



Michigan's Model for  
Infant and Early Childhood  
Mental Health Consultation  
*MI Department of Health and Human Services*

# **IECMHC** Infant and Early Childhood Mental Health Consultation in Home Visiting

Module 4, 2022



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# Section One



## *Necessary Consultant Knowledge, Skills, and Supports for Providing IECMHC within Home Visiting Programs*

### **Overview**

Estimated time: 75 minutes

In this section, you will learn about the knowledge and skills necessary to provide comprehensive and relationship-based Infant and Early Childhood Mental Health Consultation to home visiting programs. Additionally, you will learn more about the types of support required for consultants doing this work to support fidelity to Michigan's model and to help ensure the consultant's ability to maintain satisfaction and joy in the work.

## Objectives

- Understand the role of the Infant and Early Childhood Mental Health Consultant in providing consultation to home visiting programs
- Understand the core differences of providing IECMHC within home visiting versus early care and education
- Understand the complex issues that home visitors might address while providing support to families of very young children
- Understand the importance of reflective consultation to home visitors
- Identify the importance of reflective supervision and group support to the IECMH consultant
- Know the general expectations for each of the home visiting models Michigan implements

## Connection to Competencies

### Center of Excellence for Infant and Early Childhood Mental Health Consultation

**1A.1.** Demonstrates an understanding of IECMHC as an indirect service that helps build the reflective capacities and relational health of families; staff who work in programs or other settings serving infants, young children, and families; and others who care for or provide services to infants and young children. Grasps and can convey the difference between IECMHC and other modes of intervention that involve direct mental health treatment for infants, young children, and/or families.

**1A.3.** Embraces the idea that IECMHC focuses on promoting infants' and young children's positive social and emotional development and behavioral health and reducing racial/ethnic, gender, language, or disability-based disparities in infant and young child outcomes using a wide-ranging knowledge base that draws from numerous fields of study.

**2A.2.** Understands that an infant's or young child's physical environment, experience of attachment, social relationships, race/ethnicity, primary language, culture, abilities, disposition, and life circumstances all impact behavior and social and emotional well-being. Uses this knowledge to support change in one or more of these realms to improve infant and young child outcomes.

**2A.11.** Recognizes and respects child and family culture, families' knowledge, sources of strength and resilience, and routes to healing within diverse families and communities.

## Center of Excellence for Infant and Early Childhood Mental Health Consultation

**2B.2.** Understands the interplay of genes and experiences on development—that both the infant's or young child's constitutional nature (including temperament) and aspects of the environment (e.g., the functioning of caregivers, the presence of risk and protective factors) play a role in determining the course of development. Understands the impact of experiences of prejudice or discrimination.

**2B.3.** Understands that development is a transactional phenomenon, within which infants and young children experience attachment relationships with primary caregivers that play a critical foundational role in development. Understands the potential negative impact of caregiver history, multiple separations, relational disruptions, caregiver depression, and loss.

**2B.6.** Recognizes risk factors associated with trauma as they relate to environmental, situational, and interpersonal contexts and understands the role of protective factors in ameliorating impacts on infant and early childhood development.

**2D.3.** Understands the importance of assisting others in reflecting on and examining their own values, beliefs, privileges, biases, assumptions, and experiences; supporting them in regulating their emotions; and helping them accurately perceive the meaning of others' behavior (specifically, the behavior of infants, young children, families, and co-workers).

**2E.3.** Understands that the quality of relationships among adults (between staff members and/or between staff members and families) influences infants' and young children's experiences.



**KNOW:**

*Understanding the Necessary Knowledge and Skills of Consultants Supporting Home Visiting Programs*

***IECMHC is a prevention-based, capacity-building support that pairs a mental health professional with home visitors. This support ensures that home visitors have the knowledge and skills to be successful in working with families who present behavioral health challenges.<sup>1</sup>***

Similar to the integration of mental health consultation in early care and education settings, mental health consultation in home visiting involves a partnership and is designed to build the capacity of home visitors. While home visiting has shown to be an effective service delivery model for children and their families, home visitors are often in need of additional training and support to meet the complex needs of families who may be impacted by a range of factors, such as substance misuse, mental illness, or intimate partner violence.<sup>2</sup> By embedding IECMHC into home visiting, an additional layer of support can be built within existing evidence-based home visiting models to help home visitors recognize, understand, support, and address the mental health needs of children, **and** families.

Mental health consultation can involve many types of support for home visiting programs, including consultation specific to the individual needs of children and families, as well as professional development on mental health related topics and reflective consultation. Typically, the IECMH consultant does not work directly with families of very young children; rather, they partner and consult with programs working with the families of young children. By building the capacity of home visiting programs and home visitors, IECMH consultants impact outcomes for children and families. Home visiting programs and home visitors who receive consultation better understand how to promote social, emotional, and relational health among children and families and strengthen their relationships with children, families, and colleagues. IECMH consultants may provide programmatic consultation, child or family-focused consultation, and consultation focused on building home visitors' capacity.

As highlighted in the introduction to Michigan's model (Module 3), IECMHC is integrated within many different settings across infant and early childhood systems. Consultants may be most familiar with IECMHC within early care and education settings due to the visibility of childcare and preschool programs, national requirements for consultation in some settings, rigorous evaluations related to IECMHC in childcare and Michigan's long history of provision of IECMHC within these settings. However, home visiting programs are benefitting now, more than ever, from IECMHC as consultants support home visitors in navigating a myriad of mental health and social and emotional development issues facing families and young children. See Figure 1. on the following pages to identify some of the common practices and differences among IECMHC within early care and education and home visiting.

