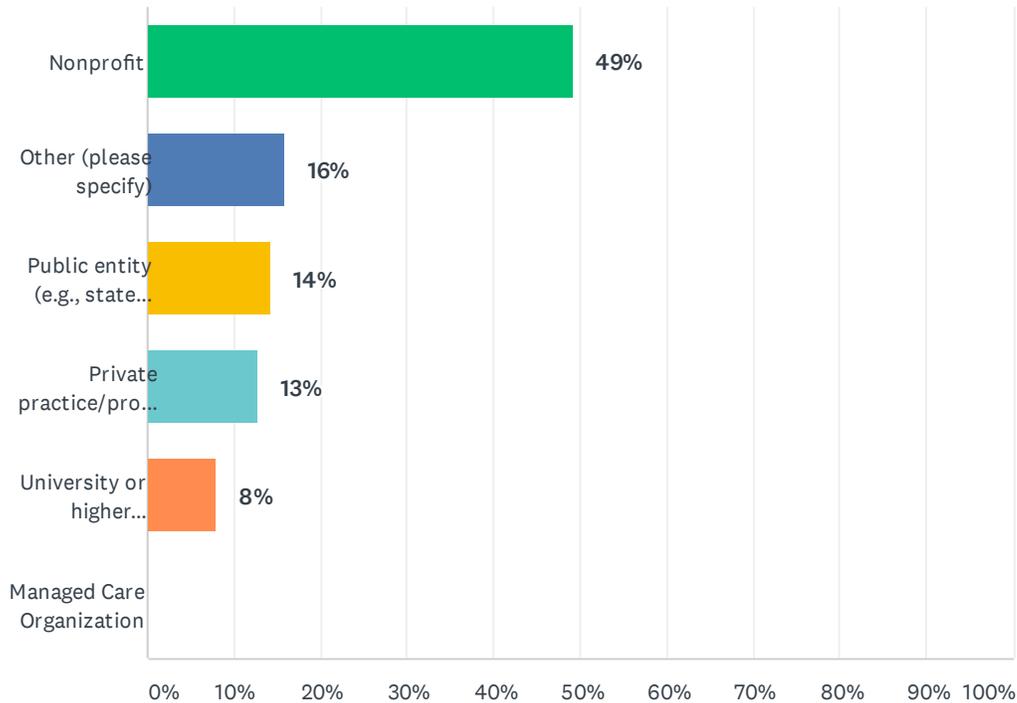
ANSWER CHOICES	RESPONSES	
Nonprofit	49%	31
Other (please specify)	16%	10
Public entity (e.g., state agency/department, public education)	14%	9
Private practice/provider	13%	8
University or higher education institution	8%	5
Managed Care Organization	0%	0
TOTAL		63

#	OTHER (PLEASE SPECIFY)	DATE
1	Psychiatric Inpatient	7/20/2021 9:38 PM
2	Private Montessori School	7/20/2021 3:13 PM
3	preschool	7/20/2021 9:49 AM
4	Local government	7/18/2021 6:08 PM
5	Preschool	7/16/2021 12:20 PM
6	hospital/children's rehabilitation center	7/16/2021 8:18 AM
7	Religious	7/15/2021 7:21 PM
8	For Profit Community Mental Health Center	7/14/2021 4:47 PM

| 9 | Academic medical setting (nonprofit) | 7/14/2021 3:27 PM |
| 10 | Non-profit Hospital System | 7/14/2021 2:32 PM |

Q3 What type of IECHMC services do you offer directly to young children and their families?

Answered: 63   Skipped: 0
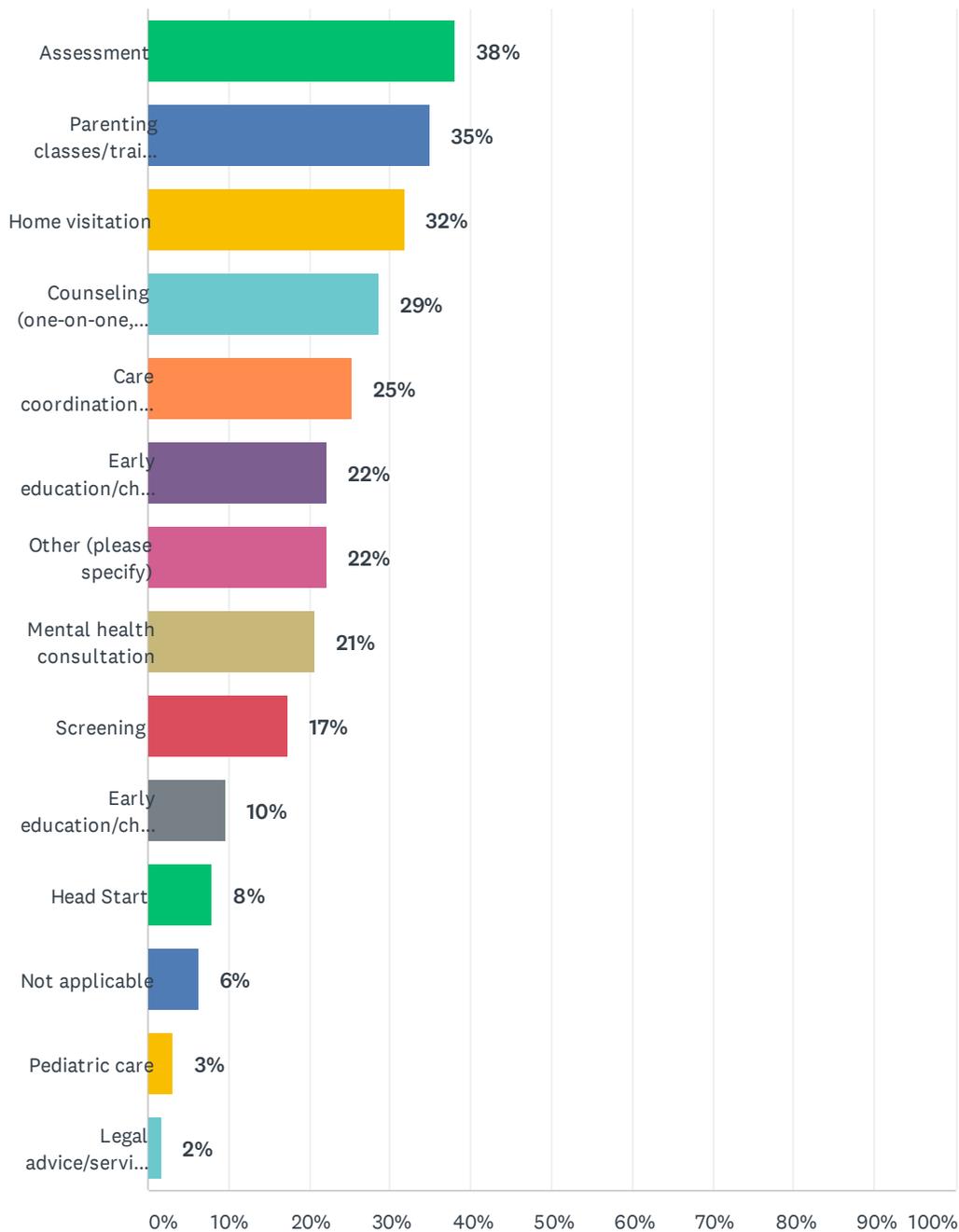
Category	Percentage
Assessment	38%
Parenting classes/trai...	35%
Home visitation	32%
Counseling (one-on-one,...	29%
Care coordination...	25%
Early education/ch...	22%
Other (please specify)	22%
Mental health consultation	21%
Screening	17%
Early education/ch...	10%
Head Start	8%
Not applicable	6%
Pediatric care	3%
Legal advice/servi...	2%

