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Embedding Infant and Early Childhood Mental Health Consultation in Maternal, Infant, and Early Childhood Home Visiting Programs



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Overview of This Resource

Infant and early childhood mental health (IECMH) consultants work directly with home visitors to build their capacity to recognize and respond to the mental health needs of children and families. While some MIECHV awardees have established systems to integrate infant and early childhood mental health consultation (IECMHC) within their MIECHV program, other awardees are at the beginning stages, or are not yet connected with this valuable resource.

About MIECHV

The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program supports voluntary, evidence-based home visiting services for at-risk pregnant women and parents with young children up to kindergarten entry. The MIECHV Program builds on decades of scientific research showing that home visits by a nurse, social worker, early childhood educator, or other trained professional during pregnancy and in the first years of a child's life improve the lives of children and families. Home visiting helps prevent child abuse and neglect, supports positive parenting, improves maternal and child health, and promotes child development and school readiness. States, territories, and tribal communities receive funding through the MIECHV Program and have the flexibility to select the home visiting service delivery models that best meet their needs. The MIECHV Program is administered by the Health Resources and Services Administration (HRSA) in partnership with the Administration for Children and Families (ACF).



This resource provides an overview of what IECMHC entails within the context of home visiting, highlighting some practices of MIECHV awardees engaged in this work. Tips and resources are provided for both MIECHV awardees and local implementing agencies (LIAs) to bring IECMHC into their home visiting services. This resource also includes a fillable template (Appendix A) to help awardees track their progress on embedding IECMHC within their MIECHV programs.

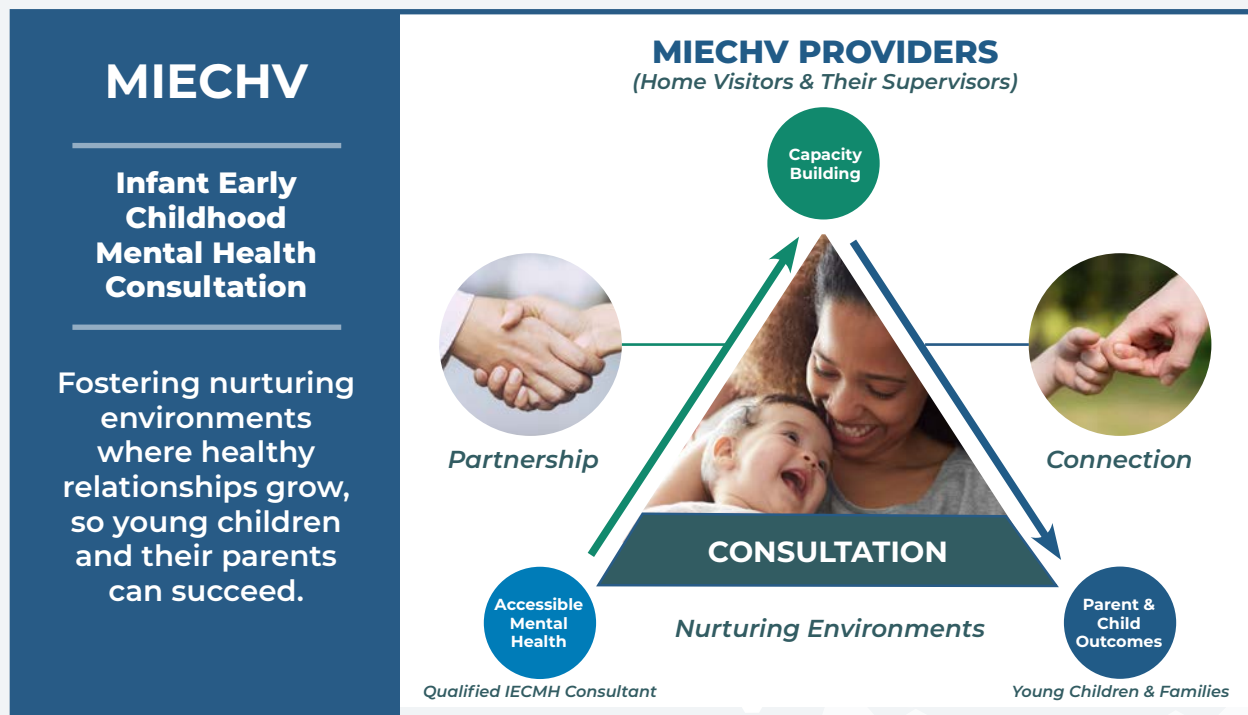
Remember that when using MIECHV funds to support IECMHC, requirements related to implementation of model enhancements may apply. Awardees must secure written prior approval from the national model developer(s) and from HRSA prior to implementation of a model enhancement. This helps to ensure the enhancement doesn't alter the core components of the model related to program impacts. Awardees should connect with their HRSA Project Officer to request approval.