**HELPFUL RESOURCE:**

**Review this two-page resource created by the Home Visiting Improvement Action Center Team (HV-ImpACT) that provides an overview of the many benefits to partnering efforts of IECMHC and home visiting.**

[https://drive.google.com/file/d/11zFHIZYqkBDaJAI\\_i7f6yxXgF3kpWgvP/view](https://drive.google.com/file/d/11zFHIZYqkBDaJAI_i7f6yxXgF3kpWgvP/view)

Figure 1. Types of Consultation [MM1]

Types of Service	Early Care and Education (Community and Tribal Settings)	Home Visiting (Federal, state, tribal, community)
<p><b>Child/Family-Focused Consultation</b></p>	<p>When a specific child’s behavior is of concern to parents or ECE staff, the consultant helps these adults understand, assess, and address the child’s needs by developing an individualized plan with the parents and providers. A plan includes specific strategies for the teacher and family to use to address the concerning behaviors.</p> <p>Visit the National Center on Early Childhood Health and Wellness’ <i>Mental Health Consultation Tool</i>, specifically the Child and Family section to learn more about what child/family centered consultation is, what it looks like in practice and to download current articles and resources:</p> <p><a href="https://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/mental-health/ec-mental-health-consultation/mh-consultation-tool">https://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/mental-health/ec-mental-health-consultation/mh-consultation-tool</a></p>	<p>When a specific child’s behavior is of concern to parents or home visitors, the consultant helps the home visitor understand, assess, and address the child’s needs so the home visitor can facilitate development of an individualized plan with the family. In some cases, the IECMH consultant may do a joint visit with the home visitor to observe and gather information that can further support the home visitor in his or her work.</p> <p>For more information on IECMHC core components and outcomes within home visiting measured by a cadre of SAMHSA funded Project LAUNCH sites, see the 2013 Pediatrics article by Goodson et al.</p> <p><a href="http://pediatrics.aappublications.org/content/132/Supplement_2/S180.long">http://pediatrics.aappublications.org/content/132/Supplement_2/S180.long</a></p> <p>For a simple infographic showing follow up results to the above Pediatrics article go here:</p> <p><a href="http://www.samhsa.gov/sites/default/files/programs_campaigns/IECMHC/ecmhc-home-visiting-infograph.pdf">http://www.samhsa.gov/sites/default/files/programs_campaigns/IECMHC/ecmhc-home-visiting-infograph.pdf</a></p>

Center of Excellence for IECMHC Toolkit, SAMHSA contract number HHSS2832012000241/HHSS28342003T

Types of Service	Early Care and Education (Community and Tribal Settings)	Home Visiting (Federal, state, tribal, community)
<p><b>Classroom/ Group-Focused Consultation</b></p>	<p>The consultant works with staff to improve the care offered to all children in the classroom by helping to identify and address attitudes, beliefs, practices, and conditions that may be undermining quality relationships between adults and children.</p> <p>Visit the National Center on Early Childhood Health and Wellness' <i>Mental Health Consultation Tool</i>, specifically the Classroom and Home section to learn more about what classroom/ Group- focused consultation is, what it looks like in practice and to download current articles and resources:</p> <p><a href="https://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/mental-health/ec-mental-health-consultation/mh-consultation-tool">https://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/mental-health/ec-mental-health-consultation/mh-consultation-tool</a></p>	<p>The consultant works with home visitors 1:1 or in a group to provide regular and ongoing reflective consultation to help home visitors improve the care offered to all children and families on their caseload by helping them identify and address attitudes, beliefs, practices, and conditions that may be undermining quality relationships between adults and children.</p> <p>Visit the National Center on Early Childhood Health and Wellness' <i>Mental Health Consultation Tool</i>, specifically the Reflective Practice section to learn more about what Reflective consultation is, what it looks like in practice and to download current articles and resources:</p> <p><a href="https://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/mental-health/ec-mental-health-consultation/mh-consultation-tool">https://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/mental-health/ec-mental-health-consultation/mh-consultation-tool</a></p>
	<p>Administrators, directors, and other program leaders are supported by the consultant to make changes in their care practices and/or policies to the benefit of all the children and adults in their setting.</p>	<p>Administrators and other HV leaders are supported by the consultant to make changes in their policies to enhance the development of and support provided to home visitors.</p>

Center of Excellence for IECMHC Toolkit, SAMHSA contract number HHSS2832012000241/HHSS28342003T



*To meet fidelity to Michigan’s Department of Health and Human Services model and provide the level of services necessary, an IECMH consultant must have the same qualifications, education, skills, attributes, and experience as defined in earlier chapters. These include:*

### **Qualifications of an IECMH consultant:**

- Infant Mental Health Endorsement Level II, Level III preferred
- Master’s Degree in social work or mental health field
- Licensed in the state of Michigan, or eligible for licensure
- Three years of experience providing child and family mental health services to those with children under the age of six

### **IECMH consultant skills and attributes:**

Infant and early childhood mental health consultants can come from a variety of disciplines— infant mental health, psychology, social work, or counseling (Kaufman, et al., 2013). Typically, IECMH consultants will hold a minimum of a master’s degree in a related field and possess knowledge of infant and early childhood mental health, child development, and relationship-and **other** evidence-based practices. In addition, consultants will seek to have knowledge of and understand:

- Early childhood programs and community resources
- Culture and cultural influences
- Implicit bias and equity considerations such as access to care
- Adult learning principles
- Specialized knowledge and skills related to the position, including understanding early childhood development, family systems, the impact of stress and trauma on family functioning, family mental health, the impact of domestic and community violence on mental well-being, and the relationship between adult mental illness and infant social and emotional development.

