

***U.S. Department of Health and Human Services
Health Resources and Services Administration***

**Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program
Technical Assistance Coordinating Center's**

Webinar

**'Responding to Behavioral Health Needs for Families in Home Visiting through Systems
Integration'**

February 25, 2014
3:00pm Eastern

Presentations by:

Dr. Paula Zeanah, Director of Infant Mental Health and Clinical Developer for Louisiana's Maternal, Infant, and Early Childhood Home Visitation (MIECHV) Program.

Mary Mackrain, M.Ed., IMH-E® (IV), Infant Mental Health Mentor (Policy), Michigan Department of Community Health, Mental Health Services to Children and Families

Therese Ahlers, MS, MPA, IMH-E® (IV), Resource Specialist, Project LAUNCH, ZERO TO THREE National Center for Infants Toddlers and Families

Operator: Please standby. We're about to begin.

Good day and welcome to the Responding to Behavioral Health Needs for Families and Home Visiting through Systems Integration conference call.

Today's conference is being recorded.

At this time I would like to turn the conference over to Petra Smith. Please go ahead.

Petra Smith: Thank you Brian. Good afternoon everyone. Welcome to the MIECHV TACC webinar, Responding to Behavioral Health Needs for Families and Home Visiting through Systems Integration. We are glad that you're able to join us today.

We will be focusing our attention to three state examples that aim to the knowledge and competency in home visitors and home visiting as well as ECCS System so focusing on

**The MIECHV TACC is funded under contract #HSSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.**

**The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.**

***U.S. Department of Health and Human Services
Health Resources and Services Administration***

assessing and identifying families in need of services and also focusing on improving access to behavioral health services.

And if we move to our next slide you will see our agenda for today. The first segment includes a welcome and opening. During the second segment you will hear about three state examples.

And during the third segment our presenters will engage in a panel discussion answering some of the questions you submitted as part of the registration process.

And during the fourth segment we would like to engage you, the audience in a discussion about your challenge around this topic.

Today's webinar brought to you by the Maternal Infant Early Childhood Home Visiting Technical Assistance Coordinating Center. The Technical Assistance Coordinator - Coordinating Center or TACC is funded by HRSA and staffed through ZERO TO THREE and subcontracted partners, Chapin Hall, Association of Maternal and Child Health Programs, AMCHP, and Walter R. McDonald & Associates.

The TACC provides different levels of support to MIECHV grantees using ZERO TO THREE and partner staff along with numerous expert consultants and in conjunction with other TA providers.

My name is Petra Smith and I'm the TACC TA Specialist with ZERO TO THREE. I will be moderating the webinar today.

Kathy Reschke the TACC e-Learning Coordinator will be facilitating the question box and assisting with the audio discussion during the webinar today.

**The MIECHV TACC is funded under contract #HHS250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.**

**The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.**

***U.S. Department of Health and Human Services
Health Resources and Services Administration***

The webinar objectives are to understand behavioral health needs and barriers from the perspective of the family and the home visitor. We will also explore challenges and barriers grantees and implementing agencies are facing and discuss concrete solutions to these challenges.

And finally, we will learn about examples of integrating behavioral health services and support systems to enhance and strengthen home visiting services.

To post a question please see the control panel which is located to the right of your screen. At the bottom of the panel is an open text field. You should see it above the words Go To Webinar.

Type your questions in the section labeled Enter a Question for Staff. And that is indicated as the number one on your screen. Next click the Send button shown as number one - number two. To expand your panel please click the orange arrow button on the top right.

Please feel free to post any questions or comments at any time during the webinar today. We would like to hear from you.

And now I have the privilege to - of introducing Ms. Sandra Springer. She's the Regional HRSA Project Officer for Region VII. She will provide our welcome today and will also introduce our three speakers. We will not be reading the biographies of the talented speakers today. You are however able to find those bio sketches in your webinar packet that was sent to you yesterday.

Sandra welcome. I'm turning over the webinar to you at this time.

**The MIECHV TACC is funded under contract #HHS250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.**

**The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.**

***U.S. Department of Health and Human Services
Health Resources and Services Administration***

Sandra Springer: Thank you Petra. Good afternoon and welcome to today's webinar hosted by the MIECHV Technical Assistance Coordinating Center.

We're thrilled to have three outstanding speakers that have initiated innovative strategies within Infant Mental Health Programs, competency building for home visitors and supervisors and strengthening systems of behavioral health.

The TACC gathered a great deal of information based on the responses provided during the registration for this webinar. When asked a question how prepared do you believe you are to address mental health and/or substance abuse challenges, their responses are in the slide below.

Sixty percent of respondents felt somewhat prepared, 24% felt they had very little preparation, 14% were prepared to a great extent, and 2% were not prepared at all.

The data tells us that there is some work to be done in this area to increase preparedness around mental health and substance abuse challenges within home visiting and communities served by our programs. Many respondents indicated that undiagnosed needs, access to resources and stigma as major challenges home visitors are experiencing.

In addition there were some overall findings that came out of the registration responses, the first one around competency building and professional development of home visitors and how to best support the development in this area.

Dr. Zeanah will be providing examples of how this has been addressed in Louisiana and Ms. Ahlers will also address this topic with a focus of reflective practice.

**The MIECHV TACC is funded under contract #HSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.**

**The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.**

***U.S. Department of Health and Human Services
Health Resources and Services Administration***

The second was around access to services. Many of you felt there was a lack of access to mental health and substance abuse services for clients. In addition there were issues present around lack of access to resources and knowledge of service systems within communities.

Dr. Zeanah and Ms. Mackrain will address some strategies in their presentation.

At this point we'd like to ask you, what are some successful strategies you have used to address behavioral health needs in home visiting? Please write your responses in the textbox now.

So take a few minutes and write your responses in the textbox below.

Kathy Reschke: This is Kathy and I'm going to share with you some of the things that folks are writing in.

When asked go with families for intake. Another is we've collaborated with Project LAUNCH which I believe we'll be talking about a little bit later.

Another one is that we have assess perception of stress in pregnancy. Another is that we have an Infant Mental Health Program that we coordinate with for services and training, licensed counselors on staff that provide in-home counseling, we've got a mental health consultant through the NFP Program.

We've got several more shared. We're not going to have time to share all of these. But we'll be collecting them and perhaps sharing them in an upcoming newsletter article so thank you for sharing that.

Sandra Springer: Thanks everyone for your responses and thanks Kathy for sharing those. And for getting the dialogue started on today's webinar.

**The MIECHV TACC is funded under contract #HHS250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.**

**The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.**

***U.S. Department of Health and Human Services
Health Resources and Services Administration***

At this point I'm happy to welcome our presenters. Dr. Zeanah is the Director of Infant Mental Health and Clinical Developer for Louisiana's MIECHV Program. She's also Professor in Psychiatry in the Department of Psychiatry and Behavioral Sciences at Tulane University School of Medicine.

Mary Mackrain is an Infant Mental Health Mentor at the Michigan Department of Community Health with the Mental Health Services to Children and Families.

Therese Ahlers is a Research Specialist with Project LAUNCH ZERO TO THREE National Center for Infants, Toddlers and Families. She also is a former Executive Director of the Wisconsin Alliance for Infant Mental Health.

Dr. Zeanah will begin the presentations today. Thank you.

Petra Smith: Paula you might be on mute.

Paula Zeanah: Does that unmute me?

Petra Smith: You are unmuted now.

Paula Zeanah: Okay, thank you very much. Thought I unmuted, sorry about that.

Petra Smith: That's all right.

**The MIECHV TACC is funded under contract #HHS250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.**

**The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.**

***U.S. Department of Health and Human Services
Health Resources and Services Administration***

Paula Zeanah: All right, I'll start again. I want to thank Sandra and Petra and the MIECHV TACC organizers of this webinar for the opportunity to present today our experience in Louisiana with Infant Mental Health Augmentation to the Nurse-Family Partnership Program.

Next slide please.

And NHV you'll see these different abbreviations. Hopefully you can remember those as we go throughout the slides.

Next slide please.