Infant and Early Childhood Mental Health Consultation - Tennessee Resources

ANSWER CHOICES	RESPONSES	
Assessment	38%	24
Parenting classes/training	35%	22
Home visitation	32%	20
Counseling (one-on-one, group, etc.)	29%	18
Care coordination/care navigation	25%	16
Early education/childcare: center-based	22%	14
Other (please specify)	22%	14
Mental health consultation	21%	13
Screening	17%	11
Early education/childcare: home-based/family childcare facility	10%	6
Head Start	8%	5
Not applicable	6%	4
Pediatric care	3%	2
Legal advice/services (e.g., Safe baby courts)	2%	1
Total Respondents: 63		

#	OTHER (PLEASE SPECIFY)	DATE
1	TennCare and CoverKids enrollment and coverage appeals	7/22/2021 11:09 AM
2	assistance and guidance with transition planning from early intervention to school based services	7/21/2021 7:35 AM
3	Pediatric Inpatient Psychiatric Crisis & Residential	7/20/2021 9:38 PM
4	Mediation for Parents and Families via Safe Baby Courts	7/20/2021 3:46 PM
5	coaching, training for educators at DHS-licensed child care and preschool programs	7/20/2021 3:34 PM
6	Advocacy for abused and neglected children during their time in the juvenile court system	7/20/2021 9:14 AM
7	Health, Nutrtion, Parent Engagement, Transportation	7/18/2021 6:08 PM
8	Early Intervention services, Developmental therapy	7/16/2021 8:59 AM
9	physical therapy, occupational therapy, speech therapy	7/16/2021 8:18 AM
10	referrals to all of the above listed services/care coordination	7/15/2021 5:32 PM
11	Resource navigation	7/14/2021 7:58 PM
12	Consultation and Training for Early Ed Professionals	7/14/2021 4:43 PM
13	Early Intervention (TEIS contractor)	7/14/2021 4:18 PM
14	ACEs & SDOH Education & Support	7/14/2021 2:32 PM

Q4 What type of IECHMC services do you provide in support of early childhood professionals?

Answered: 63   Skipped: 0
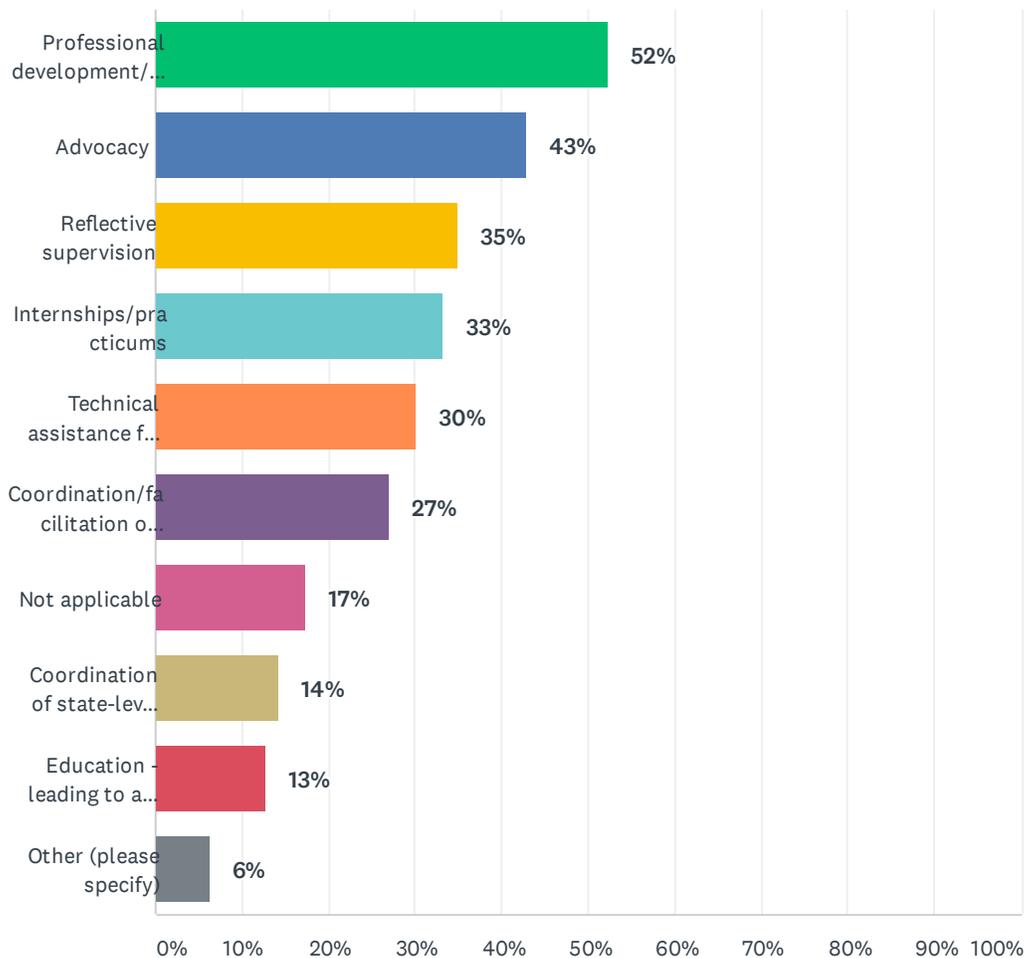
Infant and Early Childhood Mental Health Consultation - Tennessee Resources

ANSWER CHOICES	RESPONSES	
Professional development/training for individual professionals - nondegree or certificate	52%	33
Advocacy	43%	27
Reflective supervision	35%	22
Internships/practicums	33%	21
Technical assistance for organizations/entities	30%	19
Coordination/facilitation of communities of practice	27%	17
Not applicable	17%	11
Coordination of state-level conferences	14%	9
Education - leading to a degree or certificate	13%	8
Other (please specify)	6%	4
Total Respondents: 63		

#	OTHER (PLEASE SPECIFY)	DATE
1	individual therapy as needed	7/20/2021 8:00 PM
2	Mentoring, Mental Health Services, EAP plan	7/18/2021 6:08 PM
3	support to parents of young children	7/16/2021 8:18 AM
4	Child-Centered Consultations and Classroom Coaching	7/15/2021 10:35 AM

Q5 Are the IECHMC services you provide directly to children and families targeted to a specific geography?