What is Infant and Early Childhood Mental Health Consultation?

IECMHC is a prevention-based, capacity-building support that pairs a mental health professional with home visitors to ensure that home visitors have the knowledge and skills to be successful in working with families who present behavioral health challenges.¹ While home visiting has been shown to be an effective service delivery model for children and their families, home visitors are often in need of additional training and support to meet the complex needs of families who may be impacted by a range of factors, such as substance misuse, mental illness, or intimate partner violence.² By embedding IECMHC into home visiting, awardees can build a layer of support within their existing evidence-based home visiting models to address the mental health needs of children, families, and staff.

IECMH consultants support home visiting programs. Typically, they do not work directly with families of very young children; rather, they partner and consult with programs working with families of young children—such as MIECHV programs and home visitors. By building the capacity of MIECHV programs and home visitors, IECMH consultants impact outcomes for children and families. Home visiting programs and home visitors who receive consultation better understand how to promote social, emotional, and relational health among children and families and strengthen their relationships with children, families, and their colleagues. Consultants may provide programmatic consultation, child- or family-focused consultation, and consultation focused on building home visitors' capacity. [Descriptions of these types of consultation](#) are provided in SAMHSA's Center of Excellence for IECMHC Toolbox.

Figure 1: Infant and Early Childhood Mental Health Consultation



1 HRSA's HV-ImpACT Webinar: *Infant and Early Childhood Mental Health Consultation in Home Visiting*. March, 2017. Retrieved from https://mchb.hrsa.gov/sites/default/files/mchb/MaternalChildHealthInitiatives/HomeVisiting/tafiles/iecmhc_webinar_transcript.pdf

2 Illinois Children's Mental Health Partnership. (2013). *Early Childhood Mental Health Consultation to Home Visiting Programs: Addressing the Unmet Mental Health Needs of Families with Young Children*. Chicago: Author.

IECMH consultants work directly with home visiting organizations and home visitors to build their capacity to recognize and respond to the mental health needs of children and families. Consultants may do the following:

- Help home visiting programs **strengthen policies and procedures** for supporting and linking families to services for mental health
- Build **home visitors' capacity** to conduct screenings (e.g., screenings for maternal depression, intimate partner violence and developmental delays) that identify the mental health and developmental needs of children and families
- Help home visitors **support families in creating emotionally safe home environments** that foster children's learning and growth
- Provide an ongoing and regular opportunity for home visitors to **reflect on, sort out, and cope with the strong feelings** brought on by their complex work with families.³ Reflective practice helps home visitors consider their own behaviors and practices that affect their work, and explore ways to work more effectively.

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

- A direct mental health service or treatment, such as therapy or counseling provided directly to families by a mental health professional
- A service requiring diagnosis
- A helpline staffed by a mental health professional
- A stand-alone mental health training series with no ongoing support
- A coaching service based on implementing one specific curriculum, assessment, or model³

What are the Benefits of IECMHC?

