

Good afternoon, everyone. My name is Nancy Topping-Tailby, and it's my pleasure to welcome you to HV Impact's February webinar. We will be presenting today on infant and early childhood mental health consultation and home visiting. We have a wonderful webinar prepared for you, and it's my pleasure to introduce you to our three presenters.

Before we begin, we have a few housekeeping issues for you. We really want to hear you, so if you have any concerns about the audio, please let us know. Please mute your computer speakers if you hear an echo. If you turn down the volume so that you have actually muted your speaker and you're calling in by phone, then you'll get rid of the echo. If you're in a busy place and it's noisy where you are, please mute your phone. And you can do this by pressing the star key, followed by pound.

Please use the chat feature for comments and questions. We're really interested in anything that you have to say and all of your comments and questions. And would love to hear from you.

Just a note that we are recording this webinar so that we can post it for others to review at a later date. We will be taking notes and distributing them. And you can find handouts in the fileshare pod. You can find the fileshare pod. It's directly below the screen where the slides are, to the right. And you just simply click on any of the individual handouts that are listed there, and then you'll be directed to download them. And after you download them, you can navigate back to the presenter slides.

So with that, it's my pleasure now to introduce you to our three presenters today. Mary Mackrain-- who many of you know-- is a senior project director at EDC where she directs the home visiting, collaborative improvement, and innovation network-- or HV CoIIN-- managed through a collaborative agreement between HRSA and EDC. She also provides management support to HV Impact and to the Infant and Early Childhood Mental Health Consultation Center of excellence. Additionally, Mary serves as an infant mental health mentor to Michigan's Department of Health and Human Services, supporting policy and practices that foster positive mental health outcomes for children and families, with a specific focus on infant and early childhood mental health consultation implementation.

Our second presenter is Linda Delimata. Linda is the director of mental health consultation for the Illinois Children's Mental Health Partnership. Linda oversees the mental health consultation services to the Illinois MIECHV communities and other home visiting recipients. She also facilitates the development of the universal model for consultation in Illinois, and she serves on the leadership team of the mental health initiative in Illinois. In addition, Linda will be providing technical assistance to states regarding infant and early childhood mental health

consultation through the Center for Excellence.

And our third speaker is Amy Hunter. Amy is an assistant professor at Georgetown University's Center for Child and Human Development. Currently, Amy oversees the mental health section of the National Center on early childhood health and wellness. Amy is also faculty on the SAMHSA funded National Center of Excellence on Infant and Early Childhood Mental Health Consultation.

And now it's my pleasure to welcome Mary Mackrain and turned the webinar over to her-- Mary.

Welcome again, everybody. This is Mary Mackrain with Education Development Center. We are very excited to have you all with us today, as Nancy said, to talk about infant, early childhood mental health consultation. So we have a few webinar objectives to cover today defining infant early childhood mental health consultation. What is this service that we're talking about today? We would love to have some national language that we're all using that's similar when we talk about this particular service.

Next, we want to identify core elements of mental health consultation that are common within home visiting. So we are lucky to have our friends from MIECHV, or Federal Home Visiting in Illinois. And they are going to describe an example of how they have successfully integrated mental health consultation services within Federal Home Visiting. And, lastly, we're going to share some new resources and tools that you all can use to plan for or enhance infant early childhood mental health consultation within your own state or territory. So we're very excited to keep moving on this.

On this next slide, we would like to have you answer a poll. We would really like to know which of these objectives is the most important to you. We want to really ensure that we cover what is most important to all participants. So if there is a particular objective that really stands out today, we want to make sure that we cover this and spend enough time.

So we are going to pull up a poll in just a moment here. And on the poll, you'll see that you can make a choice. We're going to give you a few minutes just to reflect and think about the choice that's most important to you. You can select all that apply. And if you're not sure, just choose one that resonates with you. We really appreciate your feedback to ensure that information shared meets your needs.

Thank you, everybody, for completing the poll. We really, again, appreciate getting your feedback. So it looks like there's a little bit of variability, but, in essence, all of these are important pieces that you are interested in knowing about. But people really want to get their hands on some resources and tools.

Before we dive into all of that wonderful content, we want to make sure that we really get the knowledge needs met as well around mental health consultation. So we want you to take a brief moment to confidentially answer the

question on the screen. All of your responses will be kept confidential. Your name will not show. Even if you really don't know the answer, we ask that you take your best guess. And no identifying information will be shared.

We will dive deeper into these the answers throughout our presentation today, but in brief. We'll cover these answers here in just a second. So Kate is going to pull up the poll, and check all that apply. Just do your best for both of these questions.

OK, great. Hopefully, it looks like we have a lot of respondents. We had the two questions-- which of the following words define aspects of mental health consultation? And the second was, which of the following are the most common activities?

So I'm just going to cover each one of these briefly, and we'll dive a little bit deeper in the presentation itself. So for the first question-- which of the following words define aspects of mental health consultation-- typically, infant early childhood mental health consultation tends to be an indirect service. So the mental health consultant works through the home visitor to prevent the need for longer term treatment. So the first two indirect and prevention are most-- illustrate best the definition.

For the second question-- which of the following are most common activities-- the first is child and family centered consultation. So when a specific child's behavior is of concern to parents or home visitors, the consultant will typically help the home visitor understand, assess, and address the child's needs so the home visitor can facilitate the development of a plan with the family. In some cases, a mental health consultant may do a joint visit with the home visitor to observe and gather information. That can further support the home visitor in their work.

Programmatic is the second choice. And the consultant typically will work with home visitors one on one or in a group to provide regular and ongoing, reflective supervision to really help home visitors improve the care offered to all children and families, with a unique lens towards relational and behavioral health. So this really can enhance the reflective supervision the home visitor might already receive. In some cases, a consultant may do short term therapeutic work to help bridge the road to treatment, but most often it's child and family and programmatic consultation-- less so formal diagnostic, individual therapy, or family therapy.

So let's dive now in the whats, the why, and the hows of infant early childhood mental health consultation. So I love this picture on the slide, because it really resonates with the importance of those early relationships. So we know that from the moment children are born, kids develop at lightning speed.

So in the very first years of life, 700 to 1,000 new neurological connections are forming every single second. So think about just the 10 minutes that we've all been on this call together. How many connections are happening in the brains of all the babies that we know and care about?