When we began the Nurse-Family Partnership a number of years ago a Nurse Home Visiting Program, we were aware that we were likely to see mothers in our communities that had mental health issues. We knew we were going to be working with a client base that was likely to have a number of stressors that would impact parenting and the parent-infant relationship.

We also were lucky in Louisiana that we had some areas of very great expertise but we actually had very few perinatal infant mental health services available in our state. In fact there were no mental health services for children under the age of 5 and very, very little pregnant women who had mental health needs.

So as shown on the next slide despite the challenges we also had a number of opportunities. Our nurses had a lot of experience most of them with public health, maternal child health, pediatric or home visiting experience. These were not brand new nurses.

And they received much - a lot of training. I'm on the next slide please. There you go, thank you.

**The MIECHV TACC is funded under contract #HSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.**

**The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.**

***U.S. Department of Health and Human Services
Health Resources and Services Administration***

They got - they received extensive training on the model, relationship-based practice and so forth through the Nurse-Family Partnership Program. And perhaps the greatest opportunity was that these nurses are working with moms during their pregnancy until the child is age 2. So they're able to observe the unfolding of that parent-infant relationship and really have an impact on it. However most of these nurses have very little knowledge of perinatal or infant mental health.

So as shown on the next slide we felt like we needed to provide a little boost to that program, a little bit augmentation for several reasons. One was to identify mothers at risk. Home visiting is primarily a preventive and early intervention type of program and we wanted to be able to identify those consistently if we could.

We wanted to be able to provide access to mental health professionals who had experience and expertise in the needs of parent, infant's attachment and so forth. And then we wanted to be able to increase the Nurse Home Visitor's knowledge and skills and reinforce what they're already were getting through their training's and their previous experience.

On the next slide you'll see that we did a couple of things in terms of nursing education. We had already developed a 30 hour training in infant mental health which covered social and emotional development, attachment, assessment and interventions related to parent-infant relationships. And that became incorporated and part of what all of our Nurse Home Visitors received as part of their general preparation for their work.

Over the years we have provided additional education regarding specific mental health issues, screening, referral, accessing resources and so forth. And we've also developed a number of

**The MIECHV TACC is funded under contract #HSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.**

**The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.**

***U.S. Department of Health and Human Services
Health Resources and Services Administration***

policies and procedures to help nurses and teams address certain issues around safety, risk assessment and other issues that impact mental health or delivery of the program.

On the next, let's see. Where am I? Okay, so I'm here. So we also decided to add a licensed mental health professional to a full team. For us a full team is eight nurses and one supervisor who are responsible for approximately 200 parents and families. That's a large group.

And we wanted these mental health specialists is what we were calling them to provide both direct services to clients as well as education, support and guidance to the Nurse Home Visitors. Our idea was that this augmentation would not replace any of the Nurse Home Visitation models but would reinforce those activities that they were already doing and provide more of an integrated approach to their work.

Next, on the next slide you can see more specifically what the Infant Mental Health Specialist does in terms of assessment. She will receive - I'm saying she because we have all women right now. Gets a written referral from the nurse after the nurse has spoken with the client, gets consent. She conducts her own assessment addressing mental health issues, mental status exam and so forth, and provides written feedback to the nurse.

She then will provide home-based mental health services depending on the client need as well as participating in case conferences, providing individual services, consultation to nurses per nurse's request especially for clients who are not - who are reluctant or are not ready for direct services and also meets regularly with the supervisor to discuss the overall needs of clients, the nursing teams, identification resources and so forth.

**The MIECHV TACC is funded under contract #HSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.**

**The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.**

***U.S. Department of Health and Human Services
Health Resources and Services Administration***

On the next slide you can see that in recent years we've decided to strengthen our assessment and referral processes. We have strengthened our screening by having our clients complete not only depression screen but also screen for anxiety and stress. I heard somebody mention that earlier, in a more consistent way. We're doing that periodically throughout the course of the program.

And we're also doing a nurse assessment which includes not only gathering of information about any mental health treatment or medications and whatever the client may be on, just as they would for health conditions. But also to utilize the observations and concerns that they have - the clients have revealed to them during the course of their work.

And the nurse puts that information together to make a referral either to the Infant Mental Health Specialist or to community health resource or other resource depending on what the issue is.

On the next slide, I think we'll be talking in the next couple of slides about what we're learning. I think we continue to learn and develop the - of what we need to be doing for these clients. Clearly as many of you all know our clients have very varied and often very complex mental health needs. It's beyond, you know, depression related to psychosocial stress or often times we have, not often but occasionally we have mothers who have really significant mental health problems that may or may not be treated in the system.

They also come along with a number of other experiences in their background that contribute to how they're able to cope and manage throughout - during the - you know, in terms of the program and taking care of themselves so that there's really a wide range of issues that the mental health and the nurses of course are addressing.

**The MIECHV TACC is funded under contract #HSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.**

**The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.**

***U.S. Department of Health and Human Services
Health Resources and Services Administration***

We find that the nurses refer for more complex and multiple issues rather than for a single or simple, what I would call a simple mental health issue and often times the nurses say it's helpful to have another person there to see what's going on with the client and to offer support.

In terms of our clients, next slide, we find that, you know, the clients, you know, obviously it's convenient and to have someone come to the home. It's easier for the clients. Sometimes they have to go far away. But as others mentioned earlier there's still stigma. Clients may not be ready for services. They're not always receptive to this offering.

But we are finding that many clients also are able to take advantage of our mental health consultants in a very nice way. They're able to articulate that they see the role of the nurse and the health - and the Mental Health Specialist differently, want different things from each and are often glad to have both of them working together.

We find that many of our - the issues can be pretty well managed between the nurse and the Infant Mental Health Specialist but when we need things like medication or emergency services sometimes those are sometimes more difficult to find.

In terms of within the program we believe that the nurses are gaining additional skill and competence. Their assessments, their observations, the way they describe what they're observing, how and when to leave for their competence and handling small challenges by our anecdotal experience seems to be improved. We are currently in the midst of trying to address this more systematically.

And outside of the Nurse Home Visiting Program I think we've been able to articulate with some of our other collaborators and other systems the kinds of issues that are needed and to try to

**The MIECHV TACC is funded under contract #HSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.**

**The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.**

***U.S. Department of Health and Human Services
Health Resources and Services Administration***

jiggle the system a little bit if you will to get more services for our clients. Although we still have a long ways to go in that.

The next slide, I think I just kind of talked a little bit about that. We are trying to continue our development of coordinating our child serving agencies and infusing infant mental health training and support and services throughout services that address the needs of parents and young and children.

In the future, the next slide, we are currently as I said formally evaluating our program. I hope to have more for you at a future date. And we're looking to explore Medicaid reimbursement. We are in the midst of a huge revamp of mental health services here in this state. So that's still a big issue that we need to explore further.

With that I want to thank you all for your attention. And I would like to turn the presentation over to Mary Mackrain.

Thank you.

Mary Mackrain: Thank you Paula and hello everybody. This is Mary Mackrain. I'm really happy to be a part of the webinar today and share some of the Michigan experiences.

You can go to the next slide please.

So I wanted to start off just sharing some words from home visitors. The quotes on the screen were provided by Early Head Start Home Visitors representing three programs in Michigan that

**The MIECHV TACC is funded under contract #HSSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.**

**The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.**

***U.S. Department of Health and Human Services
Health Resources and Services Administration***

were part of a qualitative study on the need for enhancing mental health services and home visiting.

So you can read them for yourself but I think that you may resonate with some of these words of how home visitors were saying that sometimes they could misunderstand the mental health needs or miss the mental health needs of families or just not know what to do.

So I'm going to focus my talk today more on the access to services. In Michigan we have a long history related to the development and dissemination of early childhood mental health consultation and infant mental health endorsement. But Paula has already shared and Therese will provide some rich illustrations of these kinds of activity.

So I'm going to focus more on access. And we know that what we found in our state is getting to access, getting families access to services is really a journey.