Integrating a clinical provider's mental health perspective into home visiting normalizes mental health knowledge and expertise and decreases the stigma often associated with mental health. IECMHC benefits awardees, LIAs, home visitors, and families. At the state or territory and local levels, consultants help home visiting programs partner with early childhood and mental health systems, stakeholders, and other programs in order to strengthen home visiting services and add practical professional development opportunities. Such partnerships offer multiple benefits, for example:

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

³ HRSA's HV-ImpACT Webinar: *Infant and Early Childhood Mental Health Consultation in Home Visiting*. March, 2017. Retrieved from https://mchb.hrsa.gov/sites/default/files/mchb/MaternalChildHealthInitiatives/HomeVisiting/tfiles/iecmhc_webinar_transcript.pdf

Incorporating IECMHC into MIECHV programs can support progress on a number of MIECHV [performance measures](#), especially the following:

- **Performance Measure 3:** Percent of primary caregivers enrolled in home visiting who are screened for depression using a validated tool within 3 months of enrollment (for those not enrolled prenatally) or within 3 months of delivery (for those enrolled prenatally)
- **Performance Measure 9:** Percent of children enrolled in home visiting with at least 1 investigated case of maltreatment following enrollment within the reporting period
- **Performance Measure 10:** Percent of primary caregivers enrolled in home visiting who receive an observation of caregiver-child interaction by the home visitor using a validated tool
- **Performance Measure 13:** Percent of home visits where primary caregivers were asked if they have any concerns regarding their child's development, behavior, or learning
- **Performance Measure 14:** Percent of primary caregivers enrolled in home visiting who are screened for intimate partner violence (IPV) within 6 months of enrollment using a validated tool
- **Performance Measure 17:** Percent of primary caregivers referred to services for a positive screen for depression who receive one or more service contacts
- **Performance Measure 19:** Percent of primary caregivers enrolled in home visiting with positive screens for IPV (measured using a validated tool) who receive referral information for IPV

Home visitors derive many benefits from mental health consultation. Home visiting is hard work, and home visitors are witnesses to a number of intimate family issues. With support from an IECMH consultant, home visitors increase their knowledge of child development, build their capacity to work with families who have challenging issues, help promote a safe environment for the child, learn key skills such as asking reflective questions, and become more successful in linking families to needed services. An IECMH consultant gives home visitors a safe, non-judgmental space to discuss challenging situations and concerns about the caregivers and children they serve. IECMH consultants help home visitors reflect on and process their own feelings about their challenging work. Reflective support helps reduce home visitors' levels of stress, and can increase joy in their work.



How Can Awardees Bring IECMHC into MIECHV Programs?

IECMHC is a natural fit for home visiting programs. The steps outlined below can support MIECHV awardees in developing an IECMHC approach specifically tailored to MIECHV.

Embedding IECMHC in Home Visiting Programs

1. Establish a leader and a leadership team.

Identify a qualified individual to effectively lead and sustain the IECMHC efforts and to select and develop a core team. The lead will coordinate and champion the IECMHC in MIECHV work and provide an overarching vision. Ideally, the team lead will have expertise in both IECMHC and home visiting.

Team members might include an expert in IECMHC, early childhood state leaders, philanthropic leaders, other potential funders, home visiting model developers, and LIA representatives. It is helpful if team members have cross-agency relationships and the flexibility to effectively partner with potential funders and stakeholders who can help advocate for and advance this work. Awardees should also be aware of and coordinate with other state or territory-wide IECMHC efforts, while maintaining their specific focus on IECMHC in MIECHV programs.

Specifically, the leadership team will do the following:

- Develop a vision statement, a mission statement, and goals and objectives to guide the work. (See [Developing and Disseminating a Quality IECMHC Vision.](#))
- Engage in a [needs assessment](#) to assess what current resources can be leveraged and where the gaps exist for supporting mental health consultation within home visiting.



