



Infant and Early Childhood Mental Health Consultation in Home Visiting

Introduction

Infant and Early Childhood Mental Health Consultation (IECMHC) is a prevention-based service that promotes healthy social and emotional development in young children through the adults in their lives. Consultants work in many settings, including home visiting programs, to address families' mental health concerns and increase early childhood professionals' capacity to foster healthy relationships between caregivers and children (Education Development Center [EDC], 2020).

IECMHC can help home visitors and supervisors—

- ✓ Deepen their understanding of child development and child and family mental health needs (Goodson et al., 2013)
- ✓ Increase their capacity to provide reflective and responsive care to families (Burkhardt et al., 2022; EDC, 2020)
- ✓ Build skills and tools to assess and address the mental health needs of families (EDC, 2020)
- ✓ Access training on content-specific mental health topics (Delimata & Mackrain, 2022)

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Consultants are typically mental health professionals with master's degrees in related specialties. Many states also require consultants to hold [Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant & Early Childhood Mental Health](#) through their [infant mental health association or alliance](#). The Health Resources and Services Administration has released a resource to [support home visiting programs as they search for consultants](#) (EDC, n.d.).

This brief spotlights three states' efforts to implement IECMHC in home visiting programs:

- ✔ Illinois
- ✔ Michigan
- ✔ Wisconsin

We also highlight local projects in Michigan and Wisconsin before reviewing shared features and needs.

Illinois

About: When the Illinois Department of Human Services received MIECHV funding for the first time in 2012, the groundwork had been laid to infuse consultation into all of its MIECHV-supported home visiting programs. Nine years earlier, the state had passed the [Children's Mental Health Act](#), which helped state leaders understand the role of mental health consultation and reflective practice in supporting child mental health. Illinois' [current-day IECMHC model](#) is one of few evaluated models delivered in a statewide system.

Goals and Purpose: Consultants aim to improve outcomes for pregnant women and families considered at risk by working with program administrators and supervisors to support a “parallel process of holding” in which—

A Note About Funding

There is no go-to funding source to support IECMHC in home visiting. Rather, local and state agencies may be able to pair state, local, and philanthropic funds with federal funding sources such as the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program, Project LAUNCH (Linking Actions for Unmet Needs in Children's Health) grants, and Early Childhood Comprehensive Systems grants (U.S. Department of Health and Human Services [HHS], n.d.).

Other federal funds can be used for IECMHC when specific criteria are met. For example, funding from the Community Mental Health Services Block Grant and Children's Mental Health Initiative can be used for IECMHC for children who have been diagnosed with serious emotional disturbances (HHS, n.d.). Family First Prevention Services Act (FFPSA) funds can be used for several eligible home visiting programs that incorporate IECMHC and focus on children in families identified as at risk for child welfare involvement or on pregnant and parenting youth in foster care.

More information on state financing strategies is available through the [Center of Excellence for Infant and Early Childhood Mental Health Consultation](#) and [ZERO TO THREE](#).

- ✔ Consultants “hold” themselves through their self-actualized, regulated professional presence
- ✔ Consultants “hold” consultees (administrators, supervisors, home visitors) in their work with MIECHV communities and families
- ✔ Families learn to “hold” themselves and their children
- ✔ Children internalize “holding” within their communities and family systems and replicate “holding” for generations to come

“As the consultants sit in discomfort with MIECHV home visitors and supervisors, feelings such as anxiety, stress, and worry about the families with whom they work are not suddenly fixed or quickly disappear. What happens is quite the opposite . . . the feelings and experiences are acknowledged; they are validated; they are explored, not ignored. And in this realm of being heard, trust—encapsulated with hope and resiliency—can arise.” –Delreen Schmidt-Lenz

Service Approach: Consultants are independent contractors. MIECHV-funded local agencies are required to use a statewide registry to select consultants who have received standardized training and have at least 5 years of experience working with children aged 0–5. Each home visiting program can receive up to 8 hours of consultation per month, including—

- ✔ Regular reflective consultation with supervisors and administrators
- ✔ Group reflective consultation with supervisors present
- ✔ Reflective consultation, in collaboration with the supervisor(s) present, during a home visitor's individual reflective supervision session
- ✔ Ongoing professional development for program staff

Consultants may attend home visits in rare cases, such as when a home visitor wants guidance on how to build their relationship with a parent. They do not directly support families or link them to resources.