Since IECMHC builds the capacity of adults to recognize and understand the powerful influences of relationships and environments

on young children’s development, it’s important for IECMH consultants to be able to build positive relationships with providers, program staff, and families (Duran, et al., 2009). Some ideal consultant attributes, as outlined in Duran et al. (2009), include:

- Respectful, values others’ opinions
- Open-minded/non-judgmental, accept people for who they are
- Reflective
- Flexible, will adjust schedules and modify strategies as needed
- Approachable/easy to talk to
- Good listener
- Trustworthy
- Compassionate/empathetic
- Team player
- Reliable/dependable
- Self-motivated
- Positive/upbeat
- Patient, recognizes that change takes time
- Persistent, does not give up if there is resistance to change
- Loves children, shares the “children come first” mentality
- Warm/people person

In addition to the already identified qualifications, IECMH consultants that provide services to home visiting programs must also have a greater knowledge of adult mental health issues and understand the role of home visitors.

In early care and education settings, for example, it is natural to focus on what is present—a group of very young children in the classroom or childcare setting daily alongside their adult caregivers. These children can be observed daily, and at times their interactions or behaviors may give their providers pause and prompt wonder around what might be happening for that child.

The work in home visiting is different, and in addition, home visiting is not evident in just one place or system. Home visiting is offered in multiple systems, including child welfare, early education, public health, social work, and infant mental health. Furthermore, home visitors often vary in their educational and training backgrounds with some home visitors coming from the field of nursing to others having **deep lived experience and/or** backgrounds and credentials in early childhood or human services.

In home visiting, the focus is often on the dyad, or the relationship between the caregiver(s) in the home and the child, often addressing issues or concerns that might impact the child's development. The work of the home visitor often includes promotion and prevention strategies focused on relationship building, health and child development, parenting practices, and helping the parent identify and work toward various short- and long-term family goals. It is important that the IECMH consultant be aware of the home visitor's role, challenges they may face, and how to support them as they become aware of situations and variables that may not allow for maximum growth and development for the infant or young child.

Home visitors go into homes regularly, making strong connections with the parent/caregiver. They understand that infants and very young children learn from the relationships they have with those in their lives and that the relationship is essential to their growth and overall development. Although the focus is on the very young child, home visiting support is multi-generational and it is through the adults in that child's life that the home visitor does their work, keeping in mind



## HELPFUL RESOURCE:

Review this resource from the National Home Visiting Resource Center to learn more about the complex work of home visitors as well as considerations to promote home visitors' job satisfaction and retention by providing protective supports.

<https://nhvrc.org/wp-content/uploads/NHVRC-Brief-031620-FINAL.pdf>

the power of trusting relationships to create change. In addition, the home visitor acknowledges and respects the family's willingness to meet on behalf of the child's well-being and recognizes the courage it takes to share the uncertainty of parenting and the possible complexity of their lives.



One of the primary goals for home visiting is to support the ability of adults to create a nurturing, caring, and responsive environment that supports the cognitive, physical, social, and emotional development of children, leading to positive health, including mental health. As a result, the home visitor must assess and address any issues that impact the parent-child relationship. The home visitor is not always trained in mental health issues, and yet they face them routinely. Facing complicated families with stressful life experiences can lead to various home visitor responses, including avoidance or over-involvement with families. This makes the support from an IECMH consultant additionally essential to their work.



As more communities adopt home visiting as a strategy to help support children and families, it becomes increasingly important to understand the strengths and challenges of home visitation, as well as the primary tasks of home visitors. For example, as part of most home visiting models that programs implement, there are regular screenings required to be completed. These include screening for maternal depression, substance use/abuse, **intimate partner violence**, and child development. After completion, the home visitor may wonder about next steps.

- What action do they take next?
- Was the **screening** enough to identify factors influencing that family?
- If the assessment does not indicate further action, but the home visitor has concerns, how can the home visitor best assist that parent/family?

These are all questions that a home visitor might bring to reflective consultation with an IECMH consultant, while walking through the case together and thinking through options.

As will be further described in Section 2 of this chapter, IECMH consultants offer reflective consultation to home visitors as they explore mental health concerns with families and search for greater understanding of the child, the parent/family, and **themselves**. Reflection offers the home visitor valuable space to process the work and their own experiences as they address sensitive issues and think through options and subsequent next steps. Additionally, reflective consultation:

- Allows the home visitor to consider their reactions and emotions that have surfaced during their interactions and experiences with the family. What is coming up for them?
- Helps home visitors to become more self-aware, and able to process how they can best support this family without allowing their issues to interfere, thus being more objective.
- Allows the home visitor to slow down, better understand the story of the family, and think through options and actions with an IECMH consultant.

