The image features a white diagonal band across a background of orange, blue, and grey geometric shapes. The text is oriented along this band. The main title is in large, bold, black, sans-serif font. The subtitle is in a smaller, all-caps, black, sans-serif font.

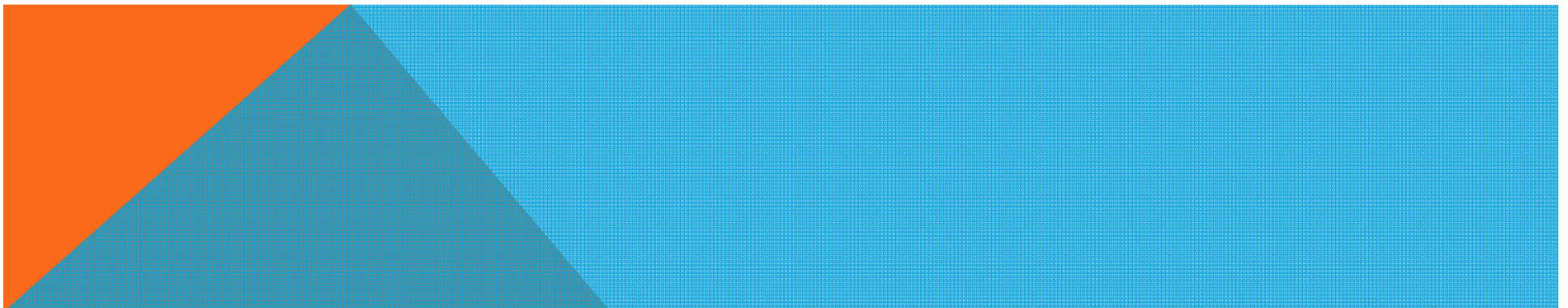
**ILLINOIS' MENTAL HEALTH  
CONSULTATION TO HOME  
VISITING PROGRAMS**

ILLINOIS CHILDREN'S MENTAL HEALTH PARTNERSHIP

# ILLINOIS CHILDREN'S MENTAL HEALTH ACT, 2003

## **Key provisions of the ICMHA (Public Act 93-0495)**

- 1. Development of a comprehensive mental health plan for prevention, early intervention, and treatment services through age 18**
- 2. Public schools addressing the mental health needs of all students**
- 3. Established the Illinois Children's Mental Health Partnership**

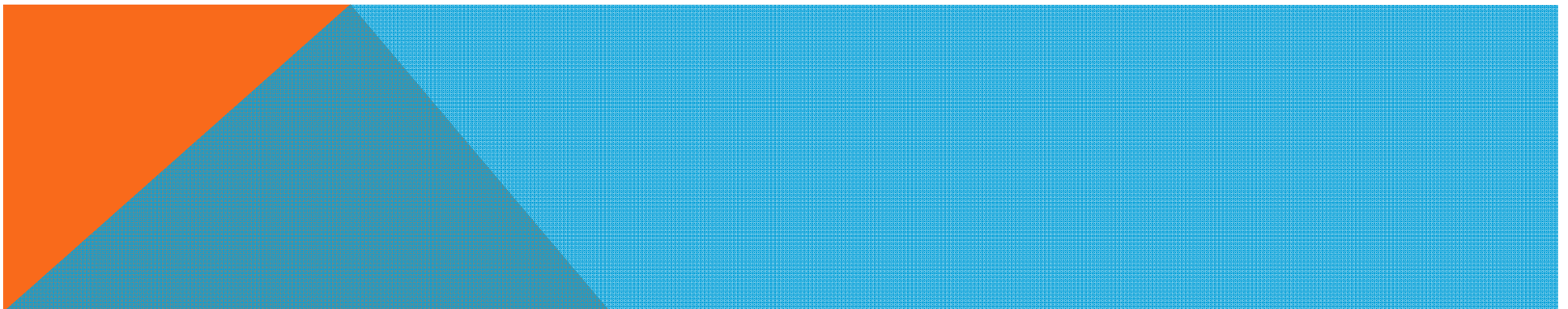


# MENTAL HEALTH SERVICES IN IL

The Act addressed moving from an intervention model, to Prevention and Promotion, Early Identification, and Intervention.