- Assess the fit for IECMHC with the home visiting models implemented in the state or territory; start to engage the national model developers in the process.
- Align the long-term IECMHC goals and outcomes with those of MIECHV home visiting programs, particularly as they relate to the mental health needs of families and children served and the needed supports for home visiting program staff.
- Create and implement a strategic action plan for implementation of IECMHC in home visiting, and carry out the activities of the plan.
- Identify and allocate resources to initiate and sustain the effort.
- Establish a common language around IECMHC and its benefits to home visiting programs, and create effective messaging to share the importance and benefits of MIECHV with stakeholders. Two useful resources related to effective messaging are the [Communications section of the CoE IECMHC Toolbox](#) and [Communication Strategies for Home Visiting Programs: A Resource for MIECHV Awardees.](#)
- Foster strategic partnerships related to IECMHC across the early childhood system within the state or territory.
- Position the agency and team members as exemplary advocates in the field.

2. Determine the service delivery design.

This includes developing the infrastructure and designing the actual IECMHC program. Begin by assessing the current state of IECMHC in the state or territory. Some states already have statewide IECMHC programs that may or may not include home visiting. Look to join or coordinate with existing efforts, (e.g., IECMHC embedded in Part C/ Early Intervention, child care, Early Head Start) while maintaining the identity of IECMHC in home visiting programs.

To determine the broad categories of IECMHC to be delivered, consider the gaps in services and areas of need that the IECMHC approach could address. For example:

- High stress and staffing turnover rates among home visitors
- Challenges related to identifying and addressing the mental health needs of children and families and linking them to mental health services
- Addressing topics such as maternal depression, substance misuse, and trauma-informed care within home visiting
- Supporting cultural sensitivity (See the [Diversity-Informed Tenets for Work with Infants, Children, & Families](#).)

The types of services that consultants will provide can be determined at the awardee level. Service delivery can be standardized throughout the state, territory, or, alternatively, awardees can invite individual LIAs to determine the range, scope, and types of services offered and the service capacity of consultants to meet their program's needs. Services can include:

- Training for home visitors on adult and child mental health topics and practices to promote positive mental health

- Support to program supervisors in their provision of group reflective supervision
- Case consultation
- Referrals to outside mental health services
- Joint home visits with the home visitor on a case-by-case basis (after careful consideration) to assist with observation
- Review of policies and practices to promote positive mental health and healthy social-emotional development
- Co-facilitation of infant/parent support groups for families⁴

3. Develop a budget, and ensure adequate funding for the program.

Teams should think about start-up efforts, ongoing delivery, and sustainability. While MIECHV funds may be used for IECMHC, awardees may want to supplement this with other funding streams, such as other federal funds, grants, funding from philanthropic foundations, and/or state funds.

When considering funding, teams should do the following:

- Develop an itemized budget that includes direct and indirect operating costs for start-up and for the ongoing administration of the program with the desired goals of the IECMHC in mind. Include line items to support specific program components, such as workforce development, governance and oversight, performance monitoring and evaluation, and operations and administration.
- Include potential funders as an audience for targeted communications about IECMHC in home visiting programs.
- Identify funding streams in the state or territory that are currently being used or could potentially be used to support

⁴ Illinois Children's Mental Health Partnership (2013).

IECMHC in MIECHV. Exploring funding to sustain the program is an ongoing process.

- Understand how to braid various funding streams. Try to match possible funding with specific activities that comprise the IECMHC approach, such as infrastructure or workforce development.
- Learn about local foundations as champions and potential funders. Know their goals, outcomes, and benchmarks, as well as the types of activities they can and cannot fund.

For more information, see the [Tip Sheet: Funding Infant and Early Childhood Mental Health Consultation for Home Visiting Programs](#).



4. Determine the service organization that will implement and manage the IECMHC program.

Will the consultants be brought in at the awardee level or directly by the LIAs? If the latter, how will agencies be selected?

As an example, Iowa awarded contracts to and funded LIAs, which then contracted with the mental health consultants through an RFP process. Iowa added \$10,868 for mental health consultation to all their LIA contracts, preferring that hiring and structure be determined at the local level. In contrast, in Illinois, the MIECHV awardee contracts with the [Illinois Children's Mental Health Partnership](#) to provide IECMHC to all MIECHV programs.