Consultants approach all trainings in the context of reflective consultation, considering its application across home visitors' daily work. Consultants have been trained in the Erikson Institute's [Facilitating Attuned Interactions](#) (FAN) approach, which has been demonstrated to increase home visitors' and supervisors' reflective capacity and to strengthen the skills of self-awareness and cues for attuning with others.

Accomplishments: Today, IECMHC is available to all 22 MIECHV-funded local agencies in Illinois through a team of 8 consultants and 1 mental health supervisor. Following a recent expansion by the Illinois Department of Human Services, IECMHC is also available to all 31 non-MIECHV, state-funded home visiting programs. An evaluation of IECMHC in Illinois' home visiting programs found that home visitors in participating programs engaged in more responsive behaviors and gained more parent input during activities than home visitors in nonparticipating programs. Parents served in participating programs also reported higher levels of satisfaction in their roles as parents and more positive interactions with their children than parents served by programs without consultation (Spielberger et al., 2021).

Next Steps: Statewide IECMHC is in the early phases of an outcome evaluation by the Illinois Network of Child Care Resource and Referral Agencies.

For More Information: Email Delreen Schmidt-Lenz (delreen22@gmail.com), MIECHV project lead/consultation coordinator, Ann & Robert H. Lurie Children's Hospital of Chicago; FAN trainer, Erikson Institute.

Michigan

About: In 2022, the Michigan Department of Health and Human Services piloted IECMHC at eight home visiting program sites [collaborating with child welfare agencies to prevent family involvement in the child welfare system](#). These home visiting and child welfare collaborations were supported by state funds allocated to implement FFPSA, which uses evidence-based practice to prevent family separation (Bragato et al., 2023).

Goals and Purpose: Michigan implemented IECMHC to support home visitors working with families managing complex needs, [including trauma](#). Consultation also helps home visitors and their supervisors expand their reflective capacity or practice—that is, their ability to pause, reflect, be self-aware, and recognize the emotional climate in which they work (Heller & Ash, 2016; West et al., 2022).

Service Approach: Consultants are licensed mental health clinicians who hold an Infant Mental Health Endorsement. Approximately half of consultants are independently contracted; others come from local community mental health centers. Consultants work with up to several sites in a shared region. They may spend approximately 4 hours per week (16 hours per month) per site providing the following services:

- ✔ Individual reflective consultation with supervisors
- ✔ Group reflective consultation with home visitors
- ✔ Case consultation
- ✔ Training on topics related to mental health

Although consultants do not generally join home visits, they may observe if home visitors are unsure how to proceed or wish to refer families to therapy via a warm hand-off.

Accomplishments: Consultants have developed trust with supervisors by demonstrating they can support the entire home visiting team without duplicating the supervisor role. Consultants have completed 107 reflective supervision contacts with home visitors, addressing topics such as stress and the navigation of relationships with families, and have provided 9 trainings on topics such as intimate partner violence and early relational health. Supervisors have also benefited from individualized reflective consultation, a service not routinely provided to them through other home visiting funding. To date, consultants have supported 32 home visiting supervisors and provided 55 reflective supervision sessions, addressing topics such as staff stressors, mental health, and the navigation of adult relationships.

Next Steps: Michigan is expanding consultation to 10 more sites this year using a combination of state funding to support families affected by substance use and state FFPSA funding to promote collaboration with child welfare. They are adding consultation into three Family Spirit home visiting programs serving three tribes in Michigan. They are also expanding consultation at seven new sites for Healthy Families America, Nurse-Family Partnership, and Parents as Teachers.

For More Information: Email Kate Rood (roodk@michigan.gov), FFPSA home visiting coordinator and Parents as Teachers model consultant.

Local Highlight: Kent County Nurse-Family Partnership

In 2018, the Kent County Public Health Department Nurse-Family Partnership Home Visiting Program contracted with a consultant using a MIECHV-funded Michigan Home Visiting Initiative grant. The consultant taught nurse home visitors to be a reflective presence and mental health resource for families; they also trained staff on topics like understanding self-compassion and burnout, using grounding activities to engage mothers, keeping the baby as the central focus of the visit, and building reflective capacity. For nurses facing particularly challenging situations, the consultant facilitated a warm hand-off to their home agency to initiate therapy with the family.

A recent evaluation conducted at five sites, including the Kent County program, found that IECMHC was associated with increases in home visitor self-efficacy over time and decreases in job-related stress for home visitors and supervisors (Michigan Public Health Institute, 2019).