So this early brain development is critical to everything that follows-- literacy, math, science, relationships. Children's brains, we know from research, grow by processing everything and everyone around them-- parents, home visitors, child care providers, and so forth. That's why environment and relationships matter so much to their development. So mental health consultation really focuses on that relational health in the dyad, the child and the family, really considering deeply the adults that care for the children and the environment. So we're really excited that we get to talk about this really important service together with you today.

So what you see on the screen now is probably a very familiar visual. It's another pyramid. We're all pretty comfortable with the pyramids, especially the public health pyramid, where we look at promotion, prevention, intervention.

So this is just a way to dive into why this is so important. Oftentimes, efforts to support infants, young children, and families are really strengthened when they're considered within the context of a systems approach-- that you see on the screen-- and when cross systems partners really see and value the need for this continuum of services. Pretty much, you can imagine, every part of the pyramid, social and emotional health is a piece of it. And if we're all working together, we're more likely to meet the needs of children and families.

But we know in the case of mental health, nationally there are major gaps in efforts directed at building a workforce with increased capacity to really identify and understand those social and emotional milestones of young children and families. Many states are collaborating to build champions across the workforce. For example, in Michigan, Part C and our Michigan Department of Health and Human Services partner to provide virtual social and emotional modules for all early care and education providers. And many states are using Michigan's infant mental health Endorsement system to grow a workforce that is deeply rooted in relational health.

Prevention programs focused on supporting social and emotional well-being and mental health are often underfunded and not widely accessible to families. So, for example, programs may require a diagnosis to provide reimbursable services. So if a child's behavior or a family member's symptoms are not quite bad enough, they may not qualify for support.

So today, we really want to share information to grow and strengthen capacity to promote, prevent, and link families to the mental health supports that they need. And we have an incredible opportunity within home visiting to really integrate activities that work and to do it early.

So I love this quote by Ingrid Donato, the chief of the mental health promotion branch at SAMHSA. She said mental illness is the costliest childhood disorder to treat. We need to ensure healthy environments are in place for all children to offset this costly trajectory. And we really feel that mental health consultation is one way to help do

that.

So we'd like to hear from some of you. I can definitely see that the webinar chat is working and you have figured out how to use it. So we've had a few technical glitches, but it looks like those are solved now.

So we would love to hear from you. Just briefly, what are some of the mental health prevention services that your local implementing agencies can link families to in a community, or maybe within your state system? Do you have mental health consultation available, or what other kinds of services do you have that support those mental health needs of young kids?

So maybe if we can get five or 10 people to just chat some examples in the chat feature over to the far left, we would love to hear from you. So we'll give you just a few moments here to reflect.

Great, so I see a health system provider. Anything else? What happens if you've got families in a community that are struggling with social and emotional, or behavioral types of issues? I'll give you just a minute or two here to type in.

Great, infant mental health, partnerships with mental health providers that can provide consultation to children and families-- you've got some classroom support. You've got a community service board, Martha's Place, early intervention, Early Head Start. Oh, this is so great-- family helpline early on.

Some of you are saying you might not be aware of a lot of services provided beyond in-home care facilities. Excellent. This is exciting. It's so good to see all of these choices that you have-- infant mental health endorsed professionals, excellent. Super. Help me grow, have some support-- thank you everybody. This is great.

This is a good point from Becky. We have various mental health agencies, but there is never enough capacity to meet the needs. Susanna talked about postpartum depression support that you have. That's great.

Resources are often hard to access. So you are struggling with some similar issues as others nationally as well. There's never enough, but this [? is ?] a way that we're really going to talk about. How do we address that and really build capacity? So thank you, everybody, for your responses.

All right, well, I'm going to turn it over to Amy Hunter, who is going to dive into the what is this and how do we do it? So, Amy, I'm going to turn it over to you.

Thank you, Mary. Hello, everyone. It's so nice to be here with you this afternoon. As Mary said, I'm Amy Hunter, and I'm going to talk a little bit about infant early childhood mental health consultation, starting out with a definition.

So as you can see here, written right on the screen, a mental health consultation is a multi-level preventative

intervention that teams a mental health professional with people who work with young children and their families. Its primary aim is really to build the capacity of those folks who work with young children and their families. And in this case, we're obviously talking about home visitors and home visiting programs.

Infant early childhood mental health consultation is also very frequently in early childhood center-based programs. Head Start, Early Head Start all have requirements for mental health consultation. It's also being done in other child care programs, as well as some primary care settings, and even child welfare programs.

But the main thing we want to focus on in this particular piece is that it is preventative. And then if we go to the next slide, we have a couple more details about it. As I mentioned, its primary goal is to promote social-emotional development. It does address challenging behavior. And the main thing we want to focus on here and linger a bit on, is that-- and I think Mary mentioned this as well-- it's an indirect service.

So what we mean by that is that the mental health consultant is not directly working with children, and the mental health consultant very rarely meets-- may meet with families, but certainly not in a counseling capacity or in a treatment capacity. And in some models-- and you'll hear from one today-- the mental health consultant in-home visiting very rarely may meet with families at all. They meet with the home visitors. They may meet with the home visiting supervisors, or the leaders in their program, but really the goal is building up a capacity of those other folks who do work with children and families.

And we will talk about some outcomes in a few minutes of early childhood mental health consultations. And I think one of the coolest things is that there are some great outcomes, even though it is not a direct service. So even though the mental health consultant is not directly working with children and families, but is working to build the capacity of those other folks who do, there are some wonderful outcomes.

And so, we talk a little bit about what it is, in general, and review the definition. And it's important, I think, that we be very clear on what mental health consultation is not. And Mary had a couple of slides in the beginning of the webinar that also highlighted this, but mental health consultation does not require any formal or does it-- that does the mental health consultant engage in any formal diagnostic evaluation.

So one of the big differences for mental health consultations-- compared to, let's say, child therapy, or family therapy, or really any kind of therapy-- is mental health consultation does not require any diagnosis. That's part of it being a preventative intervention, that we are hoping to address things early on before it gets to the point of diagnosis. It is not play therapy groups. It's not individual therapy, either for families or for children. It's not staff therapy.

And now certainly the mental health consultant talks to staff about some of the things that may come up for them

when they're working with children and families, if it were to go beyond into some kind of counseling realm, the mental health consultant would refer that staff maybe to an employee assistance program or to other services within the community. It is not individual therapy for staff. And even though the mental health consultant may work with groups of staff-- or some rare cases, they may work with groups of families in certain models. It is not a group staff support therapy or family group therapy, support group of any kind.