The Partnership adopted a Consultation Model in order to:

- Reach more participants
- Embed the skills within the home visiting staff and supervisors
- Address the concern of a shortage of mental health professionals in the state



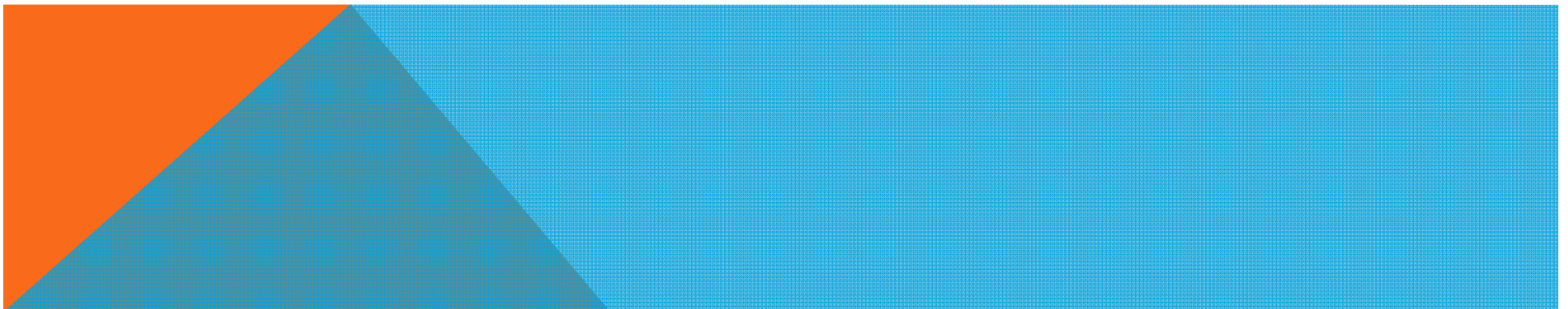
# HOME VISITING PROGRAMS RECEIVING MENTAL HEALTH CONSULTATION THROUGH ICMHP

The programs so far that have utilized the mental health consultation to home visitors so far include:

HFI: Healthy Families of Illinois

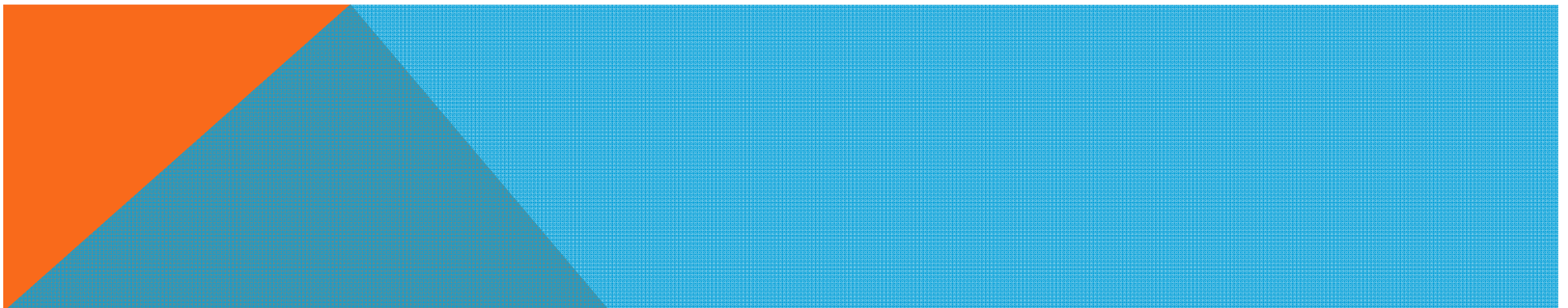
PTS: Parents Too Soon

PAT: Parents as Teachers



# SELECTION PROCESS

- ICMHP releases an RFP that goes to the Home Visiting Program
- Programs apply to receive the funding
- Selection is made with a focus on readiness, capacity building, location within the state, and commitment to sustain the work
- The entire amount of funding goes to support an infant/early childhood mental health consultant
- Programs hire their own consultant
- The grant period is for one year, but each cohort has been extended to a minimum of 2 years



