



**New Mexico Early Child Education and Care Department**  
**Infant and Early Childhood Mental Health Consultation**  
*Agency Application*

**SECTION I: INSTRUCTIONS**

Due no later than 3 pm on Monday May 5, 2023. Applications must include all requested attachments. Please email to: [ECECD.IECMHC@ececd.nm.gov](mailto:ECECD.IECMHC@ececd.nm.gov). Incomplete or late applications will not be accepted or reviewed.

This contract application is specific to mental health **agencies** that are interested in partnering with the New Mexico Early Childhood Education and Care Department (ECECD) and have identified two or more individual mental health professional(s) in their agency to provide Infant and Early Childhood Mental Health Consultation (IECMHC) to New Mexico communities. If a contract application is selected, Falling Colors, ECECD’s third-party vendor, will issue a contract with a detailed scope of work and Falling Colors will maintain oversight of the contract and invoicing for services.

THESE DATES ARE SUBJECT TO CHANGES AT THE DISCRETION OF ECECD.

ACTION	RESPONSIBLE PARTY	DUE DATE
Application Period Opens	ECECD	April 6, 2023
Optional Pre-application Orientation Information Session Via Zoom	ECECD	April 21, 2023
Deadline to Submit Written Questions Not Addressed in Orientation Session	Applicant	April 26, 2023
Responses to Written Questions	ECECD	May 1, 2023
<b>Submission of Application</b>	<b>Applicant</b>	<b>May 5, 2023</b>
Contracts issued	Falling Colors	May 24, 2023

**Pre-application Orientation Information Session**

Eligible applicants can attend an optional pre-application orientation session via Zoom from 12pm-1pm on April 21, 2023. A recording will be posted on the SEED web page: [Social Emotional and Early Development \(SEED\) Initiative | Early Childhood Education & Care Department \(nmececd.org\)](#)  
<https://us05web.zoom.us/j/88258105361?pwd=bnMxYmRkZjY2ZEM1dERldlpwS204UT09>

**Written Questions**

All questions about the application must be submitted via email to [ECECD.IECMHC@ececd.nm.gov](mailto:ECECD.IECMHC@ececd.nm.gov) by April 26, 2023, at 3pm. Written responses to the questions will be posted on ECECD’s website, [Social Emotional and Early Development \(SEED\) Initiative | Early Childhood Education & Care Department \(nmececd.org\)](#) for the benefit of all eligible applicants by 5pm on May 1, 2023

**Application Submission and Due Date**

Completed and signed applications must be emailed with all required attachments to [ECECD.IECMHC@ececd.nm.gov](mailto:ECECD.IECMHC@ececd.nm.gov) no later than 3pm MDST/MST on Monday May 5, 2023. Please include in the subject line of the email: “(Insert Agency Name) – IECMHC Application 2023.” Late and incomplete submissions will not be accepted or reviewed by ECECD.

**SECTION II: PURPOSE**

ECECD seeks to build a statewide equity-informed infant and early childhood mental health consultation system. To achieve this goal, ECECD seeks to contract with Infant Early Childhood Mental Health (IECMH) Agencies/Consultants to make consultations available to communities throughout New Mexico, including Tribes, Nations, and Pueblos. **This application is for agencies to contract with ECECD to provide IECMHC.**

By providing services to primary early childhood caregivers (e.g., educators, home visitors, parents) in New Mexico, ECECD’s IECMH Consultation Program will support and strengthen the caregiving process and therapy, promoting optimal development for all children in a setting or service system. The IEMHC model is based off of [ECECD’s Statewide](#)

[Infant Early Childhood Mental Health Consultation Report and Three-Year Plan](#). This plan will be achieved by following the ECECD's for IECHMC to:

- Provide child development information related to social-emotional development and mental health to caregivers that work directly with children ages zero-five and their families.
- Provide written and oral observations and strengths-based feedback to the caregiver who receives IECHMC services.
- Meet with primary early childhood caregivers (e.g., educators, home visitors, parents) at assigned settings to review observations and develop and implement action plans.
- Participate in the development and implementation of programming and policy related to social-emotional learning, equity and overall quality of practice.
- As appropriate, conduct standardized developmental, behavioral, and/or social-emotional screenings and assessments for individual children referred for consultations. As seen fit by the contracted agency, provide referrals, and follow-up with, community services as needed.
- Participate in weekly reflective consultations with a reflective consultant that is assigned by the ECECD IECMHC Coordinator.