It's also important to understand that it's not just observation and referral. Part of mental health consultation being an indirect service to support the capacity of staff is that the mental health consultant does not just observe, for instance, a home visiting situation and then assist with referrals. And as you'll hear Linda talk about in a little bit, very often the mental health consultant doesn't go on a home visit at all.

So why do we need mental health consultation? There are some really, I think, profound facts listed on this slide. And I'm sure many of you are familiar with these facts, but let's spend a couple minutes going through them.

So the first statistic there talks about one in five children have mental health challenges. And so, one of the key ideas about mental health consultations is that hopefully by intervening early with families with very young children, infants, toddlers, and preschoolers, we can prevent those challenges from developing. Even if we can't prevent them, we can identify those concerns early, because we know that addressing those concerns early on is likely to be more effective, less expensive, and less intrusive.

And the next statistic, I think, is really profound. It says 28% to 61% of moms enrolled in home visiting programs identify with maternal depression. And we know from some research done in Early Head Start, in particular, say that study talked about 58% of moms met the clinical criteria for depression. And so, in our home visiting programs, it's a prime time to identify some of these concerns.

And talk to the mental health consultant about how the home visiting can support parents to receive treatment, if needed. And if the parent is not ready or it's not the right time, at the very least, the mental health consultant can help the home visitors to be able to talk to family about this really important issue that has great impact on young children's development.

And then the next bullet point there talks about that, unfortunately, maternal depression often co-occurs with substance abuse, and domestic violence, or a really intimate partner violence. And so, often, home visitors don't necessarily or don't always have the experience or the comfort level to be able to talk about these really intimate and private matters often that families may not be ready to talk about. And so, the mental health consultant can help the home visitors to feel comfortable and find ways to be able to engage in conversations about these topics.

The next bullet point talks about children exposed to ongoing adverse experiences face toxic stress, putting them

at risk of compromised brain function, and later health and mental health well-being. And I think those of you may be familiar with the ACEs study that directly relates to this experience of early adversity. And, again, the mental health consultant can help home visitors to be able to talk about those things that are often left untalked about or left as taboo subjects.

And then the last bullet point there is research suggests home visitors are not equipped to address-- and that was to my earlier point is that it can be really hard to talk about these things. And the mental health consultant can serve as a support to home visitors to be able to feel more comfortable, opening up dialogue around some of these topics.

So now we have another poll. And it really is just asking you, how familiar are you with infant early childhood mental health consultation? I'll give you a couple minutes to answer that poll. The numbers are still moving. It's just another minute there. It looks like we've stabilized a bit, maybe.

It looks like about 35% are a little familiar with infant early childhood mental health consultation. This is really interesting. It's kind of even across the board of those selections. So it looks like about 24% of you are very familiar with mental health consultation. And it says here that you implement it in your states or your territory.

About another 20ish, 22% of folks are very familiar with the concept but not implementing it yet. And, as I mentioned, about 30%, 33% are a little familiar with it, and about 20% not familiar with it at all-- great. Thank you for engaging in that poll.

So for those of you who are familiar with it, you may be familiar with the types of complications. We want to spend just a little bit of time talking about two types of consultation. Sometimes we split it up into more types. But for the purpose of home visiting, I think these two types are really the types that we are breaking it into.

The first is child and family centered consultation. And that is really what, I think, in our survey earlier most people probably think of when they think of mental health consultation. This is where a home visitor, or if it's in a classroom-based setting, someone identifies a particular child that they're concerned about-- maybe a child who's having some challenging behavior, which is often the case. And the home visitor would talk to the consultant about this particular family or particular child that they may have concerns about or that the parent has concerns about his or her own child.

And so, child and family centered consultation focuses on one child and one family, and a concern emanating from that particular child and family. In some models, the mental health consultant might join the home visitor on the home visit. In other models, the home visitor would simply talk to the-- or the consultant, excuse me, would simply talk to the home visitor and would actually very, very rarely go into a home visit with the home visitor,



unless that was specifically talked about with the family as an invitation to bring the consultant into the home visit.

The other type of consultation is programmatic consultation. And this is consultation when the consultant talks to-- it could be one home visitor or it could be multiple home visitors. But they're talking about more general concepts not related to a particular child or a particular family, but maybe talking about, for instance, maternal depression in general, or the topic of interpersonal violence, or how to enhance parents' understanding of children's social-emotional development.

They could even be talking to home visitors about the climate of the home visiting program. What is it like to be a home visitor in this program?

So in programmatic consultation, the mental health consultant is really looking at the overall program-- so either the program for home visitors. What is it like to work in this agency? How are you supported in this agency? What are the kinds of policies and procedures that allow you to be most effective-- or issues that arise across the board for multiple home visitors or beyond more than just one child and family.

And what we know from research is that focusing on both child and family centered and programmatic consultation is the most effective. So having a combination of the mental health consultant's attention on both programmatic issues and individual child and family issues is the most effective.

So one of the primary concepts in mental health consultation is this idea of the parallel process. And I love the quote. Some of you may be familiar with [INAUDIBLE] Paul, who is really a guru in the infant mental health field.

And she has a quote that says do unto others as you would have others do unto others. And this really, I think, embodies the idea of the parallel process and of the mental health consultant in the parallel process.

So as you can see the diagram or this graphic, the mental health consultant supports the supervisor and/or the home visitor, who then supports the family. And the family then can support the child in the best possible way. So the mental health consultation really serves as a model of a relationship. And that same model of relationship, of patience, and optimism, and hope, and understanding, and reflection, and passion can be transmitted from the mental health consultation to the home visitor and the supervisor, and the home visitor can use that same model to work with her family. And the families, hopefully, can internalize that same model and use those same relational skills with their children.

And here are some of the outcomes related to mental health consultation. Let me get my papers together. Here we are.

So in family and child-- excuse me. Outcomes related to families and children is that there is an increase in

healthy social-emotional skills in children. Outcomes related to families include an increased rate of referral, an increased engagement in home visiting. Families attend more home visits. Families stay engaged in the home visiting program of a longer duration when mental health consultation is involved.

Additionally, there's reduced staff turnover in home visiting. And when we know how important the relationships are, that idea of reduced staff turnover is pretty important. And this is a great programmatic outcome, that there's increased job satisfaction among home visitors.

And, finally, the home visitors feel that they have an increased ability to engage families. There's also decreased burnout among home visitors when mental health consultation is involved, decreased levels of stress, and an increased sense of professional growth, which is pretty awesome, if you think about it, having home visitors feel a sense that they're growing professionally, as a result of having the mental health consultation on-board-- or the mental health consultant on-board. And then, finally, when a mental health consultant is involved in home visiting, there's more appropriate and more timely referrals when a family may benefit from treatment.