Answered: 63   Skipped: 0
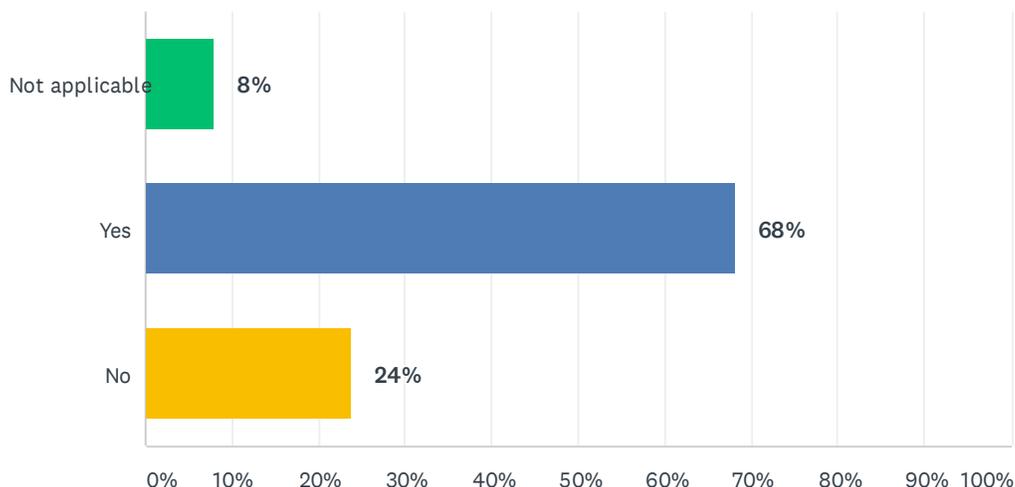
ANSWER CHOICES	RESPONSES	
Not applicable	8%	5
Yes	68%	43
No	24%	15
TOTAL		63

#	IF YES, PLEASE LIST THE GEOGRAPHY	DATE
1	State of Tennessee	7/26/2021 1:32 PM
2	North Nashville	7/26/2021 9:38 AM
3	Obion County TN	7/21/2021 10:12 AM
4	state of TN	7/21/2021 7:35 AM
5	Hamilton County residents	7/20/2021 7:37 PM
6	Within Tennessee	7/20/2021 3:46 PM
7	within driving distance of our school	7/20/2021 3:13 PM
8	Meigs County	7/20/2021 11:11 AM
9	Rutherford County	7/20/2021 10:42 AM
10	rural areas	7/20/2021 9:49 AM
11	First or second child under 3 months of age	7/20/2021 9:21 AM
12	Anderson, Claiborne, Fentress, Johnson, Monroe, Scott, and Union Counties	7/20/2021 9:10 AM
13	Sumner County, TN	7/20/2021 8:47 AM
14	Southeast Tennessee	7/20/2021 8:34 AM
15	Counties served have our facilities	7/19/2021 10:42 AM

16	Nashville, TN	7/19/2021 8:51 AM
17	Therapy services and home visiting services targeted at specific counties served	7/19/2021 8:33 AM
18	Marion, Sequatchie, Rhea, Bledsoe, Grundy County	7/18/2021 6:08 PM
19	Blount, Loudon, Monroe counties	7/16/2021 8:59 AM
20	East Tennessee region	7/16/2021 8:18 AM
21	East Tennessee	7/16/2021 2:20 AM
22	Rutherford and surrounding counties	7/15/2021 5:32 PM
23	Middle TN	7/15/2021 2:57 PM
24	Statewide of TN - all 95 counties	7/15/2021 10:35 AM
25	21 counties in TN	7/15/2021 10:08 AM
26	primarily Rutherford County	7/15/2021 9:37 AM
27	Grundy County	7/14/2021 7:58 PM
28	Davidson and Sumner Counties	7/14/2021 4:59 PM
29	Middle Tennessee	7/14/2021 4:47 PM
30	Shelby County, TN	7/14/2021 4:22 PM
31	West TN - Shelby, Tipton, Fayete, Lauderdale, Madison, Gibson, Crockett, Haywood	7/14/2021 4:18 PM
32	TN	7/14/2021 4:04 PM
33	Prenatal Mother and children up to 5 years old	7/14/2021 2:32 PM
34	teen and first-time parents in the Upper Cumberland (select counties)	7/14/2021 2:31 PM
35	Knoxville and surrounding counties	7/14/2021 2:09 PM
36	East Tennessee	7/14/2021 1:55 PM

Q6 Are the IECHMC services you provide in support of early childhood professionals targeted to a specific geography?

Answered: 63   Skipped: 0
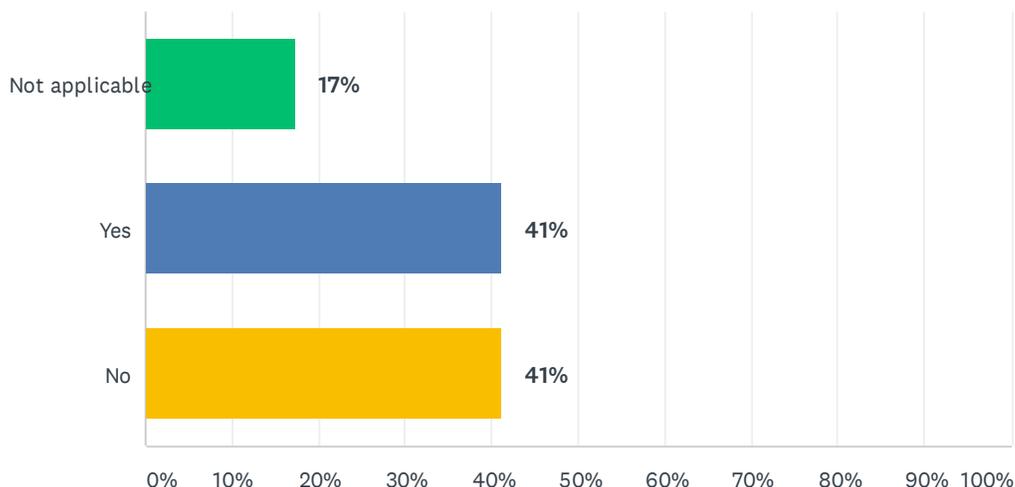
ANSWER CHOICES	RESPONSES	
Not applicable	17%	11
Yes	41%	26
No	41%	26
TOTAL		63

#	IF YES, PLEASE LIST THE GEOGRAPHY	DATE
1	State of Tennessee	7/26/2021 1:32 PM
2	Obion County TN	7/21/2021 10:12 AM
3	state of TN	7/21/2021 7:35 AM
4	Mid-C CCR&R serves 11 counties; I serve Montgomery and Cheatham.	7/20/2021 3:34 PM
5	Under 3 months and remain with that client until 3 to 5 years of age	7/20/2021 9:21 AM
6	Same as above	7/20/2021 9:10 AM
7	Sumner County, TN	7/20/2021 8:47 AM
8	Southeast Tennessee	7/20/2021 8:34 AM
9	Counties served have our facilities	7/19/2021 10:42 AM
10	Same 5 counties listed previously	7/18/2021 6:08 PM
11	East Region Tennessee	7/16/2021 2:20 AM
12	Middle TN	7/15/2021 2:57 PM
13	Statewide of TN - all 95 counties	7/15/2021 10:35 AM
14	21 counties in TN	7/15/2021 10:08 AM
15	Davidson and Sumner Counties	7/14/2021 4:59 PM

16	Shelby County, TN	7/14/2021 4:22 PM
17	West TN - Shelby, Tipton, Fayete, Lauderdale, Madison, Gibson, Crockett, Haywood	7/14/2021 4:18 PM
18	Tennessee	7/14/2021 4:04 PM
19	0-5 years olds	7/14/2021 2:32 PM
20	East Tennessee	7/14/2021 1:55 PM

Q7 LEADERSHIP. Who have been reliable key champions of your IECMHC services?

