

**ADMH Infant and Early Childhood Mental Health Consultation
(IECMHC)
Request Form for Early Intervention**

Name of EI Personnel Requesting:


Role (check all that apply): SC DS OT SLP PT Other

Name of EI Program:


Date of Request:

NOTE: Tier 1 and Tier 2 requests may be made by any EI team member. Tier 3 requests must be made by the child's Service Coordinator.

For First time requests only: Have you completed the ADMH Training Module 1 *Infant and Early Childhood Mental Health Consultation: What It Is and Why It Is Important?*


No Not Sure  Yes In person or Virtual Date Completed

Please identify the reason/concern you are requesting IECMHC (Check all that apply):

(Tier 1 Consultation) Workforce Capacity Building related to infants and toddlers' social emotional development, attachment/ relationship issues, behavioral challenges  or other topics as requested.

(Tier 2 Consultation) Provider Focused Support to help EI personnel address work stress, prevent burnout, deal with difficult situations with EI caseload, know how to better engage families in their child's intervention, identify strategies to address behavioral issues on caseload, etc.

(Tier 3 Consultation) Therapeutic Intervention

 has had a disruption in family/environment at any time in the child's life, such as foster care, adoption, divorce or separation of parent's/caregiver's, death of a parent/caregiver, etc.

has witnessed domestic violence or other traumatic experience not listed above

is awaiting evaluation/diagnosis for Autism Spectrum Disorder (ASD)

has outcomes on IFSP addressing social emotional development or behavior problems that need additional expertise

is demonstrating problematic behaviors like hitting/biting or otherwise self-harming or harming others, even if parent/primary caregiver hasn't asked to address them on IFSP

does not seem engaged with adults and/or other children (ex., child seems to be in "own world" or just "aloof" concerns about attachment with parent/primary caregiver)

does not "get along" with peers or siblings

has difficulty with self-regulation (ex: can't calm self after getting upset, has difficulty transitioning from one activity to another, hits another child when a toy is taken, etc.)

has difficulty separating from parent at childcare or with other

caregivers has difficulty sleeping or eating

Other:

(Tier 3 Consultation) Parent/Primary Caregiver-Related Concerns

EI provider or parent/primary caregiver has concerns about post-partum depression or any caregiver having mental health issues or substance abuse issues

EI provider has observed parent/primary caregiver struggles to attune to the child's emotions and affect during developmental activities and/or interventions

EI provider has observed little or no reciprocal interactions between child and parent/primary caregiver that promote attachment, and development (i.e., body - body contact, eye contact, face to face, responding to facial, body or verbal cues, etc.)

EI provider has observed parent/primary caregiver themselves struggling emotionally when child is distressed

EI provider has concerns about parent/primary caregiver not engaging in EI sessions (Ex: not being physically present during session, frequently cancelling or not showing for sessions, and/or not following through with recommendations of EI provider)

the parent/primary caregiver verbally indicates difficulty coping with child's developmental challenges

Other:

What EI services is the child receiving now and at what frequency?

OT	Frequency:
PT	Frequency:
SLP	Frequency:
SI	Frequency:
Other	Frequency:

What, if any, non-EI services is the child currently receiving or has received in the past?

Child Care

Mental Health Services If this is checked, please specify what type and name of provider/agency:


DHR

Other:

INSTRUCTIONS FOR SUBMITTING CONSULTATION REQUEST

Submit completed form via email to iecmh.services@mh.alabama.gov If the request is for **Tier 1 or Tier 2 Consultation**, that is all that is needed.

If request is for **Tier 3 (Therapeutic Intervention)**, Service Coordinator must also include the following:

- EI Eligibility Determination Report 
- Current IFSP
- Most recent progress notes
- AEIS Release of Information form signed by parent and made out to/from:
ADMH Office of Infant/Early Childhood Special Programs
400 Interstate Park Dr. Suite 423
Montgomery, AL 36109
- Any additional information not included in the above which may be helpful, such as family history, custodial rights, medical history/diagnosis, if in process of being evaluated for Autism or other diagnosis, etc.

It is imperative that the Tier 3 email be sent encrypted when it includes identifying information about the child and family