As you can gather when you look at quotes on the screen in Michigan we realized that system and policy improvement around behavioral health needed to empower home visitors and other early parent education providers to really recognize and support social and emotional health and early signs of risk and better understand how to implement practices within their programs to improve mental health outcomes and to help garner and support the transition of the families to treatment services when warranted.

So I think somebody mentioned earlier just that reduction of stigma. We knew we had to build promotion, prevention and intervention strategies together.

Next slide please.

**The MIECHV TACC is funded under contract #HSSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.**

**The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.**

***U.S. Department of Health and Human Services
Health Resources and Services Administration***

Like many of you listening today our state has had and continues to have some challenges and barriers across our continuum of care related to mental health services for children and family. That being said we had some strong achievements that I'm going to share with you today but I will start out with some of our challenges. And maybe you all can relate to some of these.

One, we tend to have a fragmented professional development system and support to frontline staff. So we may have multiple professional development opportunities going on across the state. But if there's no coordination we may have inconsistent efforts leading to duplication of time and cost and perhaps some misaligned messages. So that's something that we wanted to get a handle on.

Lack of funding, I bet almost everybody on the line wishes perhaps they had more funding for mental health services. In a 2011 Policy Report put out by Michigan's Children, a nonpartisan advocacy organization, it was reported that less than 1% of Michigan's Early Childhood funds are spent on social and emotional health services.

We have access issues. Basically you read the two quotes and I think, you know, the bottom line is home visitors are often saying that when mental health issues come up there's often no one to help us and when there is sometimes families can't get into the door.

So that's what I'm going to focus, you know, my efforts on sharing today some information.

So we have some inadequacies across the state in terms of accessing Medicaid funded infant and early childhood mental health services for very young children.

**The MIECHV TACC is funded under contract #HSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.**

**The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.**

***U.S. Department of Health and Human Services
Health Resources and Services Administration***

So a few of the - well the strategies that you see on the screen right now really get at the first two challenges I mentioned on the prior slide, fragmentation and funding. And I want to let you know the details on those strategies are going to be shared in the upcoming newsletter related to this topic referenced earlier in the webinar.

But in brief I'll share a few things about these bullets on the slide. We've done a few things if you look at the right hand side of the triangle to build home visiting system and knowledge in our state.

So one thing we've done is through Project LAUNCH in Michigan we developed a State Ad Hoc Committee on social and emotional messaging to reduce stigma and increase awareness. We got together state organizations, local agencies, parents and so forth to create a messaging toolkit so we were talking about social and emotional health the same across our state.

The toolkit includes three resources. A Social and Emotional Health Guide that's free and downloadable for families that talks about typical and atypical milestones and strategies, a Social and Emotional Fact Sheet that can be used with legislators to move policy and a Social and Emotional Scripted PowerPoint that can be used across programs.

We have Across Agency Social and Emotional Series to grow consistent expertise across providers like home visitors, early care and education providers. This kind of gets at funding too because two departments in our state, the Michigan Department of Community Health and Education blended professional development funds to provide no cost, ongoing web-based training and coaching calls for infant and toddler professionals across the state using the Center for Social and Emotional Foundations for Early Learning Module.

**The MIECHV TACC is funded under contract #HSSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.**

**The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.**

***U.S. Department of Health and Human Services
Health Resources and Services Administration***

So we're - so far we trained over 100 Part C Staff, home visitors and early care and education providers together. So they're learning the same types of information and we're growing knowledge and awareness.

The last thing I wanted to mention on this slide quickly is what we found in our state is that, you know, Paula mentioned the importance of reflective supervision to build capacity. And home visitors shared how relieved they were to have that kind of support.

In our state we had a shortage of reflective supervisors across the expanse of our region. So to build capacity our Michigan Department of Community Health and Infant Mental Health Association had teamed to provide a Voluntary Quarterly Training and Reflection Series to train up a cadre of reflective supervisors that can go back to their community and provide group reflective supervision across programs so programs can also cost share for the price of a reflective supervisor.

Okay, next slide please.

Another quick strategy getting at assessing behavioral health needs. One of the things we've done in our state is again we teamed across departments to provide cross system training and coaching on social and emotional behavioral assessment using the (DECA) Infant Toddler and Clinical Tools, the PICCOLO and the Massie/Campbell which is a Parent-Child Interaction Tool so home visitors, Part C providers, Head Start and so forth can be trained all together on how to use a similar tool across the state which helps with knowledge building, access and relationship building.

**The MIECHV TACC is funded under contract #HSSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.**

**The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.**

***U.S. Department of Health and Human Services
Health Resources and Services Administration***

So on the next slide, this is where I wanted to focus some of my attention today and that is on our strategy for access. There's a few things we've done in Michigan. I'm going to mention just two that are really related to policy change. If you can get in and really help to support policy change, the funding may follow and so forth.

So remember those quotes early on where basically home visitors were saying we don't have anybody who knows babies and no way to get our families in when there is somebody.

So one of the things that we did we developed access criteria for children birth to 47 months for home-based services to be included in the Michigan Department of Community Health Medicaid Provider Manual. This will be in the newsletter coming out soon access to the actual language.

So I'm talking now about intensive services to children and families with multiple service needs as Paula had mentioned. The development of these criteria is significant because it really crosswalks with the diagnostic classification of mental health and developmental disorders of infancy and early childhood to ensure sensitivity to the unique needs of children in this age range.

So for example we look at functional impairment and duration really unique and sensitive to babies and toddlers. So we're looking at things like reoccurring behaviors or expressiveness indicating modulation problems like uncontrollable crying or screaming. Sleeping and eating disturbances and so forth.

So if you want to take a closer look at those access criteria what it's done for us is we get the word out to home visitors, to Head Start, to Part C so people on the frontline know the access criteria. They're more sensitive to babies and toddlers. And it's more likely that those children and families are going to get into the door.

**The MIECHV TACC is funded under contract #HHS250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.**

**The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.**

***U.S. Department of Health and Human Services
Health Resources and Services Administration***

The second thing quickly that I'll mention that I think has been a really important policy change that we've done in our state is that anybody providing mental health services to Medicaid eligible children, birth to 47 months in our state have to have, is required through policy a minimum Level 2 Infant Mental Health Endorsement, Level 3 is preferred.

So that has been really important. We've instituted training to get people up to speed for endorsement and so forth. But in every community we know that there is somebody who has specialty in babies and toddlers which has really moved us a long way in our state.

Next slide please.

So in a nutshell I'll just quickly end here, just a few lessons learned. I know you can read these for yourself. But I would just highly suggest that in any way that you can to build champions maybe even some of those. I know that probably everybody on the phone today believes in the mental health needs of young kids.

But we want to make sure we had champions across our systems in early education and Head Start and so forth that are speaking on our behalf and baby's behalf when we're not there to do it ourselves.

Think about blending professional development funds to provide group reflective supervision and share the cost and build capacity.

And we need to continue to creating those policies that are sensitive to babies, toddlers and families so we can see funding follow and good quality services.

**The MIECHV TACC is funded under contract #HSSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.**

**The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.**

***U.S. Department of Health and Human Services
Health Resources and Services Administration***

So I feel like I went a little bit quickly here but other information will come in the newsletter and thank you for letting me share today.

And Therese at this point I will turn it over to you.

Therese Ahlers: Great, thanks Mary. Good afternoon everyone and thank you for joining us today.

I also want to give a shout out to Petra for organizing the webinar as well as the Technical Assistance Coordinating Center at ZERO TO THREE and HRSA.

So what I'm going to today is I'm going to tell you about a project that we have going in Wisconsin. And it's a partnership among Wisconsin Department of Children and Families specifically the MIECHV Program as well as Wisconsin Project LAUNCH and as well as Wisconsin Alliance for Infant Mental Health.

What I think is interesting in all of these presentations we're talking about, you know, coming together, different efforts, you know, merging together for the - to benefit infants and then children and their families.

So I'm going to start on the next slide by describing some of the challenges that we've had.

And as you can see from this list there were a number of challenges. But how we thought is that these challenges also provided us with opportunities.

And on the next slide you will see how our objectives directly linked to the challenges.