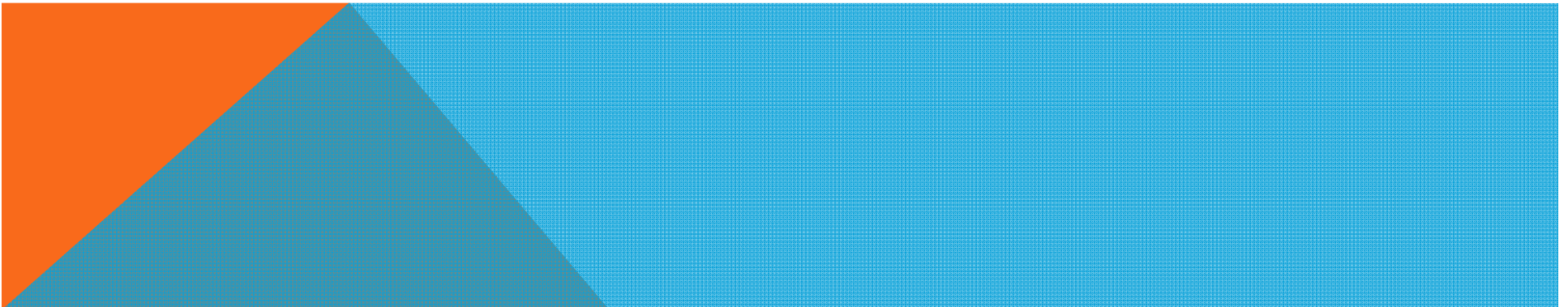
# INITIAL TRAINING

After the first 2 cohorts a change was made to include an intensive 3 day training prior to starting the work of the grant.

Mental Health Consultants attend the first two days and become familiar with the model, the components, and the supports available to them.

The last day includes all Mental Health Consultants, and the agency Program Director, and Program Supervisor.

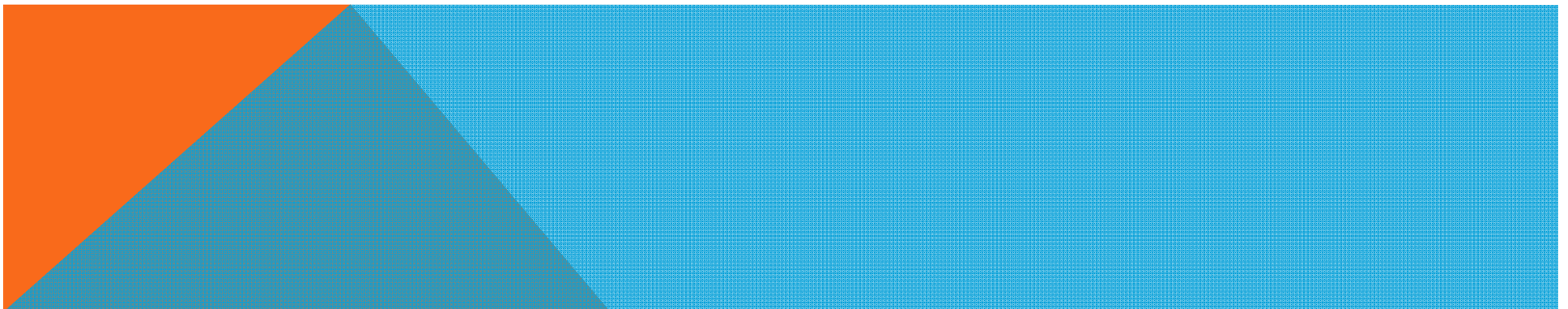
The goal is to be clear about the model, the expectations, and the goals of the project.