And here we have one more poll. The poll says the majority of parents that I work with have a history of trauma and chronic stress. I don't know what to do. At times, I feel like I'm failing families.

And the question here is, do home visitors in your local implementing agencies that you support ever communicate similar concerns? For a moment there-- and we're not done with the poll results-- but there was 100%-- this is the answer, yes, which I'm not surprised about. I'm going to give it one more-- couple of seconds here.

So it looks like about-- still moving, but let's say about 6% are unsure if home visitors have that experience. About 3% say they don't think their home visitors have that kind of experience, So maybe-- it's hard to interpret what that means, but maybe those no answers mean that the home visitors that you're familiar with really would know what to do in working with families with a trauma history or chronic stress, and may feel very efficacious in terms of their feelings of working with families, which is great.

And it's about-- according to this poll-- 90% of you who filled out the poll said that home visitors in your program do you have these types of feelings. So I do think this type of feeling is very common. And this would be a prime opportunity for the mental health consultant to talk to home visitors about these things.

So who are these mental health consultants? The mental health consultants are licensed. And we really recommend that they are actually licensed with some type of license related to mental health. In some instances, some programs have different designs. They allow license eligible who are well-trained in their field.

And so, if the mental health consultant doesn't have a license, we would certainly recommend that they be

supported by peers or by supervision. We recommend supervision across the board for all consultants. But it certainly would be most important if the mental health consultant was licensed, eligible, working on their license.

We recommend that the mental health consultant have at least two to three years-- maybe more-- of mental health experience as work as a mental health professional, and that the consultant possesses attributes and skills critical to this work. For instance-- and we have a couple here-- the ability to facilitate partnership, the ability to demonstrate cultural humility, cultural sensitivity, working across cultures, and really to be a broker for others to work across cultures and work in a culturally sensitive manner-- to be flexible, empathetic, all of those kinds of skills that we know are essential skills of all mental health professionals.

But, in this case, a mental health professional, we want to make sure has not only the specialized knowledge related to infant and early childhood development, and family work, but they also have a capacity to work with adults. Because as the mental health consultant, they are working with adults and working with systems. And so, that understanding of family systems and working with different aspects of the system is really critical.

And next, I just want to lastly alert you that much of what we're talking about today is summarized in a really excellent handout, that actually one of our presenters-- Mary Mackrain-- was one of the authors of. It can be found in the file pod. And I'm looking at the title. It's IECMHC within Home Visiting, within HV-- lots of acronyms.

But I am going to finish my aspect here, my aspect of presenting the webinar. And I'm really excited to turn it over to Linda Delimata, who is a-- has incredible knowledge in the area of home visiting, and is going to share with you some great information about home visiting in Illinois.

Thank you.

Take it away.

So this is Linda Delimata, and I'm going to be talking to you today about what Illinois has done in implementing an infant mental health consultation into home visiting programs. And along with me, we will have Teresa Kelly who is from our Illinois governor's office of early childhood, and who oversees our MIECHV work as well as general home visiting in our state. And she also has someone that works closely and partners with her named Lesley Schwartz, who is also at the Illinois Office of Early Childhood in the governor's office, but won't be on the webinar today.

So I'm going to move up forward, because this is something I absolutely love to talk about. The home visiting world is, in my mind, one of the most important things that happen in our state. And in order to have some influence and support through our consultants, our partnership has been providing this for a number of years.

So I worked for the Illinois Children's Mental Health Partnership. And this partnership was established by law, in

order to take a look at mental health in our state. And one of the big components of that is infants and early childhood work.

And, as a result, we have been working in home visiting programs for at least 10 years. And we have implemented the consultation work. And we found what works and what doesn't work.

Over a number of years, we did some studies. And we came up with our own best practices and put together a manual that says, here's how we do it in home visiting through the partnership. And I'm going to be walking you through a lot of those steps from that manual. And it can be found on our website, so we'll make sure that you have the link to that so that you can download it and look at it, if you'd like.

So one of the first things that a consultant does, it's all about building relationships. In order for the infant mental health consultant to be able to do the job, they have to form trusting relationships with the people in the program. And so, we start with the supervisor.

The program supervisor in the home visiting program is integral to a lot of the work that happens. They oversee it, they problem solve. They support the staff as they go on and do the work. So the consultant sits down with that person regularly. And we ask about at least once a month-- sometimes twice a month-- that this consultant provides the support individually to the supervisor.

The supervisor takes advantage of that time in a way that meets that person's needs. So she might talk about issues related to staff. She might talk about concerns she has with how our team is going, situations that are frustrating, ways to provide more information and training on mental health that she feels the staff might need.

But whatever she brings to the time is what that consultant then is there to support her through. It could be that they have issues going on. So I'm just going to throw out an example.

We had a consultant that was working with a program where the home visitors were feeling like it wasn't their job to do some of the supporting through mental health issues, because they didn't feel trained and they didn't feel supported. And despite the time that a supervisor was spending helping those home visitors think through some of those things, she asked the consultant, you know, just come in and listen to what they're saying. Come up with a list of what you feel you can provide for them, and then let's go in and support them so they understand more of what should be happening.

That is what happened. The consultant spent their time over the next couple of months with the team, helping go through those issues that were frustrating, or issues that were frightening. Because sometimes when you ask that question, of the mom-- so tell me more about what's keeping you from being able to get out of bed in the morning-

- and you hear some things that are somewhat frightening, you need a place to go and talk about this.

Is this something that I need to refer out? Where would I refer that person? What kind of things can I do right now? Is this a situation that's immediate or is this something where I can spend a little more time supporting this mom? It just give them another place to talk through it.

So as they brought that up with this supervisor, the consultant was there. And they were able to talk through these very difficult issues together. So this consultation is whatever that supervisor needs.

We also offer reflective consultations with the individual staff. In our model, we do that with the supervisor present. We join in the already established time that's set aside for individual reflective meetings between the supervisor and the staff. We find that that is probably the most beneficial way to provide it, for several reasons.

One, then your supervisor is aware of all the issues that the staff is facing, and another is that it builds that area of trust again. And it is a way to look at reflective consultation happening, and for the supervisor to build their skills along the area of reflective supervision.