Agencies awarded a contract will be responsible for employing IECMH consultants to achieve the state's vision for IECHMC consultations with primary early childhood caregivers (e.g., educators, home visitors, parents) in New Mexico and carry out the responsibilities and roles included in Section III of this application, and any additional terms included in the contract or agreement with Falling Colors.

### **SECTION III: ELIGIBILITY AND FUNDING**

Eligible Applicants: The applying agency must be registered or operating as one of the following to be eligible for a contract for this work:

- Federal tax-exempt non-profit organizations under section 501(c)(3) of Title 26 of the United States Code
- Partnership
- Corporation
- Limited Liability Corporation (LLC)

Funding is subject to the availability of current and future federal, state, or private funding sources for the period of the contract (State FY23 and FY24). No guarantee is made or implied by the State of New Mexico or ECECD as to the amount allocated to any award. If a contract application is selected, Falling Colors, an ECECD third-party vendor, will issue a contract with a scope of work and Falling Colors will maintain oversight of the contract and invoicing for services. A Unique Entity Identifier (UEI) is required for subrecipients of federal funding. If you do not have a UEI, please indicate "do not have UEI" at the end of the application in the provided space and please begin the process of requesting one from sam.gov.

### **SECTION IV: QUALIFICATIONS OF AGENCY**

Applications from all agencies meeting the above eligibility requirements will be considered, but applications from agencies which demonstrate one or more of the following criteria will be given priority for funding:

- The agency has a developed IECMH focus;
- The agency currently provides clinical services to children and families birth-to-age five and their families;
- The agency has the infrastructure and desire to expand services to include the mental health subspecialty of IECMH Consultation.

### **SECTION V: QUALIFICATION OF CONSULTANT**

Selected agencies should employ consultants that meet the following criteria or demonstrate how they will hire consultants who meet these criteria:

#### **Required Qualifications of Agencies' Consultants:**

1. Consultant has earned a master's degree in behavioral health, social work, counseling, psychology, or marriage and family therapy and is licensed, or eligible to be licensed, in one of the required fields.

2. The ideal candidate will have more than two years post-master’s mental health experience and experience providing IECMHC.
3. Consultant must be able to work with adults in groups and individually, communicate effectively, engage in conversations about racism, bias, and equity, and develop and implement supportive strategies for individuals they are working with to foster strong relationships. Consultants should have at least two years of experience as a mental health professional.
4. Consultant must possess attributes, skills, and specialized knowledge critical to this work as followed:
  - a. Facilitate partnerships
  - b. Culturally sensitive
  - c. Flexible
  - d. Empathetic
  - e. Curious
  - f. Knowledge of early care and education systems
  - g. Knowledge of Infant Early Childhood Mental Health Consultation
  - h. Knowledge of child development
  - i. Understanding of the impacts of stressors on child development and mental health
  - j. Understanding of how domestic and community violence can impact mental well-being
  - k. Understanding the relationship between adult mental illness and infant social and emotional development.

**Additional Preferred Qualifications**

Consultants providing IECMHC services in the community will preferably possess the following:

1. Knowledge of early childhood mental health, including attachment relationships, typical and atypical child development, the underlying causes of challenging and troubling behaviors, best practices and evidence-based practices and curricula in working to support young children’s social-emotional development, knowledge of how mental health services and concepts differ across different cultures, and knowledge of the mental health service delivery system.
2. The ability to build strong, collaborative relationships, conduct observations of children and environments and use the results of these observations to set goals and develop individualized plans, the ability to partner and work collaboratively with program staff and families, the ability to work as part of a team to support children and families, and the ability to motivate and engage staff and family members. Skills may also include practical skills, such as writing and documentation skills, organizational skills, self-management skills and the ability to efficiently manage time and communicate.
3. Training or experience providing IECMHC services and working in early childhood settings.
4. Experience, especially clinical experience, working with children ages zero-to five and their families.
5. Experience working in a classroom setting and/or consulting with early childhood educators
6. Experience working with historically marginalized and culturally diverse populations.