5. Identify and contract with qualified mental health consultants.

Mental health consultation requires a specialized set of competencies, different from those of other mental health professionals. The process of establishing a qualified IECMHC workforce involves identifying and adopting a set of IECMHC competencies that describe the foundational skills, knowledge, and abilities needed to be an IECMH consultant; establishing requirements for IECMH consultants' education and experience; and setting guidelines for professional development and ongoing supervision of IECMH consultants. IECMHC competencies are universal across systems, and not specific only to home visiting. Partnering with others in the state or territory to orient, train and support consultants will provide a systems approach to preparing the workforce.

Competencies and qualifications can be included in state-level contracts with LIAs or states can encourage LIAs to include them in their consultant contracts. (See the [Competencies](#) and [Workforce Development](#) sections in the CoE IECMHC Toolbox.) Recommended consultant qualifications include the following:

- Clinical licensure or license-eligible as a mental health professional
- Infant mental health endorsement in states that have an association (See [World Association of Infant Mental Health](#) list of current affiliates.)
- Training in and expertise providing consultation—specifically infant and early childhood mental health consultation when possible including at least two years of IECMHC experience
- Experience working in one or more early childhood service delivery systems, with experience in home visiting preferred
- Specialized knowledge and skills related to the position, including understanding early childhood development, family systems, the impact of stress and trauma on family functioning, family mental health, the impact of domestic and community violence on mental well-being, and the relationship between adult mental illness and infant social and emotional development⁵
- Cultural sensitivity

Programs might consider including a self-assessment as part of the hiring process to determine the skill level of the consultant and to help inform any additional professional development that is needed to reinforce the competencies.

6. Provide initial training and ongoing support to consultants and home visitors on both home visiting and the IECMHC approach.

The initial training should provide an overview of both the MIECHV Program and IECMHC. Initially, Iowa provided a 90-minute webinar for all consultants and family support professionals (Iowa's terminology for home visitors) and other staff, followed by a full-day training for mental health consultants.

Ongoing support includes additional training and ongoing reflective supervision. It may also include peer support to decrease consultants' feelings of isolation.

Training topics may include:

- The evidence-based home visiting models implemented in the state or territory
- The IECMHC model being implemented
- Mental health related topics such as maternal depression, anxiety, Substance Use Disorder (SUD), attachment disorder, and others than impact the child and/or adult(s)
- How to support home visitors in managing stress and promoting stress reduction
- Creating a trauma-informed culture
- Cultural sensitivity to help consultants (and in turn help them help home visitors) develop an awareness of how cultural beliefs influence practice
- The screening and assessment instruments used in the state or territory
- Training tailored to the culture, home visiting context, and geography of the service environments where home visiting is delivered

5 HRSA's HV-ImpACT Webinar: *Infant and Early Childhood Mental Health Consultation in Home Visiting*. March, 2017. Retrieved from https://mchb.hrsa.gov/sites/default/files/mchb/MaternalChildHealthInitiatives/HomeVisiting/tafiles/iecmhc_webinar_transcript.pdf

In addition to training consultants, it is important to train those who will be receiving IECMHC services so they have appropriate and realistic expectations of what to expect from consultation. Training topics may include:

- An overview of IECMHC including the benefits and how it is different from behavioral intervention for children or therapy for mothers
- The IECMHC model being implemented
- What to expect from IECMHC and how the IECMH consultant can support home visitors

Illinois has a position called “Consultation Coordinator,” a professional who provides oversight to the MIECHV IECMHC consultants and maintains a connection with the LIAs. This individual provides reflection and supervision to the consultants via conference calls and in-person meetings, and oversees reflective learning groups for consultants in Illinois. Illinois also provides an annual IECMHC retreat for consultants throughout the state to connect and collaborate with one another.