“Reflective supervision was essential to me and our team, as I was new in the supervisor role . . . Our consultant supported me to build my reflective supervision skills, which is integral to the Nurse-Family Partnership program. Our whole team improved our ability to be present with clients, hold the baby in mind, and grew in our knowledge of supporting clients with mental health concerns.”

–Site supervisor

Wisconsin

About: Wisconsin started a pilot in 2013 to provide IECMHC to some home visiting programs in collaboration with [Project LAUNCH](#) grants that support the well-being of children up to 8 years old. In 2020, the Wisconsin Department of Children and Families began promoting more widespread use by allocating MIECHV funds to support mental health consultation across local agencies.

Goals and Purpose: Wisconsin's efforts aim to enhance the reflective capacity of home visiting supervisors and home visitors. Programs are empowered to design and manage their own contracts to better support the goals and expectations of the evidence-based model delivered.

Service Approach: When consultation first became available, many consultants were independent contractors affiliated with the [Wisconsin Alliance for Infant Mental Health](#). The workforce now includes consultants employed by community clinics, who split their time between supporting home visiting programs and providing direct services to children and families. Community clinics are viewed as avenues to connect families back to mental health services when needed.

Each month, consultants conduct at least 1 hour of reflective supervision with supervisors and 2–3 hours of reflective group consultation with home visitors. Additional services, determined by local agencies, may include—

- ✔ One-on-one consultations with home visitors
- ✔ Trainings on selected topics
- ✔ Assessments and/or independent visits with children and families (only available within some programs using other funding)

Accomplishments: Wisconsin now offers IECMHC within programs across 40 of 72 counties and 6 tribal communities. Consultants support all four evidence-based models currently used in the state: Early Head Start, Healthy Families America, Nurse-Family Partnership, and Parents as Teachers. All MIECHV grantees implement and manage their own contracts with consultants or partnering community organizations, reflecting buy-in of the decentralized management approach.

Next Steps: The Wisconsin Department of Children and Families is working to foster learning across the fields of home visiting and IECMHC to pave the way for greater collaboration. The agency is developing an e-learning module that describes what IECMHC is for home visiting programs. Another module will introduce home visiting to consultants trained to work in other program settings.

For More Information: Email Terri Enters (terri2.enters@wisconsin.gov), home visiting state coordinator, Wisconsin Department of Children and Families.

Local Highlight: Children's Wisconsin Home Visiting Programs

Children's Wisconsin integrates a team of consultants into 5 of their 9 home visiting programs serving 16 counties. Consultants attend home visits when requested by home visitors or when families face certain risk factors. For example, families are automatically identified for involvement if they score above certain thresholds for adverse experiences in childhood, depression, perceived stress, and parent-child interactions. Home visitors can ask for IECMHC to help address sensitive issues, such as domestic violence, substance use, mental health issues, self-harm or suicidal ideation, loss of a child, or difficulties in parent-child interaction. By attending home visits, consultants can observe the parent-child relationship, provide information on self-regulation or mindfulness, administer assessments, identify resources and referrals tailored or matched to families' needs, and act as a warm hand-off to mental health providers. Home visitors do many of these activities alongside consultants to enhance their support and understanding of mental health for families.

Consultants facilitate reflective practice meetings with home visitors and participate in service planning. They also train staff on topics, such as [compassion resilience](#), self-care, mindfulness, and secondary trauma. At some locations, they co-lead parent support groups with home visitors on therapeutic topics such as parent depression and stress reduction. Home visitors have reported that IECMHC has greatly impacted their willingness and ability to support infant mental health with the families they serve.

“Having a mental health consultant supporting the home visiting program helps the staff feel more confident and prepared for the challenging work that they do with families . . . through having the mental health understanding and self-reflection promoted by the mental health consultant.” –Consultant supervisor

Conclusion

The IECMHC efforts highlighted in this brief share several features. For example, all states described how consultants support programs by working one-on-one with supervisors and home visitors to increase their reflective capacity and train them on mental health topics. IECMHC also consistently occurred in the context of an embedded and continuous relationship between the consultant and program site. Interviewees generally view consultants as trusted, integral members of their teams.

Highlighted initiatives also suggest a need to blend and braid funds to integrate IECMHC into home visiting programs because federal funding streams only support a limited number of consultant hours at each local agency. Local agencies demonstrated their commitment to financing IECMHC by using various federal, state, and philanthropic funds to sustain and expand services.

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