There are times when we do have individual meetings without the supervisor present, and that would be at the request of either the supervisor or the staff. But we always inform the supervisor that that request has been made, so that there's not a strain or there's not a discomfort during that time.

Sometimes staff like to talk about things that are frustrating them, or sometimes they like to say, I don't feel like I'm able to do this. I need some help here. And they're not sure they want their supervisor to be thinking along those lines, because it might reflect their skills and it doesn't feel as safe. So there are times when that individual interaction happens, but almost always our consultation happens with the supervisor present.

Our consultants attend the team meetings that are scheduled regularly. They don't go to every team meeting. They might at every other one.

During that time, they are there to listen and reflect on issues that come up, talk about cases, maybe go further into cases. We like to know that there's a little-- if I'm talking about a particular client, there's a little information that also will relate to other cases that other home visitors might have. So if we're discussing a mom and a child who might have some maternal depression, certainly the other home visitors would have issues along those same lines. So having that discussion increases the skills and opens up the discussion. And lots of times, things that are discussed help with the next approach or the action step that comes after that meeting.

We also know-- and it was mentioned earlier-- that doing this work is sometimes providing for the home visitors some area of secondary trauma. I'm going in on a regular basis in a situation which might be difficult for me, and I

can't let it go, or it's affecting me in other parts of my life and I'm not feeling like I'm doing the work the best I could do it. So offering a place for people to sit down and have some conversations, and talk about that, and to look at ways to take what's happening to them and put it in a place where it is not interfering with their ongoing interactions with the families seems to be a very helpful tool to offer. It also seems to help home visitors as they look at how to use their self in the work and how to have boundaries, and where they find some support and where they find that things are kind of standing in their way.

I'm going to use myself here. I don't feel well when I hear people yelling. And if I am in a home situation and I hear someone yelling-- or if I'm at Wal-mart and I hear someone yelling-- my first interaction is I want to shut down. I want to be quiet. I want to move away.

If I'm a home visitor and something like that happens, I've got a barrier now between myself and the family, and I won't be able to help if that's what happens to me. So a good use of a consultant would be to walk through that situation with the consultant, find strategies to help me not shut down but instead help to work with that mom and that family, and to be non-judgmental during that time, which is a tough thing to do-- so having the opportunity to walk through things that might be tough. So look at yourself and how to use yourself, and to be as effective as possible in your work is what working with a mental health consultant offers.

We also do professional development. Sometimes that comes from the team itself who says we need to know more about bipolar and we'd like some information on that, or as you're working with a team, it appears that this team is having a lot of issues with setting boundaries. People are giving their home numbers out to the moms, because they're worried about that, and they're getting calls at night or they're on Facebook with them. And so, it appears that it's a way that consultants could be helpful would be to talk about setting boundaries and the importance of that, or safety. Sometimes emotional safety is important as we work with the families we work with, and how do we maintain that self-care and emotional safety.

So those things come up from listening to the home visitors and working with the supervisors, but also, in addition to that, we have some requirements by our programs that we are funded by to say please provide us with some specific consultation.

So in the case of MIECHV we have four things that we offer to all home visitors to make sure that everybody has a universal training. And so, I'm just going to list those. You may know them or not know them, but one of them is Futures Without Violence, which is helping with home visitors in the domestic violence situations, so partner violence and using it in a relationship-based way. The other one is the four P's by Dr. Ira Chasnoff, which is, once again, a non-threatening, noncritical way of helping to look at issues of youth and substance abuse and partner violence.

And then the third one is Mothers and Babies, which is a prevention curriculum for maternal depression. And through our MIECHV program, we offer that to a number of home visiting sites, not just ones that are considered in the identified clusters.

So I know that was mentioned earlier when Amy was talking about home visits. It is rare that a consultant would go along on a home visit. There are several reasons.

One of them is a lot of the work that happens happens directly with the home visitor, the team, and the supervisor. And most of the issues that come up can be addressed that way. And it gives them support to that role of the home visitor, helps that person go back and be more prepared to do the work when it comes to any issue that surfaces.

When you put another person in a home visit, the dynamic changes. And what you may have been dealing with is gone now. So it is so much better to either work through the home visitor in the program, or if you're able to videotape the participant. And the consultant can be an observer without interfering. That works great.

However, sometimes that isn't the answer. And sometimes the home visitor does request that the consultant go into the program with them.

When that happens, we have a lot of work to set that up. We let the participant know that a mental health consultant will be coming in to observe the work of the home visitor, so that they don't think someone's coming. When you hear that word-- mental health-- someone's not coming in to diagnose or treat, but they're coming in to work together to do some observations, so that they can process and find ways to be more helpful to the mom.

I'm seeing by the questions that I forgot the fourth training, by the way. So let me go back and say the fourth training is being developed right now. And that is working on providing services to moms with cognitive limitations.

So that one is in development. And we will have that one ready to go by June and then roll that out. I'm really excited about that one, because I see some wonderful things shaping up.

And along the line of professional development, I want to add one more thing. I kept hearing from home visitors we get a lot of training. We are always asked to go to training. I am tired of going to training. But I like it when my consultant brings it to me, because then it's about my cases, and I understand it.

And the next week when I see my consultant, I can say, tell me again what you meant by that, because I'm working with this mom who is having this issue. And they can make it come to life. It isn't things I heard and try to put in place, but it's things I'm currently working on, and I need this information, and I need your support to help me through it. So that is one of the things, I think, that has helped a great deal with the training.

The very last component that we offer is co-facilitation of group. Those are not groups that your mental health consultant comes up with and provides. It is what your program is already doing, and the home visitor and the supervisor think it would be more beneficial to have the mental health consultant be there for that group.

So some of the ones we've joined into are ones that are currently run, such as in our program through the Ounce of Prevention. We do a group called Heart to Heart. And sometimes that particular group talks about issues the moms have been through. And the home visitors ask if a consultant can just be available. And they don't necessarily provide a piece of the information, but they're there to support that home visitor and to process afterward, and to plan for the next step, or to observe that it may be something that we need to do such as referral, again, or further in-depth discussion, if issues related to mental health might come up.

A big piece of what we offer is the support to the consultants. The work that we provide can't be done unless we're all on the same page, unless the consultants truly have a place to do their own reflecting, and that they are receiving ongoing professional development so that they can be the best they can be. So if a consultant is in a situation-- something really hard happens and they help people through it-- they also need their place to walk through it and to have some support and resources given to them.