Iowa holds regular monthly check-in calls with LIAs and monthly calls with the local mental health consultants to check on their progress. The calls encourage open conversations about what is going well, any challenges and concerns, and how the awardee can support the LIAs. Iowa also continues to look at whether the funding is adequate and whether the amount of time allotted to consultation services is sufficient.

Wisconsin provides professional development to both early career and experienced consultants and supervisors, and the program promotes reflective practice at multiple levels. For instance, early career mental health consultants are paired with seasoned mental health consultants. Consultants who led reflective consultation groups were initially assigned a mentor

to help build their capacity to take over leadership of the group reflection at each program site. As new consultants gain more confidence and skills over time, they take over the responsibility of facilitating the group reflective sessions that include home visitors and supervisors, and the experienced consultant moves into a coaching role.

The [Center of Excellence for Infant and Early Childhood Mental Health Consultation \(CoE\)](#) has gathered a number of [IECMHC program examples](#) from across the country, as well as resources on developing and implementing an IECMHC initiative, which can be applied to the integration of IECMHC in home visiting.

7. Monitor and evaluate IECMHC implementation.

Monitoring and evaluation are vital to determining the success and impact of mental health consultation in the state or territory.

Monitoring is an ongoing process that looks at the degree to which the program is being implemented as planned. Program delivery should be monitored at multiple levels: program, consultant, and family. Programs collect data to monitor their performance, and then develop, analyze, and review reports based on those data.

Ongoing monitoring may measure the following:

- [Service dose, duration, frequency](#), and overall length of IECMHC implementation per MIECHV site
- Consultants' service capacity
- The degree to which consultants deliver the steps and activities of the IECMHC program with fidelity
- Consultants' performance
- Home visitors' satisfaction and retention rates

Evaluation is a process that critically assesses, tests, and measures the design, implementation, and results of the IECMHC program as they relate to the program goals and objectives. Evaluation determines the difference between actual and desired outcomes and serves as a feedback loop for ongoing quality assurance and continuous quality improvement. In addition to evaluating program outcomes, evaluation may address child, staff, and family outcomes.⁶

Long-term outcomes may include the following:

- Increased capacity of home visitors to problem-solve with families around mental health-related issues
- Increased knowledge of appropriate follow-up services to address mental and behavioral health concerns and ability to connect families with mental health services
- Reduced job-related stress, an increased sense of support, and increased feelings of efficacy related to working with families
- Increased effectiveness of home visitors in engaging families and supporting their needs and goals
- Reduced home visiting staff turnover and increased staff satisfaction

Colorado is conducting an evaluation to better understand how the role of the mental health consultant is defined in the home visiting context, how mental health consultation is being implemented in home visiting programs in the state, and the barriers and facilitators to effectively implement mental health consultation



in home visiting. Preliminary results from key informant interviews conducted with home visitors, home visitor supervisors, and mental health consultants indicate that the role of the consultant is predominantly defined as a support system for home visitors—helping home visitors in their daily work to navigate difficult issues with families. Additionally, mental health consultation helps programs strengthen their connections to mental health services in the community, providing support on referring families to mental health services.⁷

Consistent themes from the evaluation are also emerging related to the role of the consultant, including capacity building, work guidance, case assessment, addressing mental health concerns with families, and acting as a systems connector to other agencies. Barriers identified so far include logistical barriers, emotional or personal discomfort, busy-ness of both home visitors and mental health consultants, and communication issues. Facilitators include an open and comfortable environment, mutual positive relationships, consultants' reliability and availability, their understanding of roles and programs, and trust between consultants and supervisors.