As an IECMH consultant in home visiting, it is important to become familiar with the evidence-based models to better understand the activities and requirements of each, including what enables the home visitor to maintain the capacity for the observation, curiosity, and responsivity that defines the model. In addition, IECMH consultants may familiarize themselves with the home visiting models to understand what the home visitors bring to their reflective consultation sessions. Each of the home visiting models has specific requirements that enhance the ability of the IECMH consultant to provide consultation. There is a requirement for reflective supervision for home visitors, a recommended team meeting, and time for professional development for most models. As an IECMH consultant, you may think of joining ongoing reflective supervision sessions, attending the regular staff meetings, or supporting the need for professional development on topics related to mental health.

### LEARN MORE:

Learn more about how IECMH consultants are helping home visitors to address maternal depression: [https://www.samhsa.gov/sites/default/files/programs\\_campaigns/IECMHC/iecmhc-and-mmd-in-home-visiting.pdf](https://www.samhsa.gov/sites/default/files/programs_campaigns/IECMHC/iecmhc-and-mmd-in-home-visiting.pdf)





## Reflective Supervision for the IECMH Consultant

Reflective supervision is foundational to our work. It has been a cornerstone and a requirement of our program since its inception in the mid-1990s. The official requirement for the MDHHS Michigan Model is that each consultant receives 1:1 reflective supervision for two hours (at a minimum) monthly. Best practice recommends between 4-6 hours per month with both individual and group supervision available as provided by the CMH supervisor or contracted Reflective Consultant. For IECMH consultants with a Level II IMH endorsement, reflective supervisors need to be an endorsed Infant Mental Health Specialist or Infant Mental Health Mentor-Clinical.

Reflective supervision provides consultants with a safe space to explore their own emotions, concerns, and reactions while providing consultation. Through this process, the consultant will gain insights into their practice, hone their skills, and develop a more profound sense of self-awareness.

Reflective supervision is distinct due to the shared exploration of the parallel process. That is, attention to all the relationships is essential, including the ones between the consultant and supervisor, between the consultant and home visitor, and between home visitors and the families that they support. It is critical to understand how each of these relationships affects the others. Of additional importance, reflective supervision relates to professional and personal development within one's discipline by attending to the work's emotional content and how reactions to the content affect the implementation of work. Finally, there is often greater emphasis on the supervisor/consultant's ability to listen and wait, allowing the supervisee to discover solutions, concepts, and perceptions on his/her own without interruption from the supervisor/consultant. A goodness of fit and development of trust is paramount for supervision to be impactful and supportive. (MI-AIMH)

The primary objectives of reflective supervision include the following:

- Form a trusting relationship between supervisor and practitioner
- Establish consistent and predictable meetings and times
- Ask questions that encourage details about the infant, parent, and emerging relationship
- Remain emotionally present
- Teach/guide
- Nurture/support
- Apply the integration of emotion and reason
- Foster the reflective process to be internalized by the supervisee
- Explore the parallel process and allow time for personal reflection
- Attend to how reactions to the content affect the process

If you do not have access to reflective supervision within your CMH, reach out for recommendations or leverage the MIAIMH registry here: Endorsement® Registry | Michigan Association for Infant Mental Health ([mi-aimh.org](http://mi-aimh.org)) You can also take time to ensure the consultant meets the reflective competencies recommended by MI-AIMH and to interview to help find the best goodness of fit.

### LEARN MORE:

You can learn more about the process of reflection and its benefits for home visitors in the Reflective Practice section of the Head Start Home Visitor's Online Handbook: <https://eclkc.ohs.acf.hhs.gov/family-engagement/home-visitors-online-handbook/reflective-practice>



## A Closer Look at Michigan

You can locate the eight different home visiting models that Michigan implements here, along with a description and essential information on each: [https://www.michigan.gov/homevisiting/0,9610,7-399-94826\\_94846-505755--,00.html](https://www.michigan.gov/homevisiting/0,9610,7-399-94826_94846-505755--,00.html)

Important to note, Michigan's home visiting work is a part of the federal program for home visiting called Maternal Infant Early Childhood Home Visiting (MIECHV). In 2010, the Obama Administration authorized the Maternal Infant and Early Childhood Home Visiting (MIECHV) program as an addition to the maternal and child health section of the Social Security Act. The original authorization provided \$1.5 billion over five years to states and territories to improve children's health and developmental outcomes through evidence-based home visiting programs (Stark et al., 2014). Over 154,000 families in all 50 states, the District of Columbia, and the U.S. territories benefit from the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program (HRSA, 2019). The MIECHV program is a substantial funder of home visiting for prenatal mothers and families with children through age five.

Incorporating IECMHC into MIECHV programs can support progress on several MIECHV performance measures, especially the following:

- **Performance Measure 3:** Percent of primary caregivers enrolled in home visiting who are screened for depression using a validated tool within three months of enrollment (for those not enrolled prenatally) or within three months of delivery (for those enrolled prenatally)
- **Performance Measure 9:** Percent of children enrolled in home visiting with at least one investigated case of maltreatment following enrollment within the reporting period
- **Performance Measure 10:** Percent of primary caregivers enrolled in home visiting who receive an observation of caregiver-child interaction by the home visitor using a validated tool
- **Performance Measure 13:** Percent of home visits where primary caregivers were asked if they have any concerns regarding their child's development, behavior, or learning
- **Performance Measure 14:** Percent of primary caregivers enrolled in home visiting who are screened for intimate partner violence (IPV) within six months of enrollment using a validated tool
- **Performance Measure 17:** Percent of primary caregivers referred to services for a positive screen for depression who receive one or more service contacts
- **Performance Measure 19:** Percent of primary caregivers enrolled in home visiting with positive screens for IPV (measured using a validated tool) who receive referral information for IPV