Answered: 63   Skipped: 0
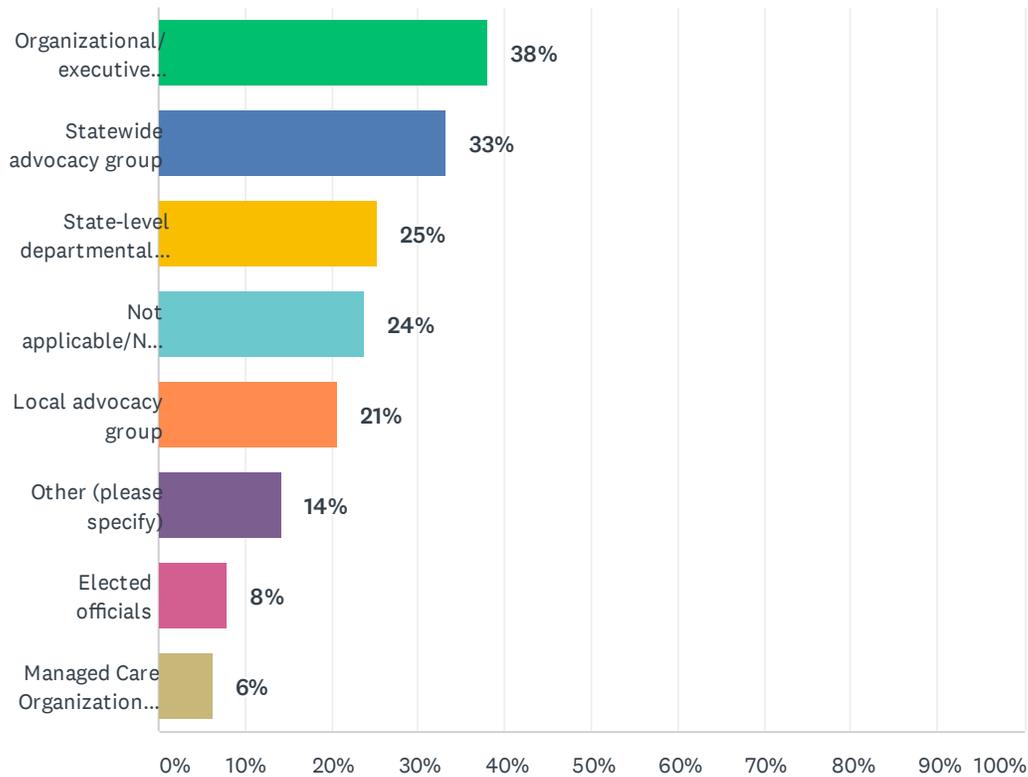
ANSWER CHOICES	RESPONSES	
Organizational/executive leadership	38%	24
Statewide advocacy group	33%	21
State-level departmental leader	25%	16
Not applicable/None of the above	24%	15
Local advocacy group	21%	13
Other (please specify)	14%	9
Elected officials	8%	5
Managed Care Organizations (MCOs)	6%	4
Total Respondents: 63		

#	OTHER (PLEASE SPECIFY)	DATE
1	Foundations	7/19/2021 10:42 AM
2	Our Partners	7/19/2021 8:51 AM
3	Our mental health consultant and special education director. Our agency has also participated with workgroups with UCLA	7/18/2021 6:08 PM

4	Early intervention system	7/16/2021 8:18 AM
5	Frontline workers	7/16/2021 2:20 AM
6	Zero to Three	7/15/2021 5:32 PM
7	Dr Kim Hale and Dr. Morelen	7/15/2021 4:56 PM
8	AIMHiTN	7/14/2021 4:18 PM
9	AIMHiTN and AIMHiTN's partners	7/14/2021 3:07 PM

Q8 AWARENESS. What are the strategies and tactics you have found to be the most successful in building public awareness and understanding of your IECMHC services?

Answered: 63   Skipped: 0
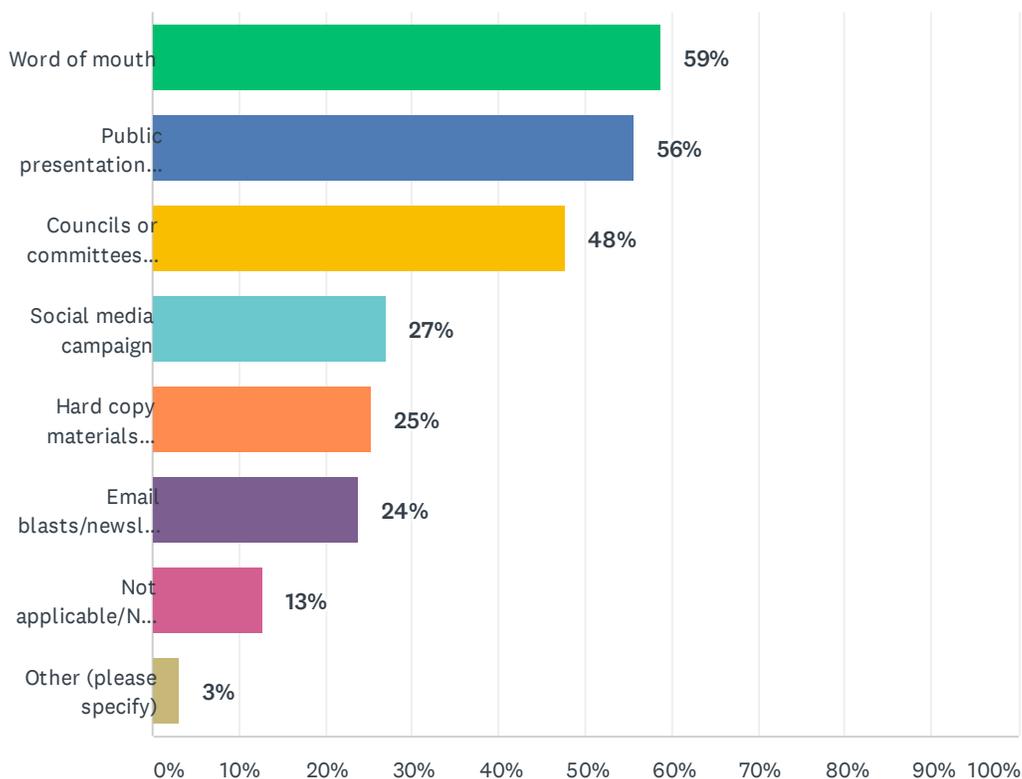
ANSWER CHOICES	RESPONSES	
Word of mouth	59%	37
Public presentations/community outreach activities (e.g., participation at health fairs, community events, etc.)	56%	35
Councils or committees (i.e., professional networking)	48%	30
Social media campaign	27%	17
Hard copy materials (e.g., flyers, pamphlets)	25%	16
Email blasts/newsletters	24%	15
Not applicable/None of the above	13%	8
Other (please specify)	3%	2
Total Respondents: 63		

#	OTHER (PLEASE SPECIFY)	DATE
1	Individual and small group training and technical assistance.	7/21/2021 10:12 AM
2	In clinic referrals	7/14/2021 2:32 PM

Q9 WORKFORCE. How does your organization or program participate in and promote IECMHC workforce/professional development opportunities?