⁶ Zero to Three. (2016). *Early Childhood Mental Health Consultation: Policies and Practices to Foster the Social-Emotional Development of Young Children*. Retrieved from <https://www.zerotothree.org/resources/1694-early-childhood-mental-health-consultation-policies-and-practices-to-foster-the-social-emotional-development-of-young-children>

⁷ Maternal, Infant, and Early Childhood Home Visiting Program. (n.d.). *Mental Health Consultation Evaluation: Summary of Interviews with Home Visitor, Supervisors, & Mental Health Consultants*. Denver, CO: Department of Public Health & Environment. Retrieved from https://create.piktochart.com/output/33907635-mental-health-consultation_interviews-summary_co-miechv

Tips for Awardees to Support Integration of IECMHC within Home Visiting

- Build awareness of and promote the importance of children and families' mental health, and develop cross-agency champions to share this message. An example of a [social and emotional communication resource can be found here](#). An infographic titled "[Early Childhood Mental Health Consultation in Home Visiting](#)" offers a good example of how to present simple facts related to IECMHC within home visiting.
- Develop a clear vision and logic model. Engage model developers as well as LIAs in this planning and work. For state or tribal implementation, collaborate with cross-discipline partners. A [tip sheet on developing a vision can be found here](#).
- Collect and share accurate and useful data on IECMHC implementation. Consider developing a common set of performance measures—for example, monitoring staff retention rates, children's social and emotional development, and children's behavioral health. Explore the CoE IECMHC Toolbox for [examples of evaluation efforts](#) within IECMHC approaches.
- Continually explore sustainable funding sources. Consider teaming with partners to expand services across early care and education—for example, partnering to provide cross-system training on mental health topics. (See the [Financing section of the CoE IECMHC Toolbox](#) for more information.)
- Engage with the national evidence-based home visiting models implemented in your state or territory in the development and ongoing monitoring of the IECMHC implementation model.
- Require standards for the IECMHC workforce (e.g., master's-prepared mental health professionals). Michigan's IECMHC program, for example, requires all IECMH consultants funded with state funds to have an Infant Mental Health Endorsement. For up-to-date IECMHC competencies developed by the CoE, visit the [Competencies section of the CoE IECMHC Toolbox](#).
- Consider how you can establish or expand policies that ensure cultural and diversity awareness and responsiveness in the areas of hiring, training, supervision, program and service design, and evaluation. (See the [National Standards for Culturally and Linguistically Appropriate Services](#).)
- Consider beginning with a specific area of focus and building from there. Wisconsin started with one aspect of IECMHC—reflective practice—and used it as the entry point for IECMHC in home visiting. Implementation began through the Home Visiting Reflective Practice Project, which was designed to build the reflective capacity and infant mental health competencies of Family Foundations Home Visiting Programs.

Tips for LIAs to Support Integration of IECMHC within Home Visiting

- Develop detailed job descriptions and interview questions to identify consultant candidates with the required education, experience, and attributes. Sample [interview questions can be found here](#).
- Ensure that your consultant pool reflects the communities in which you work by recruiting consultants from underrepresented groups—which will also help you serve your families more effectively.
- Hire consultants with the [necessary mental health and consultation expertise, examples of which can be found here](#).
- Train consultants in the specific IECMHC service delivery program under which they are contracted or employed; provide supervision and administrative oversight related to performance monitoring and model fidelity—ensuring program outcomes and goals are effectively met.
- Through supervision and training, support consultants in developing a strong awareness of their cultural beliefs and biases and how these beliefs influence their understanding of and ability to respond in a given situation.
- Develop clear marketing and messaging materials about IECMHC for staff and families. Two useful resources related to effective messaging are the [Communications section of the CoE IECMHC Toolbox](#) and [Communication Strategies for Home Visiting Programs: A Resource for MIECHV Awardees](#).
- Identify capacity-building and cost-savings opportunities—for example, team with other programs to provide joint reflective supervision to the IECMH consultants.