For more information on MIECHV connect to this link:

<https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/what-is-miechv-info-sheet.pdf>

### SEE & DO

**See:** Watch the video, Why Home Visiting Matters, to understand more about home visitors' impact on families and the valuable services provided. <https://www.youtube.com/watch?v=SE8XoFUWcSI>

**See:** Watch the presentation, HV Impact on Supporting Home Visiting through IECMHC. Three different states share their work as they implement IECMHC in their home visiting programs connected to MIECHV in their state. <https://www.youtube.com/watch?v=VHeUEgYS3cM>

**Do:** Reflect on the presentation. Write a journal entry on the things you learned as the states talked about implementing IECMHC in home visiting programs. Share your reflections with your supervisor.

## Reflection

Some opportunities already exist in home visiting consultation work where an IECMH consultant can join in scheduled reflective times. Each of the home visiting models has certain requirements that enhance the ability of the IECMH consultant to provide consultation. As an IECMH consultant, you may consider joining the reflective supervision sessions, attending the regular staff meetings, or supporting the need for professional development on topics related to mental health.

Spend some time reviewing the requirements for one of the home visiting models used in Michigan and share with your supervisor how the work of an IECMH consultant can be a natural fit for the program. Access the information on the Home Visiting Models used by Michigan here: [https://www.michigan.gov/homevisiting/0,9610,7-399-94826\\_94846-505755--,00.html](https://www.michigan.gov/homevisiting/0,9610,7-399-94826_94846-505755--,00.html)

## Support for Supervisors

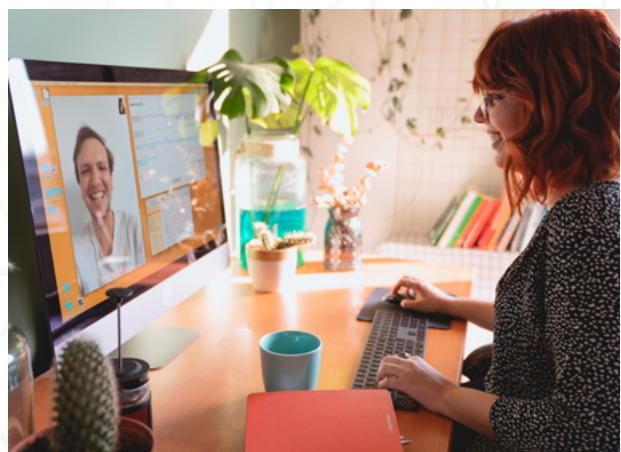
Review the results of an evaluation of Colorado Infant/Early Childhood Mental Health consultation in home visiting programs. <https://create.piktochart.com/output/33907635-mental-health-consultation-interviews-summary-co-miechv>

Pay particular attention to the section on Mental Health Consultation Barriers and Facilitators. This evaluation section can act as a tool to help you identify reflective questions and prompts you can use as you determine if there are some barriers that the IECMH consultant you support is experiencing.

Review [Types of Supervision and Oversight Required to Effectively Support Infant and Early Childhood Mental Health Consultants in the Field – 2017 \(PDF | 525 KB\)](#) which describes the different types of supervision and oversight of infant and early childhood mental health consultants and lists the most effective types of supervision for each IECMH practice environment. Use this resource as a guide to ensure the consultant you support is getting the type of support necessary to do quality work, use data for improving outcomes, meet their own emotional experiences, and maintain fidelity to the model.

## SUMMARY

**While home visiting programs understand the importance of relationship-based practices and help address the varying needs of the child and family, home visiting programs report that families are experiencing multiple risk factors simultaneously. Domestic violence, maternal depression, and substance use, as examples, may impact many home visiting participants which can make effective intervention challenging for home visitors. Home visiting programs continue to evolve to help meet these high-risk needs. By building the capacity of home visiting programs and home visitors, IECMH consultants can help build support for this difficult work and impact positive outcomes for children and families by working directly with home visitors to build their capacity to recognize and respond to the mental health needs of children and families.**







## Digging Deeper

Review the Illinois Model for IECMHC in home visiting at <https://www.icmhp.org/wp-content/uploads/2020/03/Early-Childhood-Mental-Health-Consultation-To-Home-Visiting-Programs.pdf>. This model outlines the ways that Illinois implemented consultation in home visiting, the support offered to the IECMH consultants, and the responsibilities of the consultants.

## Additional Resources

Center for Early Childhood Mental Health Consultation. (n.d.). Georgetown University Center for Child and Human Development. Retrieved from <http://www.ecmhc.org/index.html>

Substance Abuse and Mental Health Services Administration (SAMHSA). (2017). Types of Consultation Services.

Substance Abuse and Mental Health Services Administration (SAMHSA). (2017). About infant and early childhood mental health consultation (IECMHC). Retrieved from <https://www.samhsa.gov/iecmhc/about>

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[Types of Supervision and Oversight Required to Effectively Support Infant and Early Childhood Mental Health Consultants in the Field – 2017 \(PDF | 525 KB\)](#) describes the different types of supervision and oversight of infant and early childhood mental health consultants and lists the most effective types of supervision for each IECMHC practice environment.