So a lot of what we do is we provide these supports to consultants. They have a monthly call, either with myself or one of the people in our partnership that has been assigned to be a reflective supervisor. And that's about an hour or an hour and a half. And they talk about their issues and the things they run into, and try to develop their own personal support during that time.

We also do group work. So every other month, I pull the consultants in each project together and they have a day long time where we go over new expectations, new benchmarks, anything that they need to know to do their job. And then the other half we spend reflecting on what's happening, what do they need? What kind of things do we need to put together to support them?

Our infant mental health consultants, along with a supervisor, attend a quarterly infant mental health group, which has been suspended since our financing in our state is not flowing right now. But once we have that going again, it'll come back. And that group is amazing, because the supervisor would be-- and the home visitor would present a case.

And ahead of time, then, the people from the Ounce of Prevention would have helped them prepare for that case and sent to every other person attending that meeting an article or two related to the case. So we'd have a discussion on the article. A supervisor who is identified and that home visitor would present the case, and then we would have a discussion about the case, and a reflection on how that impacted everyone. Those are wonderful



opportunities to help grow the field, to help grow the information that people need to have to do this work.

We provide reflective learning groups around our state for anyone that does consultation. And that is free to any consultant. They just need to be able to have the time to go. And once a year, we do a mental health consultant retreat. And the goal of that is to have everybody network, to share ideas and information, and to support them as they do their work.

So the consultants many times have questions and issues related to consultations. And so, we spend a lot of time together, as a group, answering those question, making sure that we're meeting their needs, and then looking at what other things home visitors need to know.

We also do site visits. I visit every site that we provide support to. And we've done some assessments, and we've had a group from the University of Illinois come in and do an assessment.

So here are some things that we heard from home visitors. They feel that they have a better understanding of infant and early childhood mental health. They feel like they're more supported. They have a place to talk about difficult and challenging things. They have new approaches to families, and they feel more confident dealing with this tough issue of mental health in their visits.

In fact, I had one person say to me I feel so much better when this starts to happen, because I feel like my consultant is sitting right here on my shoulder and she's saying, tell me more about that. So those words come out of my mouth now.

There is a video that I-- after the webinar, if there is a time that you would like to watch this video. It has some conversations by consultants, and then there is a section where home visitors in Illinois are discussing what they get from consultations and from their consultants. So you'll have that link provided to you. And if you get a chance, please do watch it. It's a wonderful video.

I'd like to introduce you now to Teresa Kelly from our governor's office, who's going to talk just a few minutes about how they've experienced consultation in MIECHV. Teresa?

Thank you, Linda. Hello, everyone. As Linda has been talking and telling you about Illinois, we have been fortunate because we have long had advocates for infant mental health consultation and believed that quality home visiting program and infant mental health consultation go hand in hand.

When we began with MIECHV, MIECHV has a lot of requirements. And we had embedded-- excuse me-- the MIECHV program in credentialed, quality home visiting programs. But these MIECHV home visitors had a lot more responsibility, because of the requirements of MIECHV.

And as we were going through and administering MIECHV, we noticed that our programs were struggling. The workers were struggling, and in turn, the programs. And we were trying to figure out what could we provide them, because we needed to still collect the data. But what type of support could we provide them that would support them in their practice and gathering the MIECHV data, as well as dealing with the multi-system issue families that we were now seeing, that we were not seeing five and 10 years ago, because they would score at too high risk to be served in home visiting in Illinois. But that was no longer the situation. Those were the families that took up the majority of our caseloads.

So we were talking to the advocates for infant mental health consultation. And I was fortunate enough to come out of a program that actually had infant mental health consultation. So I was a program director that understood the support that a mental health consultation could provide to the program.

So we talked about what could we give to the programs that would help them, and help them in real-time with issues that they had going on right now. And the logical choice was infant mental health consultation.

So with the funding through MIECHV, we looked at our program as an entire system. And MIECHV decided that, regardless of funder, we were going to try to embed infant mental health consultation in as many programs as we could. And we used the training that Linda spoke about-- Futures Without Violence, Mothers and Babies-- to use that as a vehicle to embed infant mental health consultation within these programs. So as they got the training, they also had a consultant.

And while some were resistant at first, we now know that embedding this service was the best thing that Illinois has ever done to support its home visiting programs. And we know that because they constantly tell us that. As they struggle dealing with the complex families that we now have in our caseload, our infant mental health consultants-- as Linda said-- are there and can help increase their capacity to deal with these families.

We have been very fortunate to be able to work with Linda, who has really orchestrated what it was that we could provide to our families through IMHC. And we've done that over the last-- what, I think, Linda, the last three years? We've started slowly and we continued to build funding in MIECHV in order to provide the service.

I can't say enough good things about infant mental health consultation. It has been so powerful within Illinois, not only bringing together and building the capacity in the programs, but also building the capacity at the state level when we've worked with three or four major funders. We have Illinois State Board of Education, the Department of Human Services, Chicago Public Schools, and also MIECHV that fund programming in Illinois. And we have a system of almost 300 programs.

Infant mental health consultation also led us to-- instead of being siloed, to look at the system as a whole. And

we've taken great gains as a state to align our programs with common expectations, common goals, and common vision. And we owe that, really, to the consultants that have worked with us at every level.

Linda, is there anything else that you'd like me to say, other than-- Illinois now approaches Home Visiting and Infant Mental Health Consultation as true partners. And we believe that consultation is an essential piece of a quality home visiting program.

Thank you, Teresa. That was well-spoken. I'm going to turn this over then to have some time to have some reflections. So if you see, our question is, what is one take-away or follow-up that you have from our work here in Illinois? So if you could take a minute and type something into the chat box.

Because there's people typing and it's not showing up yet, I'm going to say thank you, everyone, for taking the time to do that. And we will take a look at those things. Yes, we have a couple of things that just got typed in. So I appreciate your reflection and I'm going to move us forward by handing this over then to Mary.

Super. Thank you, Linda-- so very good comments, great takeaways from Linda's work and her colleagues in Illinois-- just seeing that link between mental health and the home visiting program, and trickle down benefits, and just how effective this can be, and the importance of reflective supervision. So keep typing away. I think we're all monitoring the chat. It's very interesting to learn from one another.

And, Linda or Teresa, if you can answer some of the questions that are coming in, or we can save it for Q&A at the end. But just know, everybody, if you have very specific questions, we'll get to them in about 10 minutes here. I just want to share some resources from the newly funded Infant and Early Childhood Mental Health Center of Excellence. We've got some great tips and tools to share with you.