**The MIECHV TACC is funded under contract #HSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.**

**The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.**

***U.S. Department of Health and Human Services
Health Resources and Services Administration***

So in terms of our objectives what we wanted to do is we wanted to introduce and increase the ability of both home visitors, staff and supervisors to use reflective practice. Our hope was to create buy-in of reflective practice. We knew that some places were using reflective practice but we didn't know what exactly they meant by reflective practice. So we wanted some uniformity to it.

We also wanted to increase capacity for mental health consultation. Again similar to Louisiana, we don't have a whole lot of infant mental health expertise in this state. And so one of the things what we were trying to do was increase that capacity.

Still another objective was to promote the University of Wisconsin Infant Early Childhood and Family Mental Health Certificate Program and finally we wanted to help home visitors and their supervisors meet the endorsement requirements.

So on the next slide I have a little bit of information on endorsement. And Mary mentioned it as well. Wisconsin adopted Michigan Association for Infant Mental Health Competency and Endorsement System.

And the endorsement really ensures that all people who are touching the lives of a child know how to support healthy development with an emphasis on social and emotion development.

And what we did with the endorsement is we aligned the University of Wisconsin Infant and Early Childhood and Family Mental Health Certificate Program whereby if you successfully complete the certificate program depending upon the track that you completed you will - you have the

**The MIECHV TACC is funded under contract #HHS250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.**

**The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.**

***U.S. Department of Health and Human Services
Health Resources and Services Administration***

education requirements for either Level 2 or Level 3 of the endorsement so again another example of efforts working together.

The next slide talks a little bit about reflective practice. And I always like to think about just as children learning the context of relationships so do adults.

And what reflective practice does is it allows people to attend to all the relationships going on between the practitioner and the supervisor, between the practitioner and the parent and between the parent and the infant and toddler.

Professional is developed by attending to the emotional content of the work and how reactions of the content affect the work. Often times home visitors, you know, are witnessing some, you know, difficult things. And this might trigger their own trauma experiences and reflective practice really helps people identify their emotions and what they're bringing to the relationship.

And finally reflective practice also allows for better understanding of interactions with families.

On the next slide what we talk about is best practice. All Evidence-based Home Visiting Programs require reflective support. And what we found is that reflective supervision or consultation is best practice for working in the infant mental health field. It allows for better understanding of how to support infants and families. It also helps the worker process and tolerate difficult emotions.

Finally, it enables workers to better process experiences with families in the moment.

When you're a home visitor as you all know when you walk in the door you don't necessarily know what's going to be behind that door. And so reflective practice helps you be in the moment and helps you deal with whatever is behind that door.

**The MIECHV TACC is funded under contract #HSSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.**

**The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.**

***U.S. Department of Health and Human Services
Health Resources and Services Administration***

Reflective practice also helps maintain boundaries. Sometimes boundaries get all mixed up and reflective practice can help with that.

On the next slide I go into the details of the project. So there's many layers for this project. And I'm going to start by talking about the participant.

First of all, we recruited consultants in training. And what put the consultants in training were specific infant mental health clinicians with less experience. They may have gone through the certificate program but haven't been out in the field working as an infant mental health clinician for a number of years.

Secondly, we had senior consultants. And those senior consultants are also in infant mental health clinicians but they have many, many years of experience.

The project also involved supervisors and staff of the Home Visiting Programs funded through MIECHV and through Project LAUNCH.

So the details of the project as explored on the next slide.

So year one what we did was we introduced reflective practice to home visitors and supervisors, select staff and consultants through a series of three two-day retreats with Dr. Bill Schafer.

Another thing that we did was we paired up a Senior Infant Mental Health Consultant with that less experienced consultant in training. And the two of them were assigned to a Home Visiting Program within the state.

**The MIECHV TACC is funded under contract #HSSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.**

**The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.**

***U.S. Department of Health and Human Services
Health Resources and Services Administration***

And the senior consultant and the consultant in training supported 12 monthly reflective practice group discussions with the home visiting site. What this enabled us to do is introduce home visiting, you know, actually experiencing it and it also - so the staff was exposed to it but then also the supervisors were exposed to it and were helped in facilitating these groups.

So the next slide addresses year two. In year two we - it was very similar to year one but through evaluation what we learned is that the consultants themselves needed support. And what we did was we weaned the senior consultants off and the Infant Mental Health Consultants supported on their own the 11 Home Visiting Programs throughout the state.

And this time they had nine monthly reflective consultation groups again involving the home visitors and the supervisors at each site.

We provided additional phone support to supervisors of the Home Visiting Program. Sometimes it's difficult for the supervisors to ask questions with their staff so we gave them some alone time as well with the consultant.

We again did the three reflective practice retreats with Dr. Bill Shafer. And as I said before we provided support for consultants. The consultants meet monthly. There's two different cohorts. And they have their own reflective practice group.

So as we look ahead to year three we're going to continue the general format of consultants supporting 11 sites. And they're going to specifically be supporting the home visiting supervisors and the staff.

**The MIECHV TACC is funded under contract #HSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.**

**The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.**

***U.S. Department of Health and Human Services
Health Resources and Services Administration***

What we're going to do in this coming year is we're going to add three new sites and we know that we need to engage these sites early and we need to establish buy-in. And we will be providing additional support as needed.

We'll continue the reflective practice groups for the consultant because they have told us that again that's very helpful for them. It's a time for them to be able to problem solve and talk and talk about their successes as well as their challenges.

We'll be providing additional professional development as recommended by the home visitors and finally we're going to offer financial assistance for the infant mental - for home visitors to seek endorsement.

So in terms of lessons learned what we've learned is that buy-in is important and it's growing. Specific site feedback tells us that reflective practice and mental health consultation are helpful. That reflective practice encourages participants to consider multiple viewpoints and that the staff are more aware of their self and they're listening more.

Again what we've seen is that, you know, sometimes there's confusion between reflective supervision and therapy and by experiencing it staff come to learn the difference between the two.

Other lessons learned is that it's a balancing act. We all have many, many things on our plate. And we need to balance between time and responsibility.

Site turnover continues to be a challenge but again people feel more supportive with reflective practice and it is our hope that it will lessen turnover.

**The MIECHV TACC is funded under contract #HSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.**

**The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.**

***U.S. Department of Health and Human Services
Health Resources and Services Administration***

And then finally participants have noted that remaining flexible to the needs of staff, site, and consultants is a strength of the project.

I'm going to end with a quote by Winnicott. There's no such thing as a baby. There's a baby in someone. I love this quote because we need to ensure that people that work with infants and young children have the competencies and endorsement ensures all who touch the life of a child, know how to support the social and emotional wellbeing of infants, young children and their families.

Thank you.

Petra Smith: Thank you Dr. Zeanah, Mary and Therese for great information that you presented. We do have about four minutes right now for some questions.

And Kathy I believe there are a number of questions that came into our question box so I will turn it over to you at this point.

Kathy Reschke: Yes, Petra. We did get some questions. And I will address these to the presenters.

Paula while you were speaking we had a few questions come in for you. I'd like to address these to you. A couple of them had to do with the screening and assessment process.

So Tracy asks what specific screening tools are you using or does it vary?

**The MIECHV TACC is funded under contract #HSSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.**

**The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.**

***U.S. Department of Health and Human Services
Health Resources and Services Administration***

And Lisa asks do you see any value in assessment client's A scores so that they - because they can be an indicator of mental health and illness across the lifespan?

Do you want to address those questions?

Paula Zeanah: I sure will. Can you hear me?

Kathy Reschke: Yes.

Paula Zeanah: Okay. We use the PHQ-9 which is a 9 Item Depression Screen. The GAD-7 which screens for anxiety, it's a 7 Item Screener. These two were developed for use in primary care. But have been used extensively with the pregnant and perinatal population. These are maternal screens.

And we also use a modified psychosocial stressor inventory taken from that same group of materials. The nurses also use the Ages and Stages for Developmental Screening and so forth.

But we - so I just lost the track of the question. But those are the tools that we use. We have the clients complete those tools when they come into the program which is usually in the first or second trimester, again at about 36 weeks in the postpartum period and then about every six months thereafter. We're seeing how that's going to work. That's part of our evaluation. Because there really is - there's not a whole lot of data out there about how these symptoms may change over the course of that pregnancy in two year period. And so we'll be monitoring that as well.