**Required time commitment per consultants**

Services	Time range(minimum)
Direct Services (initial assessment, action plan, observation, etc.)	12 hours per week
Professional Development (initial training, and continuous training required by ECECD)	10 hours per month*
Reflective Consultation (individual and group)	5 hours per month

\*Professional Development hours vary, with a higher time commitment during the first year.

**SECTION VI: AGENCY ROLE AND RESPONSIBILITY**

If an agency is selected to provide the contracted services identified above, the agency must abide by the following terms and conditions:

**A. Personnel**

1. Contracted agency will identify staff to take on the role of IECMH consultant that meet the qualifications above or hire staff to meet these qualifications.
2. Contracted agency will provide a copy of the IECMH consultants’ resumes with the application.

3. Contracted agency is responsible for administrative oversight of each IECMH consultant.
4. Contracted agency will maintain all personnel documents for contracted consultants. The following documents must be in each consultant's personnel file and kept up to date by the contracted agency:
  1. ECECD-issued background clearance
  2. CPR/First Aide Certification
  3. Professional Liability insurance(up to \$1,000,000 per claim and \$3,000,000 per annual)
  4. Valid driver's license
  5. Valid car insurance
5. Consultants who work with children are required to comply with 8.9.6 NMAC, *et seq.* The agency and/or individual consultants must submit fingerprint cards and any appropriate fees required to administer background checks to the ECECD Background Check Unit. An ECECD eligibility letter must be in the agency personnel file prior to having any unsupervised direct or potential contact with children.
6. Physical requirements-ability to work with active children ages 3-5.

**B. Professional Development**

Identified consultants employed by contracted agencies must participate in all trainings required by ECECD, which is approximately 10 hours per week during the first year. (e.g., consultative practice, training in evaluation tools and methods, and reflective practice).

**C. Evaluation**

Contracted agencies will participate in all aspects of data collection and evaluation in collaboration with contracted evaluator through ECECD.

**D. Consultation**

1. ECECD will support consultants in assignments to programs to provide IECMHC (see Section F. Provider Assignment/Coordination of Services). Each consultant employed by contracted agencies will be expected to provide approximately 60% of monthly hours for direct onsite consultation (and maintain 40% for other activities, such as training and administrative tasks).
2. Direct onsite consultation to assigned program(s) will include:
  - a. An initial assessment (tool provided by ECECD)
  - b. Classroom or program observations (tool provided by ECECD)
  - c. Developing action plans with achievable goals that address the specific need of the child, classroom, and/or program.

**E. Supervision**

1. Agency will provide administrative supervision to contracted consultant.
2. ECECD will offer reflective and clinical consultation to consultants employed by contracted agencies that are providing IECMHC services.
3. The consultants employed by contracting agencies must participate in group reflective consultation held by an identified reflective consultant virtually, approximately 1-2 hours per month.

**F. Provider Assignment/Coordination**

1. Contracted agencies must work directly with ECECD to establish eligible Early Childhood Education (ECE) sites where services will be offered. This will be done by completing a referral through the ECECD referral portal.
2. Consultants employed by contracted agencies will be responsible for notifying ECECD of progress with programs, per provided ECECD policies and procedures.

**G. Documentation**

Contracted agencies must document all IECMHC services provided in accordance with all ECECD (see Section D.2 Consultation) and HIPAA requirements.

**H. Child Neglect and Abuse Reporting**

1. As required by law, all contracted agencies and their employees are mandated by law to report suspected abuse, neglect or exploitation of children to the Children, Youth and Families Statewide Central Intake and child abuse hotline (1-855-333- SAFE [7233] or #SAFE from a cell phone), or to law enforcement or the appropriate tribal entity.
2. After any suspected abuse, neglect or exploitation is reported to the appropriate agency as required immediately above, the contracted agencies must report the same to the identified ECECD program coordinator.