Answered: 63   Skipped: 0
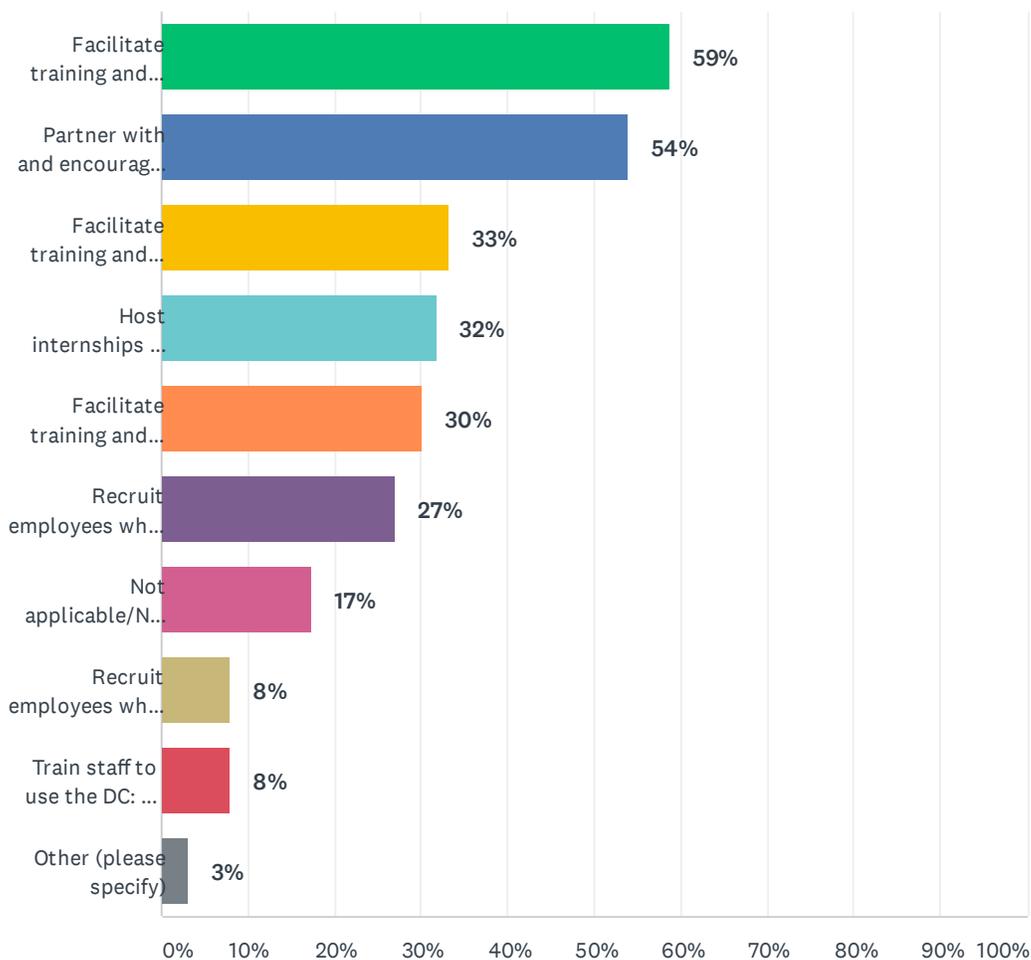
Category	Percentage
Facilitate training and...	59%
Partner with and encourag...	54%
Facilitate training and...	33%
Host internships ...	32%
Facilitate training and...	30%
Recruit employees wh...	27%
Not applicable/N...	17%
Recruit employees wh...	8%
Train staff to use the DC: ...	8%
Other (please specify)	3%

Infant and Early Childhood Mental Health Consultation - Tennessee Resources

ANSWER CHOICES	RESPONSES	
Facilitate training and professional development opportunities for staff in partnership with community organizations.	59%	37
Partner with and encourage staff to participate in an early childhood learning collaborative.	54%	34
Facilitate training and professional development opportunities as part of industry-related conferences.	33%	21
Host internships for graduate level practitioners.	32%	20
Facilitate training and professional development opportunities for staff in partnership with a university or higher education institution.	30%	19
Recruit employees who have obtained a degree or training that includes IECMHC-specific education.	27%	17
Not applicable/None of the above	17%	11
Recruit employees who have an IECMHC endorsement.	8%	5
Train staff to use the DC: 0-5 crosswalk for Medicaid billing	8%	5
Other (please specify)	3%	2
Total Respondents: 63		

#	OTHER (PLEASE SPECIFY)	DATE
1	Internal train-the-trainers to build infrastructure; organizational learning collaboratives	7/19/2021 8:33 AM
2	Require employees to obtain IECMH Endorsement	7/14/2021 4:59 PM

Q10 FUNDING. How are your IECHMC services funded?

Answered: 63   Skipped: 0
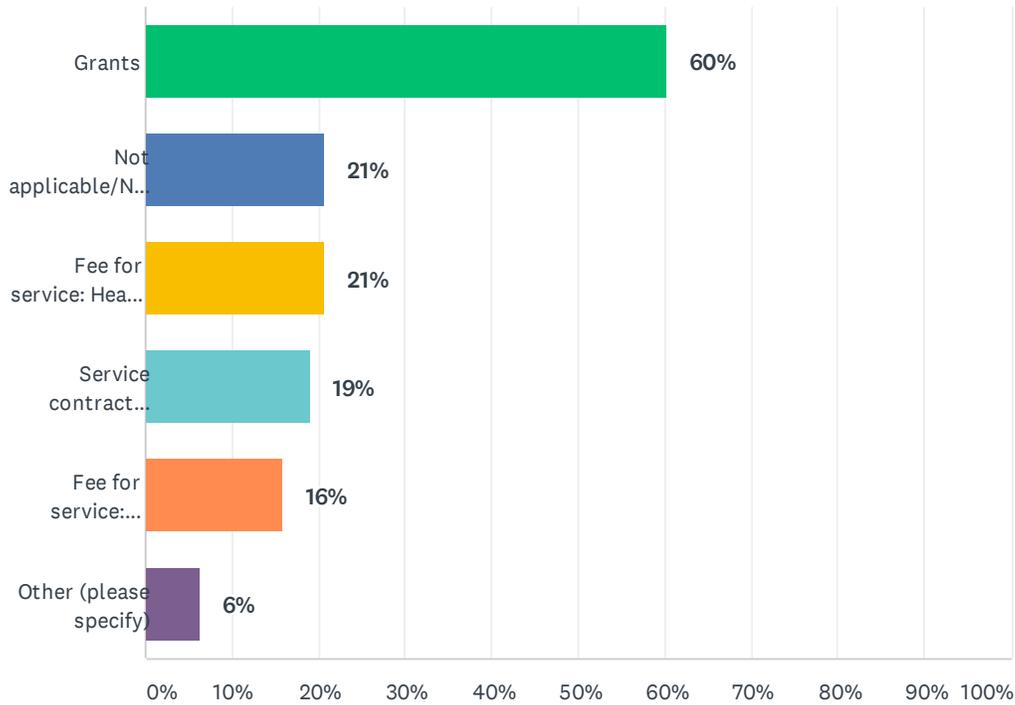
ANSWER CHOICES	RESPONSES	
Grants	60%	38
Not applicable/None of the above	21%	13
Fee for service: Health plan reimbursement	21%	13
Service contract agreements	19%	12
Fee for service: Self-pay	16%	10
Other (please specify)	6%	4
Total Respondents: 63		

#	OTHER (PLEASE SPECIFY)	DATE
1	Non-Profit Foundation	7/21/2021 10:12 AM
2	Donations	7/20/2021 11:11 AM
3	Fundraising	7/20/2021 9:14 AM
4	Fundraising (corporations, private donations, employee giving)	7/20/2021 9:10 AM

Q11 FUNDING. What direct federal funding do you receive to support your IECHMC services?