We see a lot of our mothers during pregnancy and the early postpartum period of that's one reason why we're focusing on that.

**The MIECHV TACC is funded under contract #HSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.**

**The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.**

***U.S. Department of Health and Human Services
Health Resources and Services Administration***

Like I said we also have based on the Infant Mental Health Training that they receive we have identified a number of different observations or issues that clients may report to the nurse in the course of their conversations. We have stopped short of going through a more detailed mental health history with the families because they're coming in not for mental health reasons. They're coming in for other reasons into the program. But sometimes they reveal things.

The (ACE) question is an interesting one. I know that there's some sites that are looking at that. I think that, you know, just like with any kind of screen if you're going to screen then you have to know what you're going to do about it.

And I - at this point I bet if we went back and we looked at and just did an (ACE) and - scoring on the clients that we've seen we'd probably have pretty high A scores.

But we're not doing that specifically as part of this evaluation. I think they're doing something in Washington State on that.

Kathy Reschke: All right. Well thank you Paula. Thanks for going into great detail about that. You answered some of the questions, other questions that were asked as well so I appreciate that.

I think we will save the rest of the questions for the longer Q&A period after our panelists answer some specific questions that were addressed.

So Petra I'll turn it back over to you.

**The MIECHV TACC is funded under contract #HSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.**

**The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.**

***U.S. Department of Health and Human Services
Health Resources and Services Administration***

Petra Smith: Thank you Paula and Kathy. We will now phase into the panel segment of the webinar. Dr.

Zeanah and Ms. Mackrain and Ms. Ahlers will answer a number of questions posed by you during the registration process.

We will begin with Mary.

Mary Mackrain: Sure.

Petra Smith: Mary it's really hard to reach, engage and retain this target population in home visiting. Are there any ideas, tools to keep families engaged and how can we provide as much level of support possible through home visiting to our families that screen positive but choose not to reach out for services?

Mary Mackrain: Okay, that's a great question and I know that Therese and Paula can also respond to this question too.

But one of the things that I thought about sharing today is some of our experiences with continuous quality improvement. And I'll tell you how that's worked for Michigan.

So Michigan is focused on family engagement and home visiting as a part of a competitive development grant research study.

So looking at family engagement including families with mental health concerns and, you know, a multitude as Paula had mentioned earlier of issues that are happening within the family.

**The MIECHV TACC is funded under contract #HSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.**

**The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.**

***U.S. Department of Health and Human Services
Health Resources and Services Administration***

So a group of ten home visiting providers across models came together in a learning community to focus on quality program implementation and fidelity using continuous quality improvement.

So I'll give you an example, some very positive outcomes are happening within a seven month period. For instance the NFP Program eliminated attrition during infancy for excessive missed visits. Through Michigan's MIECHV Continuous Quality Improvement Framework for Family Engagement a visual process map was created as part of the Engagement Change Package for local home visiting implementing agencies.

So there was a visual roadmap or a process map. The process map illustrates the steps like a roadmap that home visitors and supervisors take to engage families.

So for example at the start when a family is enrolled the home visitor inputs information regarding a home visit into a dashboard, the supervisor reviews this data after every home visit and the home visitor.

And supervisor review that data together and make a decision of whether or not there is an issue with engagement and if there's not they review the next family. And if yes, together they discuss options and plan for engagement activities. And then the engagement is reviewed at Team Meetings of the group.

And I think this is, you know, a really important concept to consider because engagement barriers are addressed in real time after every visit and are part of everyday practices.

So real time data provides this mechanism for quality improvement. Additionally they have in this learning community they have created what's called an Affinity Diagram. And this diagram

**The MIECHV TACC is funded under contract #HSSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.**

**The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.**

***U.S. Department of Health and Human Services
Health Resources and Services Administration***

organizes the mediating variables that are necessary for supporting family engagement and these mediating variables are discussed during the Home Visitor Supervisor Meetings as well as Team Meetings.

So let me give you an example. So if engagement is an issue with a particular home visit they will discuss home visitor activity such as persistence, flexibility, follow through and self-care. They will also discuss mediating variables such as home visitor family interaction such as building a rapport, active listening, recognition of family progress, you know, focusing on strengths.

And they'll also visit program or agency activities that might be a variable standing in the way of engagement like having enough supervisor support or feeling supported by your team.

So by looking more deeply at all of these levels midcourse correction can be so deliberate, effective and quick. So that's, you know, I know there's so many other things I'd love to share with you.

But for today that's something I thought that maybe people could resonate with in terms of this particular question.

Petra Smith: Thank you Mary. The next question is for Paula. Paula this is also a theme that very clearly came through the registration process so there is a lot of concern around this.

Should we continue to expect home visitors to take on multiple roles or find adequate resources and/or referral agencies for some of these complex challenges?

**The MIECHV TACC is funded under contract #HSSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.**

**The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.**

***U.S. Department of Health and Human Services
Health Resources and Services Administration***

What is the role of the home visitor and what is the role of home visiting as a whole? And what can or what role can state teams play in this process?

Paula Zeanah: Thank you Petra. That is a complicated question but I know it's a pressing one.

You know by definition home visitors take on multiple roles. They're supporters, educators, guiders, helpers, referrers.

And I think it's reasonable to ask if it's fair to expect that they also take on addressing these complex mental health services. I don't think it is realistic to expect home visitors to solve the complex mental health dilemmas of clients any more than we expect them to solve the complex health conditions that many of our clients have.

On the other hand the role of home visiting in mental health and the impact of mental health on home visiting is crucially important to consider. And, you know, a fundamental role of the home visitor is to help the caregiver and the families identify their needs as well as their strength that impact the ability to care for themselves and to care for their infants and young children so they can reach their personal goals including what they come into these programs for which is often to have a healthy baby.

And given that there's variability in the Home Visitors - Visiting Programs in terms of the level of, you know, the intensity of the service, the focus, the provider and that sort of stuff I can just offer a few things in general.

First, I think all Home Visiting Programs, you know, engage in preventive activities specifically educating clients about normal social and emotional development, normal parenting behaviors

**The MIECHV TACC is funded under contract #HSSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.**

**The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.**

***U.S. Department of Health and Human Services
Health Resources and Services Administration***

within the cultural context of whom they're working, normal parent-child interactions and also educating the clients and the caregivers about how their own health and mental health can impact their ability to nurture sensitively their babies and to safely care for their babies. That's part of what home visitors do all the time.

Because they're there for such a long time and over such a, you know, and able to be with these families in such a consistent way they can be very helpful in noticing and reinforcing the strength and the positive parenting and parent-infant interactions that take place. Just like we get parents - we want parents to notice their children being good, home visitors can notice the parents doing good.

And when the baby is responding to them and noticing these moment-to-moment interactions it can really make a big difference in how the mother is feeling about how she's parenting that baby or how that baby is developing. We also need to reinforce the strengths of any positive steps that the parent is taking in terms of working in the program.

We also, you know, every program as has been pointed out provides some type of screening or early identification. That means home visitors have to be skilled at using those assessment tools, knowing how to introduce them, knowing how to score them, knowing how to provide feedback to the families, knowing how to refer and so forth.

But in addition to using those tools home visitors must be skilled at observing behaviors in an active listening so that they can glean all the rich information that's right there in front of them in the course of a visit.

**The MIECHV TACC is funded under contract #HSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.**

**The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.**

***U.S. Department of Health and Human Services
Health Resources and Services Administration***

Home visitors are also the conduit as we know to other services. Making referral is not easy. So learning how to make a referral, set it up, prepare the family for it, and make them - help them understand why is very, you know, crucial skills sometimes I think gets overlooked. And of course being aware of what other services are out there, that's important at the nurse or the home visitor level, at the program level, at the local level and at the agency level as well.