So, again, this is Mary Mackrain-- just a brief overview of the Center of Excellence. This is an infant and early childhood mental health consultation center, the first of its kind. And the really incredible and exciting piece is that this is a joint partnership between SAMHSA in collaboration with HRSA, and the Administration for Children and Families. So three federal partners banding together on behalf of really supporting this particular service and strategy is really exciting.

This center is led by the Education Development Center in collaboration with Georgetown University's Center for Child and Human Development. So some really incredible work is coming out of the center. I hope that you agree.

We have three core objectives for the Center of Excellence. Amy, and Linda, and I all work on behalf of the center. And we were really excited to be able to share some of this information with you today.

So one of our objectives is to create what we were calling a tool kit, but it grew so big that it's now a toolbox. So

we are creating an infant early childhood mental health consultation toolbox that will be available nationally to everyone. We are going to provide intensive training and TA to a number of states-- 12 states and two tribes to support them in implementing, funding, evaluating, and really scaling and sustaining mental health consultation. We also want to broadly disseminate this toolbox, really get out there the absolute best practices, and the ongoing progress of the pilot site, so we can learn every day, every week, every year more about how we can implement this in a very quality way to improve outcomes for young children and families.

We had another video, but we want to make sure that we have time for some Q&A here. So one of our staff is going to share the link. On SAMHSA's YouTube site, there is like a three minute clip of our federal partners-- Dr. Willis with HRSA, for instance, Ingrid Donato and Jennifer Oppenheim with SAMHSA and so forth really sharing their thoughts about infant early childhood mental health consultation. So it's a must-see video.

I won't call out who all of the team members are. You can see that we have a rather large team on the Center of Excellence staff. So we've got a project director and so forth.

Some of these faces may be very familiar to you. We've got wonderful partners and great experts in infant early childhood mental health consultation. We also have an expert work group that brings a great depth of expertise in equity, systems, financing, engaging fathers, integration of mental health consultation within tribal nations, and home visiting, et cetera.

So some of these individuals may be new to you, and some of them-- maybe you read the book that they wrote on mental health consultation, for instance, Kadija Johnson. So it's really exciting that we had members to pull from to really create some wonderful resources for everybody.

Together, the center hopes, with you, to shape the national landscape for children and families by really evolving this work and our messaging from the old standard of care to a new standard of care. So, for instance, instead of labeling young children as problem children or expelling or suspending young children in early care and education, we'd like to identify young children at risk and request support early. We'd like to engage mental health consultants to really assess with families and providers what's going on, and create some really intentional, equitable plans that help to help kids and families to reach their potential. So, again, really changing this old standard into a social and emotional support becoming just part of what we do every day for all children.

So I'll tell you, we-- Ingrid Donato with SAMHSA challenged our team to be bold. Don't just create some nice new resources. We need to move the field. You've got to be bold to move us forward.

So we wanted to really increase implementation of mental health consultation through this toolbox. So this is really groundbreaking work in our field of mental health consultation. And until now, nobody has really pulled together all

of this kind of work and research into a comprehensive, user-friendly detailed way.

So the toolbox was created to synthesize-- one, synthesize what we already know, taking the latest research, best practices, and putting them into a format that's easy to digest. The second purpose was to provide resources and strategies on best practices where we really have a gap, where we didn't know a lot or there wasn't a lot created-- for instance, around equity.

So the toolbox, we have created nearly 30 original, brand new, cutting edge resources, PDFs, interactive products and videos. These are going to be available publicly on SAMHSA's website to policymakers, practitioners, all of you across the nation. And, in addition, we're going to do a deeper dive and pilot all of these resources in 14-- or 12 states and two tribal communities through intensive training and technical assistance.

So this is-- it's exciting that we finally are getting to the point where we can launch this. It's been a lot of work over the last year.

So at EDC, we conducted a robust gap analysis of what exists in the field to move mental health consultation forward. So we did a review of research. We looked at peer-reviewed articles, promising practice resources, and then we connected with national experts from across the country to review the gap analysis, and really refine what needed to be added or didn't meet the standards of quality.

So we found gaps in the information, specifically related to the seven areas that you see on this slide. And as mentioned prior, the online toolbox will have over 30 new resources dedicated to these gap areas.

So how do you build a system that supports mental health consultation? How do you create a model or develop a model? What does that look like? What do you need to think about? What kinds of outcomes do you want to measure for mental health consultation?

It would be incredible if we were measuring some similar data across the nation. What kind of competencies do mental health consultants need, and so forth? How do we finance?

I know in project launch, in the SAMHSA-funded project launch, mental health consultation was a very hard strategy to continue to fund, because of its indirect prevention mode. So we wanted to make sure that we included resources to help you think about financing.

We have interactive modules that grantees can use to build a comprehensive model, develop messaging strategies, et cetera. So you'll find lots of resources that teens can utilize in their work. So, for instance, when you begin creating a model, creating your logic model, we have a how-to guide, and we give you examples from other states.

Adapting your message for your audience-- so we have a whole communications module for really how do we talk about this to funders, to legislators, to families, and so forth. That's something we haven't had in the past. How to learn more about creating an infant early childhood mental health consultation workforce-- I know somebody asked a question about this earlier. So there are some really wonderful resources included in the toolbox.

We did a lot of recording across the country to create very short snippets, videos that you can utilize in training, in messaging, in meetings across the country. These videos are available now. You can see the link here.

So, for instance, we have why should we dive into infant and early childhood mental health consultation, setting children up for success, a day in the life of an infant early childhood mental health consultant. So you can learn more about the work that they do. So all of these videos or actually available today.

I know this might look slightly overwhelming. I contemplated whether I'd keep this slide or not. But just so you know, there are over 400 pages of resources that have been developed that are very unique to mental health consultation, and mental health consultations specifically in tribal communities with in-home visiting and early care and education.

So we will-- all of you through the home visiting impact newsletter that goes out at the first of the month every month, as soon as this toolbox is ready to go and launch all of the pieces, we'll make sure that we find all of the ways that we can to reach you to make sure that the toolbox is live. But you can check the website here-- the [samhsa.gov/iecmhc](https://www.samhsa.gov/iecmhc). You can also check there as well.

So I wanted to wrap up my section with just a few tips that you can reflect on today that have been generated from the SAMHSA-funded project launch grantees and home visiting sites that we have talked to over the course of this past year. Specifically for home visiting, the home visiting impact team has worked with a marketing communications firm to really help us clean up and clear up our messages.