[IECMHC Condensed Grid of Qualifications \(PDF | 439 KB\)](#) provides a compact overview of the qualifications needed for workforce development at the consultant, program, and state levels.

[Qualifications of an Infant and Early Childhood Mental Health Consultant – 2017 \(PDF | 517 KB\)](#) lists the qualifications that consultants should possess, as well as factors that programs should consider when hiring consultants.

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# Section Two



## *Delivering Infant and Early Childhood Mental Health Consultation*

**Overview:** Estimated time: 75 minutes

In this section you will learn about the activities and responsibilities of providing Infant and Early Childhood Consultation in home visiting settings.





## Objectives:

- Understand the consultant responsibilities when providing Infant/Early Childhood Mental Health Consultation to home visiting programs.
- Establish awareness of the data reporting requirements for IECMH consultants that support home visitors.



## Connection to Competencies:

### Center of Excellence for Infant and Early Childhood Mental Health Consultation

**1C.2.** Demonstrates an ability to support the emotional well-being and relational health of infants and young children and their caregivers, and promotes a shared and accurate understanding of infant, young child, family, and provider needs. Demonstrates an understanding of how needs may vary based on families' experiences with racial/ethnic, language, or ability inequities.

**2A.3.** Understands mental health concepts and psychological processes related to adults and adult functioning, including how caregivers' current and historical access to opportunities and resources and their experiences with discrimination impact mental health. Understands parallel process (i.e., how relationships between an IECMH consultant and staff or caregivers impacts relationships between staff or caregivers and infants, young children, and families), the ways in which a caregiver's experiences can affect their interpretation of an infant's or young child's behavior, and experiences with or responses to trauma.

**6A.1.** Helps families and staff deepen their understanding of how the quality of adult-infant/young child relationships impact the way that infants and young children experience themselves in various settings, learn expectations, and understand how to interact and get along with others.

### Michigan Association for Infant Mental Health

**Working with others:** The ability to build and maintain relationships as the foundation of working in the infant mental health field along with mentoring others, collaboration, and conflict resolution.

**Critical thinking:** The ability to analyze information, exercise sound judgment, maintain perspective, understand group process, and demonstrate good planning and organizational skills

**Reflection:** Contemplation, curiosity, and self-awareness as critical to the ability to process the emotional content of the work, understand the power of parallel process, and use supervision as an integral component of their professional development.



**KNOW:**

*IECMH consultants work directly with home visiting programs and home visitors to build their capacity to recognize and respond to the mental health needs of children and families. Consultants may offer support in the following ways:*

- Help home visiting programs strengthen policies and procedures for supporting and linking families to services for mental health
- Build home visitors' capacity to conduct screenings (e.g., screenings for maternal depression, intimate partner violence and developmental delays) that identify the mental health and developmental needs of children and families
- Help home visitors support families in creating emotionally safe home environments that foster children's learning and growth
- Provide an ongoing and regular opportunity for home visitors to reflect on, sort out, and cope with the strong feelings brought on by their complex work with families
- Provide reflective consultation which helps home visitors consider their own behaviors and practices that affect their work and explore ways to work more effectively

IECMHC is an indirect prevention-based support for home visiting. It is not:

- A direct mental health service or treatment, such as therapy or counseling provided directly to families by a mental health professional
- A service requiring diagnosis
- A helpline staffed by a mental health professional
- A stand-alone mental health training series with no ongoing support
- A coaching service based on implementing one specific curriculum, assessment, or model<sup>3</sup>

Integrating an IECMH consultant's perspective into home visiting normalizes mental health knowledge and expertise and decreases the stigma often associated with mental health. At the state and local levels, IECMH consultants help home visiting programs partner with early childhood and mental health systems, stakeholders, and other programs to strengthen home visiting services and add practical professional

development opportunities. Such partnerships offer multiple benefits, which include:

- Increased capacity of home visitors to recognize and address needs and link families to mental health supports
- Complete and accurate mental health and social-emotional developmental screenings
- Reduced home visitor stress and rates of turnover
- Improved social and emotional health and mental health of children and adult caregivers
- Improved family engagement
- Improved parent-child relationships and interactions
- Increased access for home visitors to mental health providers who can help refer families and promote care coordination
- Increased access for families to community providers (as consultants can help with both referrals and the transition to treatment or other supports)
- Improved relationships among home visiting staff members and stronger relationships with other providers



In Michigan's model for providing IECMHC within home visiting, the IECMH consultant may engage in **5 main elements of service**. Depending on the needs of the provider *all or some* of the following elements will be provided.