I believe that at all levels advocacy is important. And it's really important in my mind that there's very good communication between the local level and the state or agency initiatives that are going on so that they can each have a good understanding of what's happening and how those impact each other. There needs to be a strong communication within systems up and down and across so that we can glean - we can use what we're learning from our families to continue to develop programs and services that make sense for them.

Petra Smith: Thank you Paula for that answer. The next question is directed to Therese. It's also a registration question that came through the registration process and it's also a very strong theme that we discovered during that process.

Therese, lack of access to resources was a common barrier noted in the registration questions. Why are there shortages of mental health services? And what are some strategies to address these?

Therese Ahlers: Sure. So there's a number of reasons why there's a lack of mental health services. I think we touched on some of them during the presentation. Mary talked about access to services.

There's also a lack of mental health services in part because of the stigma that goes along with mental health and also the reimbursement that comes with infant mental health services.

**The MIECHV TACC is funded under contract #HSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.**

**The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.**

***U.S. Department of Health and Human Services
Health Resources and Services Administration***

But there are ways of addressing these shortages. And often times what we're talking about is - involves system development. And it's good to keep in mind that, you know, it doesn't happen overnight, that system development takes time and persistence.

But we do need to attend to the mental health needs of the children as well as the mental health needs of the parent. We know that the mental health of parents can have an impact on the parent-child relationships.

So there's a number of strategies to address the shortages of mental health services for both adults and young children. For adults a few strategies that you can consider include working with your medical schools in your state and in your area and try and establish residencies in your specific geographical area for child psychiatrists. Sometimes after a residency people will become connected to the community and stay.

Another idea is, you know, going to your various different associations and seeing if you can develop a Loan Forgiveness Program for psychiatrists. This may help doctors consider psychiatry as their field of study.

You can also try and establish internship placements for other mental health clinicians in your area. You know masters of social work or clinical counselors. Again, you know, developing placements in the various different mental health clinics.

Finally, telehealth is still another strategy states are using to secure psychiatric services. With technologies doctors are able to see their clients and provide services despite geographical distances and telehealth is a Medicaid reimbursable service.

**The MIECHV TACC is funded under contract #HSSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.**

**The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.**

***U.S. Department of Health and Human Services
Health Resources and Services Administration***

For young children there's also a shortage of mental health professionals as I'm sure everyone listening is well aware of. Specifically often times people are missing a specific training in infant and early childhood mental health. Many higher education institutions are starting to offer Infant Mental Health Certificate Programs such as the one I mentioned at the University of Wisconsin at Madison. My feeling is that anyone who touches the life of a child should know how to support social and emotional wellbeing of infants and young children.

So regardless who you are in the life of a child if you're a child care worker, a home visitor, an early interventionist, you need to be using relationship-based practices. So to that end we need to integrate infant mental health into training programs for anybody who touches the life of a child.

Again childcare providers, home visitors, child welfare workers and early interventionists could all benefit from mental health training and it's not to say that they're going to be a clinician, but they're going to know some promotion, prevention and early intervention strategies.

And then we also need to pay attention to clinical mental health professionals and think about training programs for them.

Petra Smith: Thank you Therese for that great answer. And our next panel question is directed again to Paula.

Paula mental health is a window into the lives of families that is often invisible to the system. How can we as home visiting systems and state teams build our knowledge and a greater awareness with other ECCS system partners, other state systems and local communities? How can we build momentum and motivation toward a shared agenda to address this?

**The MIECHV TACC is funded under contract #HSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.**

**The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.**

***U.S. Department of Health and Human Services
Health Resources and Services Administration***

Paula Zeanah: Thank you. It is distressing I think often times to see the conditions and situations and predicaments we find many of our families. There's also great opportunities to see their strengths and see how they do manage in all of this.

And certainly home visiting provides an opportunity to address the needs of this - our vulnerable population in ways that other more traditional systems just don't - aren't able to do.

I think it's interesting that many of our state and local groups, agencies, programs, share a similar goal. That is to have healthy well developing children who are ready for school.

But often across these different agencies and groups and programs there are very different methods, very different resources, skills and knowledge, priorities, language, basically different cultures.

And so the question is how do we bridge the gaps and maximize the experience and expertise?

In my opinion it takes both a bottom-up or locally led as well as top-down or state led or systems led approaches to be able to maximize the resources that we have.

Like parents and infants programs and services need time to get to know each other, to read each other's queues if you will so that they can develop trust and understanding before a lot can happen. We need to build that into our planning that it takes time to get to know each other.

**The MIECHV TACC is funded under contract #HSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.**

**The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.**

***U.S. Department of Health and Human Services
Health Resources and Services Administration***

Principles of good relationships, consistency, dependability, openness, respect and those kind of things are essential at every single level of program development from meeting the client to talking with the movers and shakers at the top of the ladder.

And it's important to develop communication processes that can build trust and understanding which will be able to get that momentum going.

As Mary has mentioned, Therese as well, education is maybe the most - one of the most important things we can do. The current research findings on brain development, the short and long term impact of early experience, the positive impacts of Home Visiting Programs, the cost savings of addressing early social and emotional and developmental needs are so compelling and they're so relevant across many sections. I wholeheartedly say yes to what Mary said in terms of how do we get educational opportunities that cross sections, cross programs, cross all the things that we're trying to do so we can develop a shared understanding and shared mission if you will.

I think it's really important with all these different groups trying to work towards this that we become knowledgeable about what we all do. There's often many different names that sound alike like Healthy Start or, you know, Healthy Beginnings or Early Steps and all these different names we don't necessarily know what those programs do, who they serve, what kinds of issue - what kind of services they can provide even when they're in our own backyard. So we really need to be more knowledgeable about what we have available.

I believe that one of the challenges that we often see is when we take these programs into communities that are often high need or considered vulnerable, they've had other people come in

**The MIECHV TACC is funded under contract #HSSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.**

**The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.**

***U.S. Department of Health and Human Services
Health Resources and Services Administration***

there before, you know, offering goods and services and waivers if you will as well. And often times they're weary. They're suspicious. They're not receptive to new services coming in.

So it's very important that we identify and look to communities what kind of resources and strengths they have whether it's educational, social, religious, business or other kinds of resources and recognize that for many communities it's going to take a sustained commitment of time and energy and resources to get programs going.

I mentioned advocacy before. And I think again I just want to say that I think that the people who are in the - on the frontline if you will have such a rich understanding of what the client needs are and what their strengths are and what they - what we can learn from them.

But often times people at the other end of the spectrum who may be flying at the famous 30,000 feet, you know, have a big picture idea but they may not know what it really takes to get a client to change.

So I think having ways that we can real - but the person on the ground may not have a sense of where they fit in the bigger picture. So I think having these communications between those and among various groups that are working with these families is very important to serve that momentum as well.

Petra Smith: Thank you very much Paula. I appreciate that answer.

Mary I would like to direct a question back toward you. There's a question specifically that came back for you.

**The MIECHV TACC is funded under contract #HSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.**

**The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.**

***U.S. Department of Health and Human Services
Health Resources and Services Administration***

Mary Mackrain: Okay.

Petra Smith: And it is asking where can we find an Affinity Diagram? Could you maybe take a minute and explain the Affinity Diagram and where to get more information please?

Mary Mackrain: Sure. So the Affinity Diagram is in what's called the Michigan's MIECHV Continuous Quality Improvement Plan. And this document was developed by the Michigan Department of Community Health with Nancy Peeler our state MIECHV Lead and the Michigan Public Health Institute specifically with our Principal Investigator Julia Heany.

So what I will do is the Affinity Diagram, it's better I think when it's seen and read about in the context of the CQI Plan. So what I plan to do is in the newsletter that we keep referencing that's going to be coming out I will share contact information for Nancy Peeler and Julia Heany who are the experts in this particular endeavor and have a lot of great information to share.

Petra Smith: Great. Thank you Mary...

Mary Mackrain: Sure.

Petra Smith: ...for providing an answer. And thank you again Paula, Mary and Therese for providing a great panel discussion.

I would like to move us now into a discussion with our audience today and I would like to strongly encourage everyone to chat your questions in the chat box.