**I. Grievances**

1. Contracted agencies must provide written notification to ECECD of any ECE site that has filed a grievance or complained about the contracted services identified herein.
2. Contracted agency must report any complaints against the contracted licensed consultant, including licensure violations or any investigations conducted by the New Mexico Regulation and Licensing Board.

**SECTION VII: COMPENSATION**

- Contracted agencies will enter into a contract with Falling Colors, a third-party acting on behalf of ECECD.
- Any agency contracting with ECECD for this program must register as a vendor through the Falling Colors BHStar System.
- Contracted agencies may pay staff based on their own agency salary scale, with a suggested limit of an annual salary of \$80K for each full-time consultant and ensure each consultant will spend at least 60% of their allocated time in direct onsite consultation and 40% of their allocated time completing case notes, data entry, reflective consultation, and professional development.
- Contract agencies must limit indirect charges to 10% of the overall budget.
- Contracted agencies must be eligible to receive federal funds.

**SECTION VIII: AGENCY INFORMATION**

AGENCY NAME			
STREET ADDRESS	CITY	STATE	ZIP
EMAIL	TELEPHONE NUMBER		
INFANT MENTAL HEALTH PROGRAM? <input type="checkbox"/> YES <input type="checkbox"/> NO			
BUSINESS LICENSE NUMBER: _____ LICENSE EXPIRATION DATE: _____			

**SECTION IX: AUTHORIZED REPRESENTATIVE – Owner/Agency Director/Program Director – this person must sign application SECTION X**

AUTHORIZED REPRESENTATIVE NAME	TITLE		
ADDRESS	CITY	STATE	ZIP
EMAIL	TELEPHONE NUMBER		

**SECTION X: AGENCY QUESTIONS-Please use the space below to answer the following questions**

Please describe your agency's relevant capabilities, experience and expertise that, if selected, it will use to implement the contracted services identified above:

Please describe your agency's capacity and infrastructure to provide IECMHC services:

Please describe your agency's connection to its community and how it commits itself to ensuring equity in the services it provides:

Please describe your agency's position on diversity and anti-racism and how it will implement this position in providing IECMHC services.

**SECTION XI: QUESTIONS REGARDING YOUR AGENCY'S CONSULTANTS ON STAFF-** please use the spaces below to answer the following questions for each identified applicant, in addition to attaching resumes. (Minimum of 2 applicants must be identified, please attach an additional sheet for additional consultant (beyond 4).

Consultant #1 Name:

Describe your experience working with adults as it relates to children's social-emotional development and mental health:

Describe your understanding of IECMHC and the services it provides:

Describe your experience working with culturally, socially and economically diverse families and program staff:
What training or experience do you have related to structural racism, health inequities, or implicit bias?
Consultant #2 Name:
Describe your experience working with adults as it relates to children’s social-emotional development and mental health:
Describe your understanding of IECMHC and the services it provides:
Describe your experience working with culturally, socially and economically diverse families and program staff:
What training or experience do you have related to structural racism, health inequities, or implicit bias?
Applicant #3 Name:
Describe your experience working with adults as it relates to children’s social-emotional development and mental health:
Describe your understanding of IECMHC and the services it provides:

Describe your experience working with culturally, socially and economically diverse families and program staff:

What training or experience do you have related to structural racism, health inequities, or implicit bias?

Applicant #4 Name:

Describe your experience working with adults as it relates to children's social-emotional development and mental health:

Describe your understanding of IECMHC and the services it provides:

Describe your experience working with culturally, socially and economically diverse families and program staff:

What training or experience do you have related to structural racism, health inequities, or implicit bias?

**SECTION XII: REQUIRED ATTACHMENTS**

**Attachment 1 (PDF File):** Please attach a resume for each identified consultant employed by your agency who possesses the qualifications outlined above. Each attached resume must contain the consultant's name and contact information.

**Attachment 2:** Please complete the below Budget/ Budget Justification Form for your agency

**SECTION XIII: Budget and Budget Justification – Infant Early Childhood Mental Health Consultation**

**INSTRUCTIONS:**

1. ALL NUMBERS **MUST** BE ROUNDED TO THE NEAREST DOLLAR. MAKE CERTAIN ALL NUMBERS AND CALCULATIONS ARE CORRECT.
2. INFORMATION PROVIDED MUST BE ALIGN WITH ALL REQUIREMENTS SET FORTH ABOVE.