Answered: 63   Skipped: 0
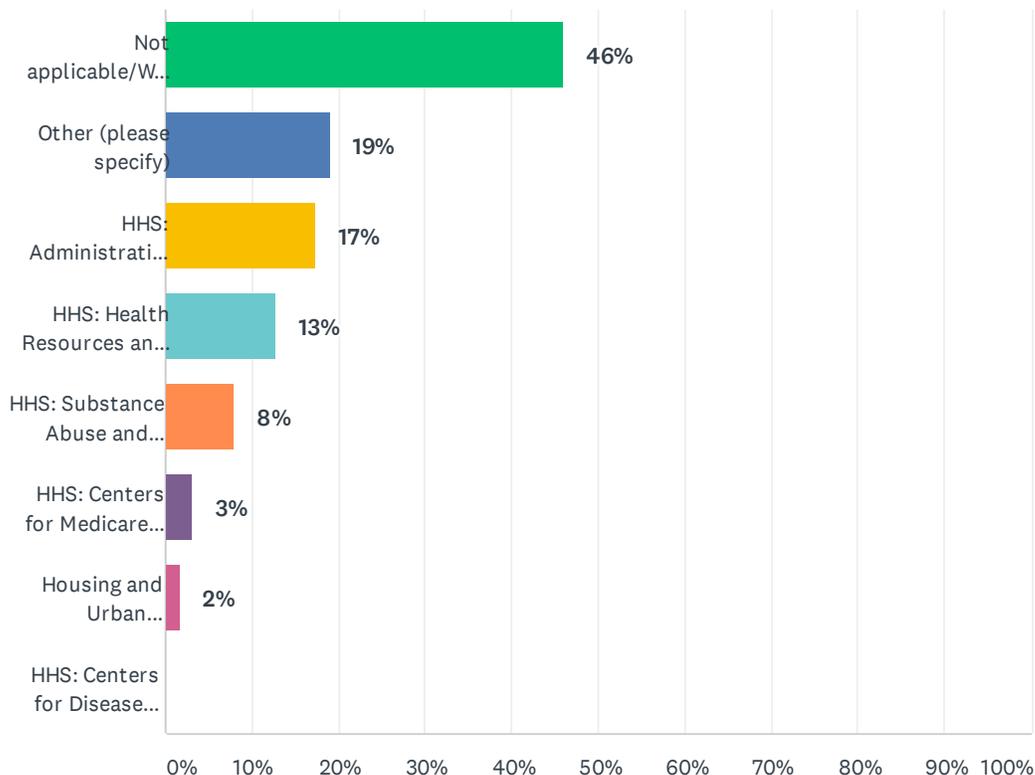
ANSWER CHOICES	RESPONSES	
Not applicable/We do not receive federal funding	46%	29
Other (please specify)	19%	12
HHS: Administration for Children and Families (ACF)	17%	11
HHS: Health Resources and Services Administration (HRSA)	13%	8
HHS: Substance Abuse and Mental Health Services Administration (SAMHSA)	8%	5
HHS: Centers for Medicare & Medicaid Services (CMS)	3%	2
Housing and Urban Development (HUD)	2%	1
HHS: Centers for Disease Control and Prevention (CDC)	0%	0
Total Respondents: 63		

#	OTHER (PLEASE SPECIFY)	DATE
1	Tennessee Department of Human Services	7/26/2021 1:32 PM
2	MIECHV	7/20/2021 7:37 PM
3	State funds to the courts to the mediation centers	7/20/2021 3:46 PM

4	MICHV, TANIF	7/20/2021 11:11 AM
5	I really don't know, my supervisor knows that info.	7/20/2021 8:47 AM
6	bill TennCare	7/16/2021 8:18 AM
7	Child Care Development Block Grant	7/14/2021 4:59 PM
8	IDEA/ TEIS	7/14/2021 4:18 PM
9	ALSAC	7/14/2021 3:27 PM
10	none direct	7/14/2021 3:07 PM
11	MIECHV	7/14/2021 2:32 PM
12	I don't know	7/14/2021 2:31 PM

Q12 FUNDING. What direct state funding do you receive to support your IECHMC services?
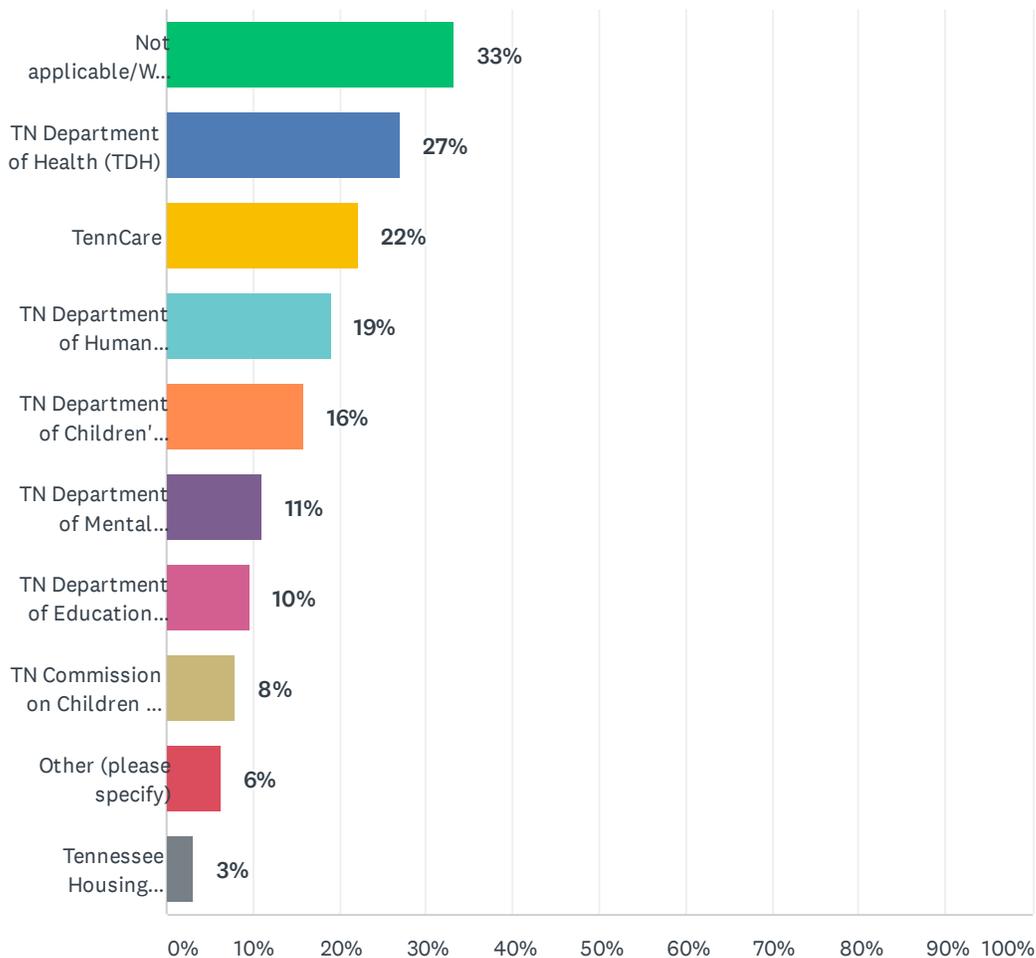
Answered: 63   Skipped: 0

Category	Percentage
Not applicable/W...	33%
TN Department of Health (TDH)	27%
TennCare	22%
TN Department of Human...	19%
TN Department of Children'...	16%
TN Department of Mental...	11%
TN Department of Education...	10%
TN Commission on Children ...	8%
Other (please specify)	6%
Tennessee Housing...	3%