***U.S. Department of Health and Human Services
Health Resources and Services Administration***

You can talk a little bit or ask questions related to maybe specific challenges related to building capacities at the local or state level or maybe you have another follow-up question to some of the information that you heard so far or maybe you can talk a little bit or ask questions about systems building challenges or other specific questions. This is an opportunity to interact with our speakers today. They have a lot of valuable experience and knowledge.

And we would like you to direct those questions to them at this point.

Kathy Reschke: Petra this is Kathy. And while we're waiting for folks to type in their questions, I'm going to pose a few questions that had also come in through the registration and also through the - while they were giving their presentations.

Paula we had a couple of rather specific questions for you. One was Mary had asked what percentage of NFP cases generally require intervention of a Mental Health Consultant? Do you have a feel for that?

Paula Zeanah: If you ask the nurses or the home visitors, you know, how many they would say 30% to 40% of their clients. We're trying to track that now. I'm thinking that it's closer to about 10% to 12% who actually get touched by our Mental Health Consultants. That's a very - that's a ballpark.

But if you look at how many who get referred out into community resources it's much, much smaller, 4% to 5% would actually be referred and whether they actually get seen or not is hard to say.

**The MIECHV TACC is funded under contract #HSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.**

**The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.**

***U.S. Department of Health and Human Services
Health Resources and Services Administration***

So I think that we can identify more. Reluctance is often there. But they're much more likely to be seen if they've got someone there within the program than if they have to go to an outside resource at least that's our impression so far.

Kathy Reschke: Great. Thanks for answering that. Linda had also asked a question specifically to you about how you evaluate the nurse's own professional development.

Paula Zeanah: Right now again we are in the midst of a more - of a - we're going to be doing qualitative and quantitative analysis of where our nurses are with this.

For the most part we - when we've done feedback from our Infant Mental Health Training for example and gone back and asked nurses how they have used that information and so forth and usually they - the feedback is that that content is extremely important to what they do on an everyday basis. They use the content every single day.

As some body commented earlier about reflective supervision, it helps them to see these mothers, these babies, these diets in a whole different way. And so I think that, you know, I believe that they are feeling more confident and more comfortable and more aware about the social/emotional development and parent-infant relationship issues that they see through what we've been doing.

Kathy Reschke: Great, thanks. Now I'm going to ask a question that any of you can respond to. It's a little bit higher level, 30,000 foot question that I think could - all of you could have some input in.

And that question is how can we find the balance between prevention, intervention and treatment particularly when resources are limited?

**The MIECHV TACC is funded under contract #HSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.**

**The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.**

***U.S. Department of Health and Human Services
Health Resources and Services Administration***

So I'll let any of you respond to that.

Therese Ahlers: This is Therese. And in order to have a complete comprehensive system and there's a number of efforts over the years that talk about a comprehensive system. It's imperative that we have, you know, a combination of prevention, early intervention and treatment.

And what we need to think about is the service delivery area where people are interacting with kids and families.

So how I look at it is, you know, childcare providers, you know, their role is really prevention activities and promotion activities. Home visitors would be promotion, prevention and early intervention. Obviously Part C workers are also early intervention. And then you have your clinicians that provide that treatment when necessary.

But again in order to have a comprehensive system you need to have, you know, all levels, all service delivery covered. And you cover it through the array of professionals that work within early childhood.

And the various different groups within states, states that have Project LAUNCH for instance have Well Child Councils at the state level or most states have an Early Childhood Advisory Council through the Head Start Reauthorization. Through these bodies you can coordinate that service delivery and develop policies that support the complete continuum.

**The MIECHV TACC is funded under contract #HSSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.**

**The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.**

***U.S. Department of Health and Human Services
Health Resources and Services Administration***

Paula Zeanah: This is Paula. I mean I will add, I agree with that. And I think that in some ways it's a frustrating time but it's also kind of an exciting time as we're kind of learning what does it take to provide the support that these - that our families need.

And so I certainly think, you know, we need to have providers at all these different levels. I'm certainly struck by the need for our adult mental health providers to be familiar about infant mental health because they're treating the mothers and the fathers and the caregivers of these young children and they may not even be aware that they are parents.

So there's a huge education need out there. We need to continue to advocate and demonstrate both what the needs are and what kinds of changes can be made in these areas at these various levels.

Mary Mackrain: This is Mary. I'll just throw something in quickly too. Thinking about what Therese was saying about Project LAUNCH, one of the things that I think so many communities and states found helpful when thinking about, you know, that public health continuum of prevention, intervention and treatment is to engage in an environmental scan process.

And I think what happened in many communities is one, they realized wait a minute, maybe we have more resources than we thought in this particular area but here's where a specific gap is.

So I - you know as you're ready for when funding does come or when opportunities do come, you've got this scan of what's available and where the gaps fall in that continuum so you're ready. You're ready for new opportunities.

**The MIECHV TACC is funded under contract #HSSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.**

**The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.**

***U.S. Department of Health and Human Services
Health Resources and Services Administration***

And like Paula said it can be frustrating. It can be challenging. But, you know, somehow we keep plugging ahead and making plans for what we can do to make our systems better for kids and families.

Kathy Reschke: Thank you to all three of you. David has asked a question that I think probably several of you can answer as well. What resources do you recommend to educate about social/emotional development that are family friendly? So do you have resources that you would recommend?

Therese Ahlers: This is Therese again. And the Center for Social and Emotional Foundations of Early Learning or some people refer to it as the Pyramid Model, have training specific for parents.

Pee-Wee's is for infants and young children and then there's a module also for toddlers. We've used it in Wisconsin with disenfranchised parents, with teen parents. And have really, really had wonderful success whereby, you know, parents report that they're better able and these are the parent's words, that they are better able to read their babies cues. That they understand the importance of play with their babies, that they understand the importance of spending time and getting down on the floor.

And it's wonderful training in that it's not cerebral training. It's not reading from a book. But it's actually parents engaging with their children and, you know, having that experience similar to reflective practice, having that experience of playing with their children with other parents.

And again the Center for Social and Emotional Foundations of Early Learning have developed these modules.

**The MIECHV TACC is funded under contract #HSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.**

**The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.**

***U.S. Department of Health and Human Services
Health Resources and Services Administration***

Mary Mackrain: So this is Mary. I'll jump in and share two of my favorites. One is the Center for Early Childhood Mental Health Consultation which may sound like it's for just Mental Health Consultants but this site and resources were developed through a Head Start Innovation Grant. And there are lots of research informed downloadable materials for families.

So talking booklets to learn about your baby's feelings and emotions, there are posters and tip sheets for embedding social and emotional practices in everyday routines like diapering and mealtime.

So if you just go to ecmhc.org there's just so many resources that you can download and use. And most of them come in English and Spanish.

Another resource that we've used a lot in our state now is the CDC Resource Learn the Signs, Act Early, the Milestone Sheets that parents really like. They come in all different age ranges. They come in English and Spanish. They're one page. Parents can peruse the social and emotional and other milestones of their children along with risk factors of behaviors that they might want to talk to their primary care provider about.

So those are two resources that I think are really good and easy to access.

Paula Zeanah: And this is Paula. I'll just add, I think ZERO TO THREE has a great web site. It has many resources for parents as well.

Kathy Reschke: Thanks for adding that Paula. I was going to if you didn't. Also one of the - one of our participants Lisa mentioned that ASQ has caregiver tips and activities on social/emotional development as well so thank you for sharing that Lisa.

**The MIECHV TACC is funded under contract #HSSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.**

**The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.**

***U.S. Department of Health and Human Services
Health Resources and Services Administration***

I think we have time for a couple of more questions. I'm going to read one that someone typed in and any of you can take this one.

Is there any relationship between parent surveys and in parentheses assessment use for HFA done before enrollment and referral and access to services?

I'm not sure if that's clear enough.

Paula Zeanah: I'm not sure if I understand the question.

Therese Ahlers: Yes, we might have to give that some thought.

Petra Smith: Okay. I think we might reflect on this question a little bit more and include it in the newsletter as part of the follow-up.

Kathy Reschke: Great. And Natalie who asked the question, if you want to clarify that in the question box again, feel free. And we'll address it in the newsletter.