Agency Name: \_\_\_\_\_

Total Budget Request for (May 2023- June 2024): \$\_\_\_\_\_

- A. Personnel Services:** Provide employee(s) names for each identified position of the applicant/recipient organization, annual salary, and hours that will be spent on the contract if awarded.

**BUDGET REQUEST**

	Position	Name	Annual Salary/Rate	% of FTE	Cost
1					
2					
3					
4					
5					
6					
7					
8					
				<b>TOTAL</b>	

**JUSTIFICATION: Describe the role and responsibilities of each position:**

Position:

- B. Employee Benefits:** Provide the total cost of fringe benefits for each position identified above and the percentage that will be charged to this project.

**BUDGET REQUEST**

	Position	Name	Fringe Benefits	% of FTE	Cost
1					
2					
3					
4					
5					
6					
7					
8					

				<b>TOTAL</b>	
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**JUSTIFICATION:** Describe how the employee fringe benefits are calculated for your agency:

**C. Employee Travel:** Provide projected costs for any necessary in-state travel for employees of contracted agencies to perform contracted services. In-state travel will be reimbursed according to the NM Milage and Per Diem Act. Out-of-state travel must be approved by ECECD IECMHC Coordinator and contracted agencies must submit an out-of-state travel request form prior to making out-of-state travel arrangements. Each request must include a description of the purpose of the trip, number of employees traveling/attending, the proposed date, and estimated total travel costs.

	Position	Name	Milage	Other Costs	Total Cost
1					
2					
3					
4					
5					
6					
7					
8					
			<b>TOTAL</b>		

**JUSTIFICATION:** Describe the justification for the travel costs indicated above, including the miles traveled, reimbursement rate per mile, and per diem costs (breakfast, lunch and dinner cost allowance & allotted times).

**D. Supplies:** Provide total cost for office supplies, such as copy paper, toner, pens, folders, etc.; educational/recreational materials to use with caregivers; and, inventory exempt materials such as laptops, printers, etc.

Supplies	Cost
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<b>TOTAL</b>	

**JUSTIFICATION:** Describe the supplies needed to support the program and why they are necessary costs.

**E. Operating Costs:** Provide the total cost for any operating items such as cell phones, landline phones, .) or the cost of utilities and rent allocated to the program.

Operating Items	Cost
<b>TOTAL</b>	

**JUSTIFICATION:** Describe the operating items needed to support your agency if awarded and why such items are necessary.

**F. Other Costs:** Administrative costs are capped at 10% of the provider contract budget.  
**Total Administrative Costs Charged to Grant:**

**SECTION XIII: APPLICANT CERTIFICATION**

I, \_\_\_\_\_ certify under penalty of law that I have read the full contents of this Application and that, to the best of my knowledge, information, and belief, the information contained in this Application, and any attachments, is true and correct.

I further certify under penalty of law that my agency employs individuals who are qualified to provide the IECMHC services set forth above, and that if awarded, I will fulfill all agreements, requirements, and conditions described in this Application and abide by all applicable state and federal laws and regulations.

I further certify under penalty of law that:

- I have actual and personal knowledge of the information provided in this Application and certify that it is true and correct in all material respects; and,
- I am familiar with and agree that if awarded, I will comply with all applicable rules and regulations, including prohibitions on conflicts of interest, and cost reimbursement requirements (including reimbursable and non-reimbursable expenses, documentation requirements, and provisions for determining reimbursable amounts).

I further certify under penalty of law that if awarded a contract to provide the IECMHC services set forth above, I will provide the services according to all contractual requirements.

PRINT NAME OF AUTHORIZED REPRESENTATIVE	
Federal Unique Entity ID (UEI) <i>(The UEI is used to apply for Federal financial assistance and subrecipients.)</i>	
SINGATURE OF AUTHORIZED REPRESENTATIVE	
DATE APPLICATION COMPLETED	