Conclusion

Awardees implementing IECMHC in MIECHV shared some recommendations for other awardees:

- Don't let the perfect be the enemy of the good. Start off with a smaller set of IECMHC services and leverage successes to expand IECMHC service offerings.
- Start small, but have a plan for intentional growth. Understand that reflective practice and coaching are different from training, but work together to support individuals doing the work. Combined, these supports have a major impact on an individual home visitor's ability to support families' mental health, as well as on overall program quality and on programs' ability to implement their evidence-based models with fidelity.
- It is important to clarify what IECMH itself is. Many people have a disease-focused model of mental-health and aren't aware of the importance of beginning to think about children's mental health at the early childhood level. It is important to develop a common language and common definitions of IECMH and IECMHC.

Resources

[Early Childhood Mental Health Consultation: Policies and Practices to Foster the Social-Emotional Development of Young Children:](#)

This Zero to Three publication provides an overview of early childhood mental health consultation (ECMHC), current issues in the field, and possible future directions. It also offers a snapshot of current programs across the nation and highlights some of the challenges and innovations that are shaping the field. Thirteen states are profiled, underscoring the variability of how ECMHC programs are funded, managed, implemented, and staffed.

[Early Childhood Mental Health Consultation to Home Visiting Programs: Addressing the Unmet Mental Health Needs of Families with Young Children:](#)

This resource from the Illinois Children's Mental Health Partnership outlines the role of consultation across the Early Childhood System in Illinois, and outlines the framework the state adopted to begin, maintain, and sustain this work.

[Enhancing Home Visiting with Mental Health Consultation:](#)

This article in the November 2013 issue of Pediatrics (by Barbara Dillon Goodson, Mary Mackrain, Deborah F. Perry, Kevin O'Brien, and Margaret K. Gwaltney) highlights efforts in several federally funded Linking Actions for Unmet Needs in Children's Health (LAUNCH) projects to implement IECMHC.

[Center of Excellence for Infant and Early Childhood Mental Health Consultation](#)

[Toolbox:](#) Created by SAMHSA, the Toolbox offers free interactive planning tools, guides, videos, and other resources to support IECMHC efforts in your state, tribe, or community.

[Head Start National Center on Early Childhood Health and Wellness:](#) Resources include online modules with video clips, articles, and other tools that focus on IECMHC within home visiting, including a [Mental Health Consultation Tool](#).

[Center for Early Childhood Mental Health Consultation:](#) Resources include online training tutorials and other tools for consultants and families.

[Tip Sheet on Funding IECMHC within Home Visiting:](#) Although IECMHC has been found to be a cost-effective and influential strategy for offsetting later mental health concerns, as a prevention service in home visiting, it is often challenging to fund and financially sustain. This resource provides some tips to help you navigate your way through the process of seeking funding.

[IECMHC in Home Visiting; Partnering for Positive Outcomes:](#) This two-page, colorful overview of how these important child-serving approaches work hand-in-hand was produced by the Home Visiting Improvement Action Center Team (HV-ImpACT) in May of 2017.



Appendix: Interactive Checklist for Embedding IECMHC Efforts within Home Visiting

Action Steps and Timeframe	Person(s) Responsible	Progress on Action Steps
<p>Check in and seek approvals with HRSA Project Officer and model representatives prior to beginning this work.</p> <p>Start date:</p> <p>Completion date:</p>		
<p>Establish a leadership team.</p> <p>Start date:</p> <p>Completion date:</p>		
<p>Determine the service delivery design.</p> <p>Start date:</p> <p>Completion date:</p>		
<p>Develop a budget, and ensure adequate funding for the program.</p> <p>Start date:</p> <p>Completion date:</p>		
<p>Identify and contract with qualified mental health consultants.</p> <p>Start date:</p> <p>Completion date:</p>		
<p>Provide initial training and ongoing support for consultants.</p> <p>Start date: Ongoing</p>		
<p>Orient home visiting programs to the service.</p> <p>Start date:</p> <p>Completion date:</p>		
<p>Monitor and evaluate implementation.</p> <p>Start date: Ongoing</p>		
<p>Refine approach based on data and areas identified for improvement.</p> <p>Start date: Ongoing</p>		
<p>Make plans for scaling implementation program-wide.</p> <p>Start date:</p> <p>Completion date:</p>		