Infant and Early Childhood Mental Health Consultation - Tennessee Resources

ANSWER CHOICES	RESPONSES	
Not applicable/We do not receive state funding	33%	21
TN Department of Health (TDH)	27%	17
TennCare	22%	14
TN Department of Human Services (DHS)	19%	12
TN Department of Children's Services (DCS)	16%	10
TN Department of Mental Health and Substance Abuse Services (TDMHSAS)	11%	7
TN Department of Education (TDOE)	10%	6
TN Commission on Children and Youth (TCCY)	8%	5
Other (please specify)	6%	4
Tennessee Housing Development Agency (THDA)	3%	2
Total Respondents: 63		

#	OTHER (PLEASE SPECIFY)	DATE
1	Dept of Intellectual and Developmental Disabilities	7/16/2021 8:59 AM
2	Healthy Start	7/15/2021 3:22 PM
3	TN Department Department of Intellectual and Developmental Disabilities (DIDD)	7/14/2021 4:18 PM
4	ALSAC donations	7/14/2021 3:27 PM

Q13 FUNDING. What additional funding do you receive to support your IECHMC services?

Answered: 63   Skipped: 0
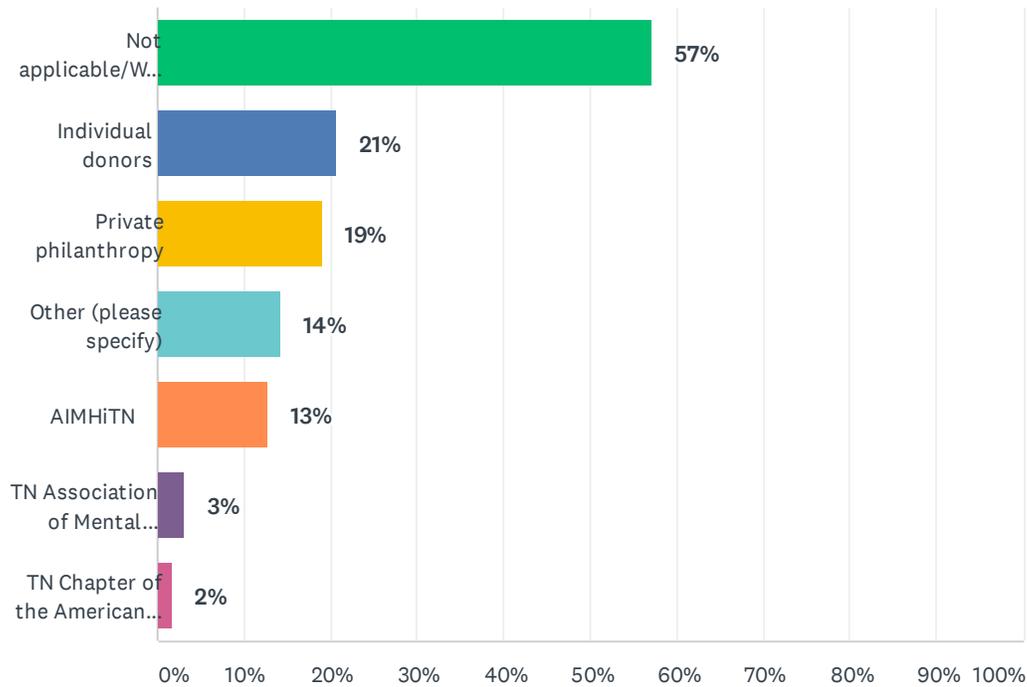
ANSWER CHOICES	RESPONSES	
Not applicable/We do not receive other funding.	57%	36
Individual donors	21%	13
Private philanthropy	19%	12
Other (please specify)	14%	9
AIMHiTN	13%	8
TN Association of Mental Health Organizations (TAMHO)	3%	2
TN Chapter of the American Academy of Pediatrics (TNAAP)	2%	1
Total Respondents: 63		

#	OTHER (PLEASE SPECIFY)	DATE
1	?	7/20/2021 11:29 AM
2	Madison County, City of Jackson	7/20/2021 9:14 AM
3	Corporate donations	7/20/2021 9:10 AM
4	United Way of Greater Nashville	7/19/2021 8:51 AM
5	Untied Way	7/15/2021 10:08 AM
6	Unsure	7/14/2021 4:59 PM

7	ALSAC donations	7/14/2021 3:27 PM
8	ESC, state entities outside of TN, University of Memphis, other universities outside of TN, training grants	7/14/2021 3:07 PM
9	fundraisers	7/14/2021 2:31 PM

Q14 SYSTEMS ALIGNMENT. To date, what efforts have you made to better align and coordinate your IECMHC services?
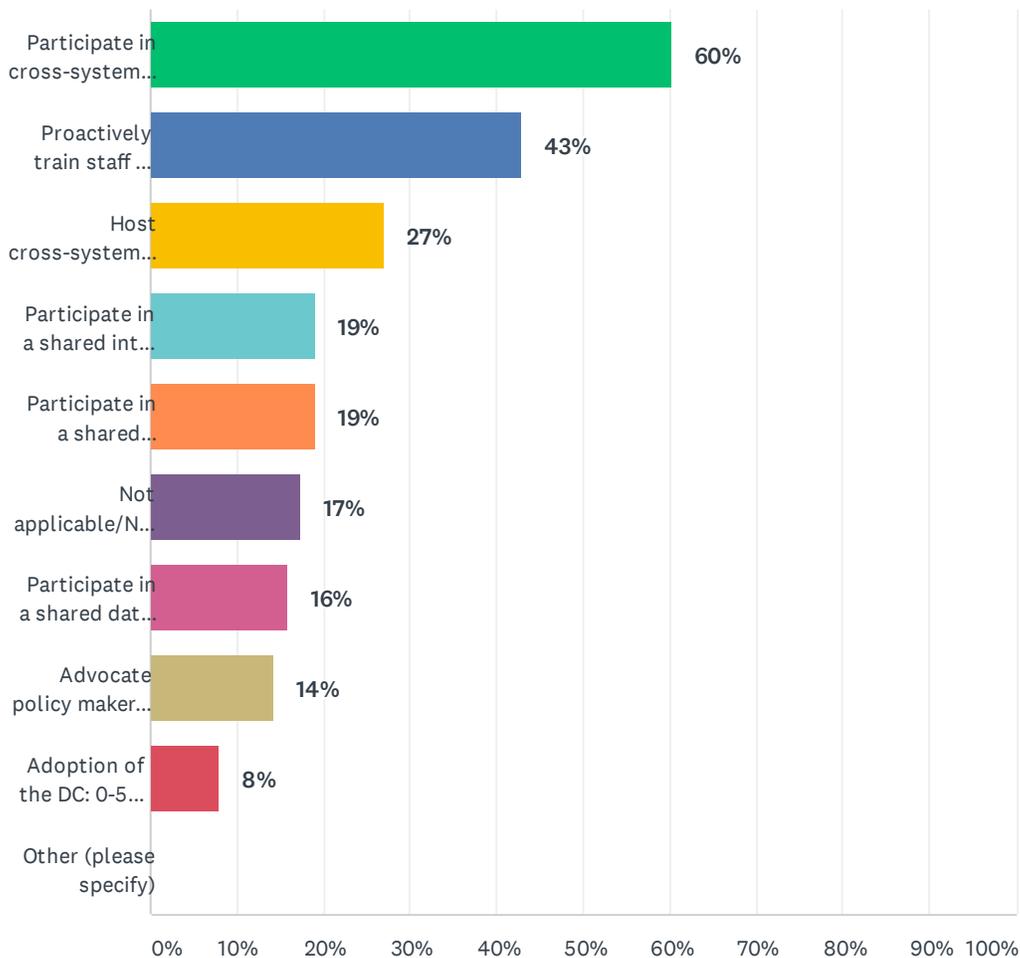
Answered: 63   Skipped: 0