One more question that was received in the registration and again this can be addressed to any of you.

How can we get OB-GYNs and perhaps other health professionals to see the importance of home visiting and perinatal mental health?

And you can probably broaden that to include infant mental health as well.

**The MIECHV TACC is funded under contract #HSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.**

**The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.**

***U.S. Department of Health and Human Services
Health Resources and Services Administration***

Paula Zeanah: This is Paula. I'll take a - I'll jump in first. But it is - that is a big challenge. I think we are assuming that they are receptive and willing to do this and some of them are. But there's at least in our experience there's a group who are really not wanting to take on additional mental health responsibilities even though they're the frontline.

In our experience we have the most success when those providers get to know us. They either get to know us because they've known us from other places and so they say okay Paula is a good nurse. And I can refer to her. Or they've had clients that have had good experiences.

So I think that we need to be up close and personal to our local healthcare providers and primary care people because they've got - they're moving very, very fast and they're not thinking necessarily about home visiting when they're in the midst of their very busy day.

So it requires frequent and friendly interactions I think with them as we then begin to work through the needs of the clients that they have. And often if they can see a positive result with a particular client then they're often sold on it.

Kathy Reschke: Anyone else want to respond to that question as well?

Therese Ahlers: This is Therese. And I'll pass.

Kathy Reschke: All right. I think we have time for one more question. And I think Therese you may want to address this one because your presentation talked about it.

What level of basic mental health services can home visitors realistically provide?

**The MIECHV TACC is funded under contract #HSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.**

**The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.**

***U.S. Department of Health and Human Services
Health Resources and Services Administration***

Therese Ahlers: You know it seems to me that home visitors can provide prevention, promotion and early intervention services.

Again Mary mentioned that home visitors need to be endorsed at Level 2 in Michigan. And in Wisconsin that's what we're working towards.

And the endorsement is a competency-based system. So it's having a clear understanding of supporting healthy development in the context of relationships.

So, you know, there's a myriad of things that you can do and it's all competency-based.

But primarily it focuses on promotion, prevention and early intervention.

Kathy Reschke: Thank you. Anyone else want to address that?

All right and our last question is again from registration. Home visiting agencies express concern about screening for behavioral issues when resources aren't available for treatment or intervention.

So that sounds like a bit of an ethical question to me. Anyone want to address that?

Mary Mackrain: This is Mary. I can give a few ideas here. So one of the things that we've talked about in our state is, you know, building that professional development and feeling of efficacy in home visitors to feel like I can do some of this prevention around social and emotional health.

**The MIECHV TACC is funded under contract #HSSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.**

**The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.**

***U.S. Department of Health and Human Services
Health Resources and Services Administration***

So we've done a lot of work around helping home visitors to use the results of social and emotional screening to provide some anticipatory guidance. Somebody mentioned the ASQ social and emotional screener has some - a nice activity guide that goes along with it where we can perhaps share some of those ideas with families through everyday routines.

But another thing is when more is warranted I know that in some of our regions in our state some programs have banded together across early childhood to grow and invest in providers to serve this mental health population.

So for example there's a very rural area in Michigan where Early Childhood Programs blended funds to train up a couple of mental health providers to serve their infant/toddler population.

So they invested money to send these folks to Infant Mental Health Training, help them to get endorsed, paid for reflective supervision through teleconferencing. You have to get creative.

And I know that Ohio through their Project LAUNCH Program engages in telehealth with some families linking them to evaluation and support planning for specialized mental health needs through virtual meetings between family and specialist at the University Hospital. Otherwise some families had to drive 10 to 12 hours for an appointment.

So and some programs cost share the cost of an Early Childhood Mental Health Consultant as has been mentioned to provide some direct support to home visitors and some short term intervention to help families get to the right provider for treatment so those are just a few ideas.

Kathy Reschke: Anyone else want to address that question?

**The MIECHV TACC is funded under contract #HSSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.**

**The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.**

***U.S. Department of Health and Human Services
Health Resources and Services Administration***

Therese Ahlers: Wisconsin has done similar things in that, you know, scholarships are provided through various different service systems to the University Infant Early Childhood and Family Mental Health Certificate Program.

But, you know, again I think this points to system development. And the various different service areas that are delivering services to children banding together and working together to develop capacity across the state.

Kathy Reschke: Thank you Therese. And thank you to Natalie for explaining the question that you asked earlier. This now makes sense to me. So I'll see if I can convey it to you guys to answer.

She says what she meant was when a family is assessed before enrollment is the home visitor more likely to know where, when and how to refer those families than if they were not assessed?

So is there a link between a family - a home visitor being able to refer a family and the presence of an assessment? Does assessment help that link?

Paula Zeanah: This is Paula. We don't do an assessment before they come into the program yet. We're looking to do something like that now that we have more than one type of Home Visiting Program here.

So I think it will remain to be seen. We questioned and grappled with how much can you assess before you actually have someone in a service going back to your question that you had earlier.

We start out assessment procedures, the screenings after the mother has been in the program, you know, for two or three or four visits. The nurse has a chance to get to know the mother a little

**The MIECHV TACC is funded under contract #HHS250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.**

**The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.**

***U.S. Department of Health and Human Services
Health Resources and Services Administration***

bit now. Of course that means you don't get the immediate, when they first come into the program screening.

But we believe that it may actually be - give us more accurate information if they're not in the midst of filling out a whole bunch of forms.

Once the client has, you know, has trust in the nurse and the program, we feel like that should make a difference in whether they're willing to go to other services and so forth.

But I think the idea of referrals and how - you know, we have a lot of things we're concerned about with these families. You know how much can they really undertake, how much are they willing to undertake? Most of our families are coming because they want a healthy pregnancy and baby. They're not coming in because they want to address all these other issues necessarily.

So I think, you know, we have to put the cart before the horse and we have to figure out, you know, where are the clients on these issues and try to meet them where they are and go from there.

Petra Smith: Great, thank you Paula for answering that question.

And thank you Therese and Mary and Kathy for this great discussion. I would like to share one more resource that came through the chat box. Mary Piniston provided another resource. She said Child First and MIECHV Home Visiting Model that provide Dyadic mental health intervention and treatment as well. So I just wanted to share that.

**The MIECHV TACC is funded under contract #HSSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.**

**The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.**

***U.S. Department of Health and Human Services
Health Resources and Services Administration***

And I would like to thank at this time our presenters and for providing some of your time, for providing your expertise and for providing your knowledge today.

It's valuable experience when we can hear what other states are doing and when we can ask and have an opportunity to ask more specific questions about those activities. So thank you again to the three of you.

And I would like to remind you at this point if you move to the next slide please, that we will have an upcoming follow-up in the newsletter where Mary already - that Mary already referenced earlier. We'll have a number of articles and we will have some of the questions answered that came through the registration as well as other questions that came through the question box today.

And we will also share additional other resources over the next two months in the newsletter related to this webinar.

And then if you move to the next slide please, I would also like to remind you to save the date. We have our next TACC webinar coming up on March 27th. And it is Working Together to Provide Stability for Families, Home Visiting and Homeless Services Systems.

And then on April 22 we have a TACC webinar that is addressing Interpersonal Violence.

Another resource is and for more information and the archived copy of this webinar, please visit the MIECHV TACC web site. The archived copies of this webinar will be available as soon as materials have been processed, meet federal 508 compliance and follow the assurance standards. And you see the address at the bottom of your screen.

**The MIECHV TACC is funded under contract #HSSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.**

**The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.**

***U.S. Department of Health and Human Services
Health Resources and Services Administration***

And we also have phConnect which is an online collaboration portal to facilitate the exchange of communication materials with our grantees, MIECHV and other personnel so please contact Tracey Harding if you would like more information about this valuable resource.

And again thank you for everyone for attending. For further - to further improve TA for the MIECHV Program we encourage you to complete the feedback form you will receive via email from Stefan Bishop of Walter R. McDonald & Associates.

Thank you and have a great rest of the afternoon.

**The MIECHV TACC is funded under contract #HSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.**

**The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.**