### **Specialized Consultation**

- 1 Joint home visits:** The consultant may accompany staff on home visits on an as needed basis. The supervisor and the consultant, as well as the staff as a group, thoroughly discuss the decision to have the consultant attend a home visit, minimally addressing the following: how does the consultant's presence increase the skills of the home visitor; what does it mean to the family to have the consultant present on a home visit; what does the home visitor hope to gain from the consultant; and, how will the observations of the consultant will be shared with the home visitor, the supervisor, the staff as a whole and/or the family. Before the consultant participates in the visit, the home visitor engages the family in a discussion about the purpose of the consultant's participation in the home visit. Consent should be received from the family for the consultant visit. The supervisor, home visitor, and consultant discuss how the consultant will support and partner with the home visitor during the visit. They also discuss what happens after the visit, and plan for the home visitor's follow-up with the family.
- 2 Reflective Consultation with the home visiting program manager/ supervisor:** The consultant meets monthly with the program supervisor/manager to provide an opportunity for reflection, problem solving, planning staff interactions, and embedding the skills and knowledge that the consultant brings into the program. These meetings are used to develop an agreement between the consultant and the supervisor and to clarify the differences between consultation and supervision, reinforcing the supervisor's ongoing commitment to the consultation process. This is an essential step that helps to sustain the work by promoting reflective practice within the supervisory activities.
- 3 Reflective Case Consultation with individual staff:** In a parallel process, the consultant and the supervisor meet with individual staff monthly to provide reflective consultation as described previously. Home visiting staff may have very little prior training on mental health topics, and sometimes struggle with issues of boundaries and judgments regarding a parent's life choices or parenting practices. A reflective mental health approach can assist home visitors in thinking about the impacts of issues such as a history of abuse or living with a parent with mental illness and how to address these issues within their role as a home visitor. Consultation helps staff gain confidence when raising mental health concerns, using the trusting relationship that they have established with a parent/family to make a referral to mental health services and addressing how the parent's mental health issues impact the relationship with their infant or young child. Consultants and Program Supervisors alike report that training is more effective when it happens naturally. If a subject comes up during a case consultation, the consultant may spend some time relying upon their knowledge and experience to share information with the team. The consultant may return to the next visit with additional information and materials, if appropriate.
- 4 Group Reflective Case Consultation:** Like reflective consultation with individual staff, the consultant works with the supervisor and the staff monthly. Often staff members present cases for discussion. The consultant helps the group to wonder aloud, thinking about the meaning of behaviors. The home visitors are encouraged to hold steady, observe, and wonder with their clients (parents/families), as opposed to problem solving and finding a "solution".
- 5 Specialized Mental Health Training:** The reflective approach is balanced with training that is content specific. The IECMH consultant develops "mini-trainings" on topics that staff members identify such as attachment, self-regulation, postpartum depression, substance abuse, and sleep disturbance. The home visiting staff gain knowledge and skills that are reinforced in supervision and the meetings with the consultant.



## A Closer Look at Michigan

*Michigan requires that IECMH consultants in home visiting understand and hold fidelity to the model of consultation. The basic components include:*

- Consultant education and skills
- Joint family visits as necessary (Child/Family focused consultation)
- Reflective consultation with supervisors (1:1) and home visitors (1:1) and group
- Specialized mental health training provided to home visitors
- Data reporting and use (monthly)
- Attend quarterly state TTA (Training and Technical Assistance)



### Data reporting requirements:

Monitoring and evaluation are vital to determining the success and impact of mental health consultation in Michigan. Monitoring is an ongoing process that looks at the degree to which the program and practices are being implemented as intended. Program delivery should be monitored at multiple levels: program, consultant, and family.

Data variables and periodicity are outlined below. Consultants will use the MDHHS IECMHC online system to report variables for the first six months of service provision and quarterly thereafter once fidelity components are met and approved by the state purveyor.

Data Variables to be reported include –

Demographics at time of entry of the HV program: Consultants enter these for each HV program (case)

- **Program name** (typed in)
- **# of home visitors in program:** Consultant types in number
- **# of families served by program:** Consultant types in number
- **Demographics of HV program:** Geographic region, population race/ethnicity, HV model type, ages served: Drop down choices

## SEE & DO

### See:

Listen to a podcast by the Center of Excellence with a Wisconsin leader in Home Visiting Consultation, Kevin O'Brien, at [https://www.samhsa.gov/sites/default/files/sites/default/files/using\\_iecmhc\\_to\\_support\\_home\\_visiting\\_programs.mp3](https://www.samhsa.gov/sites/default/files/sites/default/files/using_iecmhc_to_support_home_visiting_programs.mp3)

### Do:

After listening to the podcast, write a reflective journal entry that responds to the following points:

- According to this podcast, why is it important for consultants to reflect on their own work with either their supervisor or an outside person (as provided by the Wisconsin Association for Infant Mental Health)?
- During the podcast, the idea of partnerships and breaking down silos is mentioned several times. What comes to mind for you? How is this helpful for consultation in home visiting?

## Ongoing Activity:

Consultant Activity	Data Variables
Consultant Education and Skills (not an activity)	Master's Degree (Yes/No) Licensure (Yes/No) Years of experience Attainment and retention of IMH endorsement (yes/no; levels 1, 2, 3, 4, or "in progress" in a dropdown)
Joint Visit with Home Visitor	<p>This activity will require a consultation log to track each joint visit per family (e.g., Smith family and Jones family have separate logs with separate entries for joint visits; but all under the same home visiting agency that a consultant is working with).</p> <p>Within each joint visit log that is populated (specific to one family), consultants can record:</p> <ul style="list-style-type: none"> <li>• Intake/consent form completion date for each family (completed once per family at the onset of services): select date</li> <li>• # of coaching minutes (log minutes over time) - Per home visit with that family</li> <li>• Strategies used within each joint visit (check all that apply): Observation, Planning meeting, Assessment, Referral linkage, Other (please identify)</li> <li>• Reason for each joint visit - from a dropdown list of reasons: Caregiver mental health concerns, Child social/emotional/behavioral concerns, Other (please list)</li> <li>• Case closure date (completed once per family at end of services): select date</li> </ul>
Reflective Consultation with the HV program manager/supervisor	Date agreement signed - select date # of sessions - in log format like current contact log where they track it over time; track same as above (+ amount of time, 15 min increments in a dropdown) Focus of each session: open ended box (eventually create dropdown once we know common themes)