Category	Percentage
Participate in cross-system...	60%
Proactively train staff ...	43%
Host cross-system...	27%
Participate in a shared int...	19%
Participate in a shared...	19%
Not applicable/N...	17%
Participate in a shared dat...	16%
Advocate policy maker...	14%
Adoption of the DC: 0-5...	8%
Other (please specify)	

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ANSWER CHOICES	RESPONSES	
Participate in cross-system (e.g., health, education, childcare, etc.) trainings, gatherings, conferences, etc.	60%	38
Proactively train staff in IECMH practices	43%	27
Host cross-system (e.g., health, education, childcare, etc.) trainings, gatherings, conferences, etc.	27%	17
Participate in a shared intake or referral system	19%	12
Participate in a shared resource inventory	19%	12
Not applicable/None of the above	17%	11
Participate in a shared data system	16%	10
Advocate policy makers for a more aligned approach to IECMHC	14%	9
Adoption of the DC: 0-5 Crosswalk to bill for services	8%	5
Other (please specify)	0%	0
Total Respondents: 63		

#	OTHER (PLEASE SPECIFY)	DATE
	There are no responses.	

Q15 DIVERSITY, EQUITY, AND INCLUSION. How do you promote tenets of diversity, equity, and inclusion in your IECMHC services?
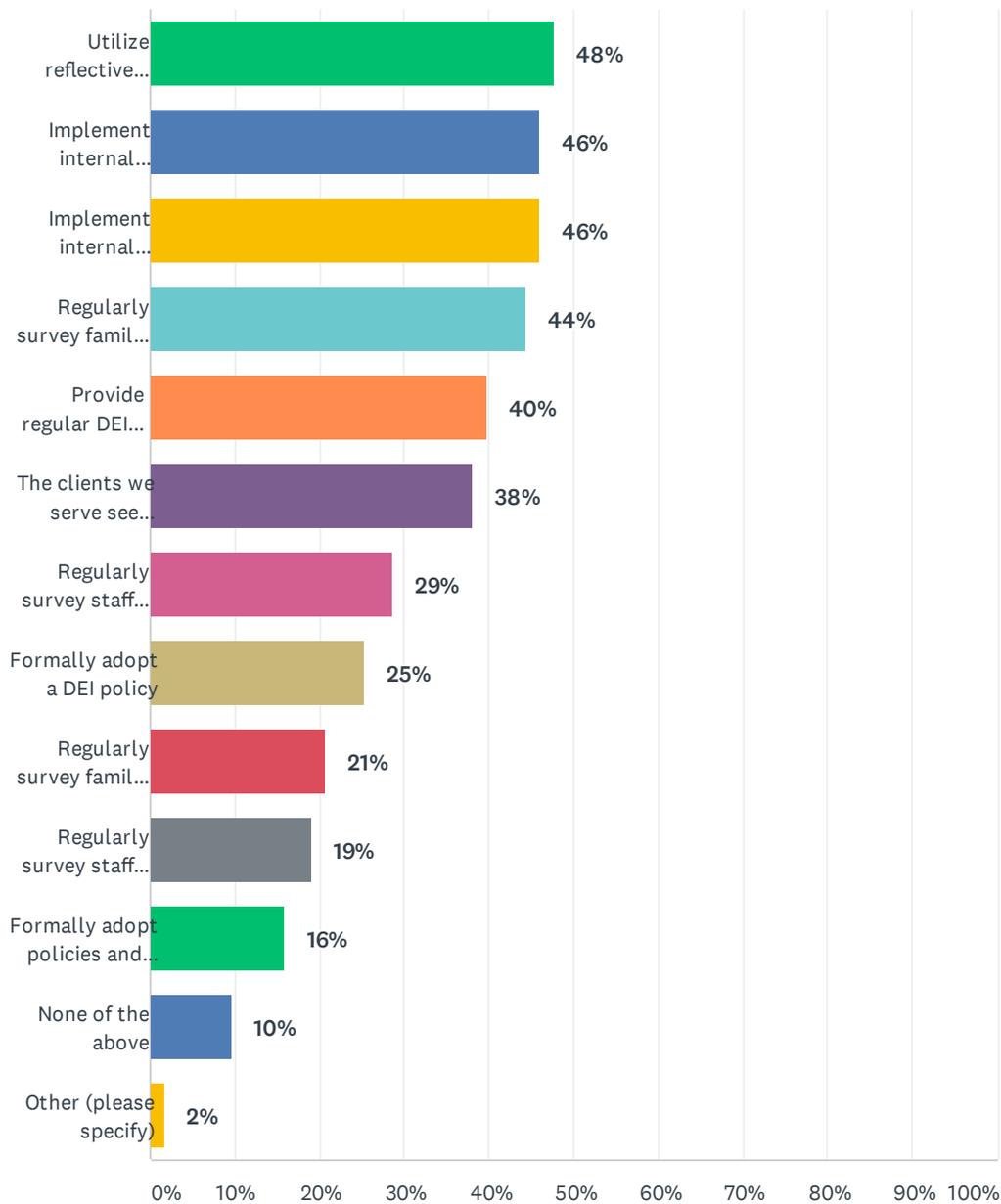
Answered: 63   Skipped: 0

Response	Percentage
Utilize reflective...	48%
Implement internal...	46%
Implement internal...	46%
Regularly survey famil...	44%
Provide regular DEI...	40%
The clients we serve see...	38%
Regularly survey staff...	29%
Formally adopt a DEI policy	25%
Regularly survey famil...	21%
Regularly survey staff...	19%
Formally adopt policies and...	16%
None of the above	10%
Other (please specify)	2%

ANSWER CHOICES	RESPONSES	
Utilize reflective practices for clients and staff	48%	30
Implement internal processes to ensure families feel supported	46%	29
Implement internal processes to ensure staff feel supported	46%	29
Regularly survey families to gather feedback on the appropriateness of services and their experiences	44%	28
Provide regular DEI trainings for staff	40%	25
The clients we serve see themselves reflected in our staff	38%	24
Regularly survey staff to gather feedback on service delivery	29%	18
Formally adopt a DEI policy	25%	16
Regularly survey families to assess whether the physical environment is safe and welcoming and a place where they feel like they belong	21%	13
Regularly survey staff to assess whether the physical environment is safe and welcoming and a place where they feel supported	19%	12
Formally adopt policies and procedures with embedded DEI efforts	16%	10
None of the above	10%	6
Other (please specify)	2%	1
Total Respondents: 63		

#	OTHER (PLEASE SPECIFY)	DATE
1	include DEI principles in all training and products	7/14/2021 3:07 PM

Q16 What else would you like for us to know?

Answered: 4   Skipped: 59

#	RESPONSES	DATE
1	na	7/20/2021 9:49 AM
2	NA	7/16/2021 12:20 PM
3	Nothing	7/16/2021 9:03 AM
4	N/A	7/14/2021 2:32 PM