So one of the things you can do is build awareness of and promote the importance of children and families' mental health. So we are going to share with you a communication package-- I guess we're calling it-- with talking points and a slide deck that you could use in your own community, state, and tribe.

Develop a clear vision and model as you collaborate with cross discipline partners, making sure everybody's part of building it and they own it. For guidance, we have a whole Models module that was created by a team of us nationally. Some of you I see actually on the phone today, like [? Georgiana ?] from Colorado. So it was really exciting to work together.

Continually explore sustainable funding sources. Some people have been very creative, where they might use

general funds to fund maybe the programmatic piece. Maybe Head Start funds can be used to fund a certain part of professional development and so forth. A lot of times we have to be creative in pooling our funds to really support this kind of service for all children.

And then collect and share useful data. So in our research and evaluation section of the toolbox, you'll find wonderful information there as well.

One of the things we really feel is important is to require standards for your mental health consultation workforce. This is complex, unique, complicated work for the mental health consultants. They need to come equipped with understanding mental health, trauma, and so forth, if they're really going to do this job well.

So we do provide in the toolbox sample job descriptions, sample interview questions, and competencies and criteria for mental health consultants. That was agreed upon by our expert work group and national panel.

So before we get to Q&A, we wanted to do one more reflection. It's hard to believe-- I'm looking at the clock-- that so much time has gone by already. We have had so much to share with you, and we really appreciate you all being part of this webinar today.

So we wanted to know from you all, what is one action item that you might take as a result of today's webinar? It might even be looking at these PowerPoint slides again, or emailing Linda Delimata to find out more about how Illinois funds mental health consultations. So just take a moment or two, and then we'll get to our Q&A here-- one action step you might take as the result of today's webinar.

Thank you. Somebody said they're going to share it with their colleagues. Share slides with coworkers, watch the online video snippets-- very good. I know, you're going to read some of the 400 resources. I promise we've made it easy to navigate.

Access and use the toolkit when available-- we really hope you do. And if there is something that is working or not working, we'd like to know. Excellent-- review the files, super. This is so exciting. Thank you, everybody.

So it sounds like this will be good for all of you. One challenge we give you is to support mental health consultation. We need to make it the norm in infant and early childhood programs. It works.

So we want to do our ending. Jumpstart the brain. So we're going to do two quick polls, and then we'll open up the lines here.

So now that we've gone through the whole webinar today, now which of the following words define aspects of mental health consultation, and which are the most common activities that consultants provide? OK, super-- very,

very good. So this is great.

It looks like we have a good amount percentage of people responding here. We'll give it just maybe one more minute.

All right, it looks like things are slowing down. Well, maybe not. Maybe now they're going a little faster. OK, we'll give it about 10 seconds here just to give your final vote.

I think we're going to move on to Q&A. We just have a few more minutes here. We appreciate that. We're sorry.

We'll share the results of the polls and all of this wonderful information. I can't believe how much chatting we've had. It's wonderful. So thank you so much.

So maybe-- oh, gosh. I forgot we had one more poll, so we'll just make it quick. We'll make this a 30 second poll.

How well did today's session meet the following objective? Just don't put a lot of thought into it perhaps. Just what does your gut say when you look at each of these?

OK, very good-- thank you, everybody. All right, Kate, you can go ahead and take the polls down. And now we are going to officially get to some Q&A.

So I know that there were some specific-- oh, sorry, guys-- some specific questions. Linda, I don't want to put you on the spot, but a few people had questions for you about whether all of the home visitors are funded through MIECHV funding. I don't know if you're able to answer that.

OK, I can answer the two questions that were there, and I will talk fast. We have an agreement between the partnership and our MIECHV part of the governor's office. And the MIECHV part does pay for the consultation to those home visiting programs. In the past, we had money that flowed through the governor's office to the partnership where we met all home visiting programs that applied for support, but right now that money is not flowing. So MIECHV does fund the consultation to the MIECHV program.

And then there was a question about the supervisor attending the group work when the consultant is there. And we could spend about three hours on that particular topic. But just in general, I want to say relationships are what this work is all about, and for everyone to be comfortable with the supervisor attending and being able to openly discuss issues. A lot of work first goes into building those relationships, and establishing where issues exist, and addressing those issues as they exist.

And one of the other parts of that was if a supervisor is not there, they sometimes are concerned that this is just the place for home visitors to vent about them. But going back to relationships, the job of the consultant is not to



have a venting session related to anything. It's to take information, move it forward, keeping in mind it's about the work and to be solution-focused. And when that relationship is developed between the home visitor and the supervisor, and the home visitors and the consultant, then we trust that that will happen. But the work of the consultant will not let it be a venting session about one person.

OK, another question.

I'm looking. I think a few people are typing, Linda. So we'll give them just a moment here and see if they're-- maybe we can address maybe one or two other quick questions. And I think we gave-- let me look if we gave-- yeah. We gave information for how to garner questions through the Center of Excellence.

Good, thank you, Terry. This was a good session-- lots of food for thought.

What other settings, besides home visiting, do we imagine consultation being valuable? I'm going to remind myself right now to send a link to a Zero to Three article that was done in a special issue for mental health consultation. That gave stories and illustrations of consultation in primary care, child welfare, home visiting, early care and education, home visiting. Pretty much where children learn and grow are settings that consultation can happen. But we'll give you a link to a great article that really dives into that a little bit more into what it looks like.

Are you giving contact hour certificate with it? Nancy, you're going to have to answer the question from [? Sarah. ? ]

And I'm sorry to say that the answer is no, that we are not giving contact hour certificates for this. And I think we're a little bit past--

I think that's good. Yeah, I know. It's a little past the time. Amanda, I really want to answer your question. So I'm going to type into the chat and ask me as she wrap things up here.

So if you have additional questions that you want to ask us and we weren't able to get to them all today, you can write to us at [HVImpact@EDC.org](mailto:HVImpact@EDC.org). And we certainly will go through your questions and try and respond to them, because there was such rich dialogue. And I know that you all will be looking for the new resources as they're about to debut in the next short bit of time.

So thank you for joining us today. Thank you for bearing with us. We had so much interest that we had a few tech challenges at the beginning, but everything seemed to go smoothly as you persisted and we went through. And we got some great information.

So thank you, everyone. Thanks to our presenters. And have a good part-- rest of your day. Thanks very much for

joining. Bye-bye. I hope to see you next month. Thank you.

That concludes our broadcast for today.