Consultant Activity	Data Variables
<p>Reflective case consultation with home visitors (1:1 or group)</p>	<p>Log format to measure number of sessions by type (select 1:1 or group for each log entry, questions populate based on selection)</p> <p># of HVs attending (monthly) - dropdown with options 1-20</p> <ul style="list-style-type: none"> <li>· **Only for entries where "group" was selected</li> </ul> <p>Topics addressed (monthly) - from a dropdown box of options</p> <ul style="list-style-type: none"> <li>· For entries where either 1:1 or group was selected</li> <li>· Options are select all that apply <ul style="list-style-type: none"> <li>– Parent - HV relationship</li> <li>– Parent-child relationship</li> <li>– Family stressors (e.g., trauma, finances, homelessness)</li> <li>– HV stress/emotional experiences</li> <li>– Programmatic topics (e.g., relationship issues with peers, etc.)</li> <li>– Other: type in</li> </ul> </li> </ul>
<p>Specialized Mental Health Training</p>	<p># of trainings - consultants can add one entry per training</p> <ul style="list-style-type: none"> <li>· Log format</li> </ul> <p># of attendees per training - dropdown with options 1-20</p> <p>Topic addressed within each training: select all that apply</p> <ul style="list-style-type: none"> <li>· Maternal/Paternal Depression</li> <li>· Home visitor well-being</li> <li>· Pregnancy &amp; early parenthood</li> <li>· Infant/young child development &amp; behavior</li> <li>· Family relationships &amp; dynamics</li> <li>· Attachment, separation, trauma, grief, and loss</li> <li>· Disorders of infancy and early childhood</li> <li>· Mental &amp; behavioral disorders in adults</li> <li>· Cultural competence</li> <li>· MH Screening &amp; assessment</li> <li>· Intervention/treatment planning</li> <li>· Developmental guidance</li> <li>· Other</li> </ul>

A Self-efficacy survey will be sent out electronically by consultants to home visitors for completion on an annual basis. This self-efficacy survey will help consultants learn more about the impact of consultation work on home visitors feelings of confidence and changes to competency in supporting the mental health of infants, young children and families.





## SUMMARY

Providing Infant/Early Childhood Mental Health Consultation to home visiting programs involves having a close connection to the home visitors as they support the families of very young children. Home visitors develop trust with the families they support and become a key partner in helping to provide the supportive and nurturing environment that helps an infant or young child develop social and emotional skills. Through reflection, case consultation, and collaborative planning the IECMH consultant helps build the capacity of the home visitors to address the mental health concerns that they encounter through their work with families.

## Reflection

After reviewing this chapter, you may have new information on the work of a home visitor, and the impact it has on the social, emotional, and mental health development of very young children.

- What are some thoughts or questions you might have about the role of the home visitor?
- What are some thoughts or questions that come up for you as an IEMHC consultant?
- Is there more information you might want before you provide support to home visitors through consultation?

Talk with your supervisor about your questions and thoughts during your reflective time together.

## Support for Supervisors

Take time to meet with the consultant you supervise. There are several reflections in this chapter that will help prompt the possible questions and concerns of the consultant.

In addition, review the infographic located at <https://drive.google.com/file/d/0B2GoVClW0LSbXBtd1pPTUpCWjg/view?resourcekey=0--KtvGKexBEuAO2Vffk2ng>. There is a list of goals, and one of outcomes of IECMHC in home visiting. Review this information with the consultant you support, opening the conversation for reflections on the information.

## Digging Deeper

Review the document on the HRSA website located here: <https://mchb.hrsa.gov/sites/default/files/mchb/MaternalChildHealthInitiatives/HomeVisiting/tfiles/iecmhc-roadmap.pdf>

Page 4 displays a triangle-shaped infographic. This is a model for consultation, showing how the consultant partners with staff to collaboratively support the family/child. Why is there no direct arrow from the consultant to the child/family? Discuss this with your reflective supervisor.



## Additional Resources

Early Childhood Mental Health Consultation, Policies and Practices to Foster the Social-Emotional Development of Young Children, Zero to Three, retrieved from <https://www.zerotothree.org/resources/1694-early-childhood-mental-health-consultation-policies-and-practices-to-foster-the-social-emotional-development-of-young-children>

[Enhancing Home Visiting with Mental Health Consultation](#), Goodson, Mackrain, Perry, O'Brien, and Gwaltney. *Pediatrics*, 2013; 132:S180–S190. The article highlights efforts in several federally funded Linking Actions for Unmet Needs in Children's Health (LAUNCH) projects to implement IECMHC.

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First 5, Alameda County, California's Project Launch, *Integrating Mental Health Supports into Home Visiting*, Retrieved from: [https://healthysafechildren.org/sites/default/files/CA\\_Policy\\_Brief\\_Integrating\\_Mental\\_Health\\_in\\_Home\\_Visiting.pdf](https://healthysafechildren.org/sites/default/files/CA_Policy_Brief_Integrating_Mental_Health_in_Home_Visiting.pdf)

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