# THE ILLINOIS MODEL FOR MENTAL HEALTH CONSULTATION TO HOME VISITING PROGRAMS

## Consultation Services Provided

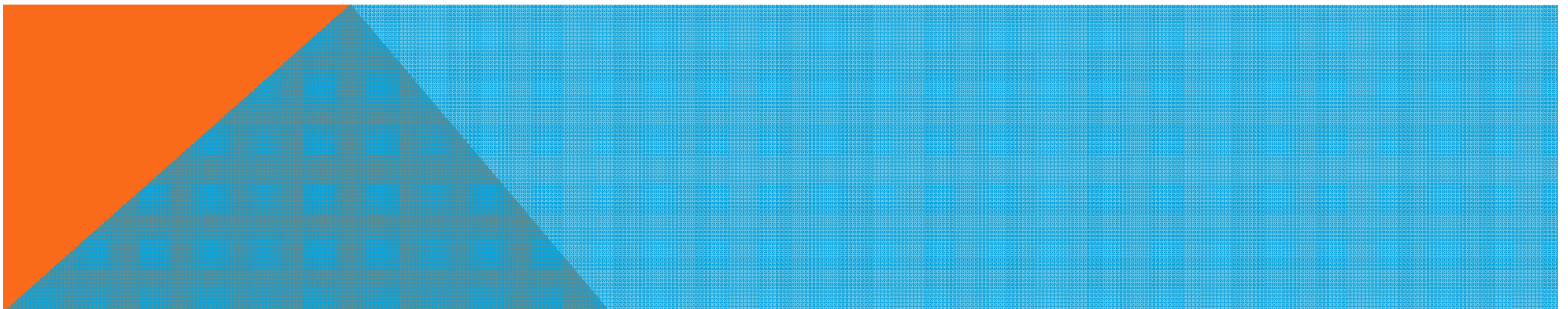
- Reflective Consultation
- Direct Case Consultation
- Trainings
- Observation on Home Visits
- Co-facilitation of Groups



# REFLECTIVE CONSULTATION

Regularly - monthly or more frequently,  
with

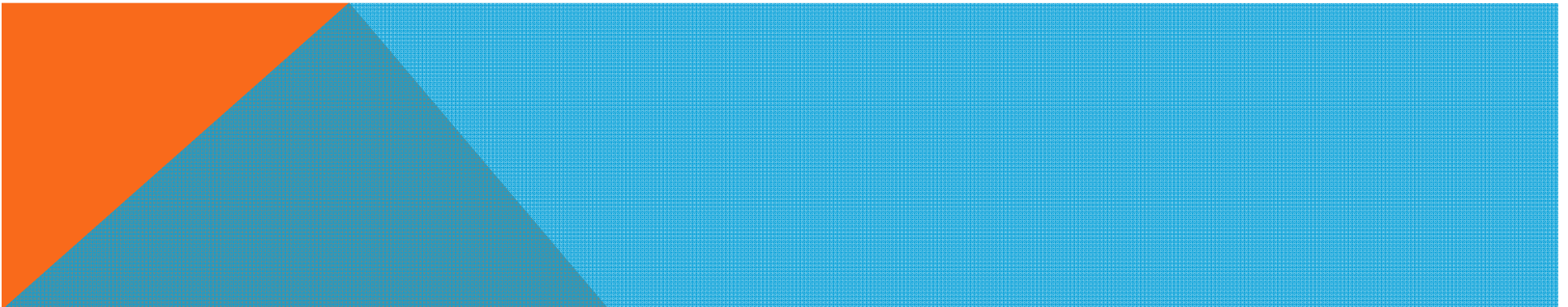
- program supervisor/director
- group of home visitors
- supervisor and individual home visitor





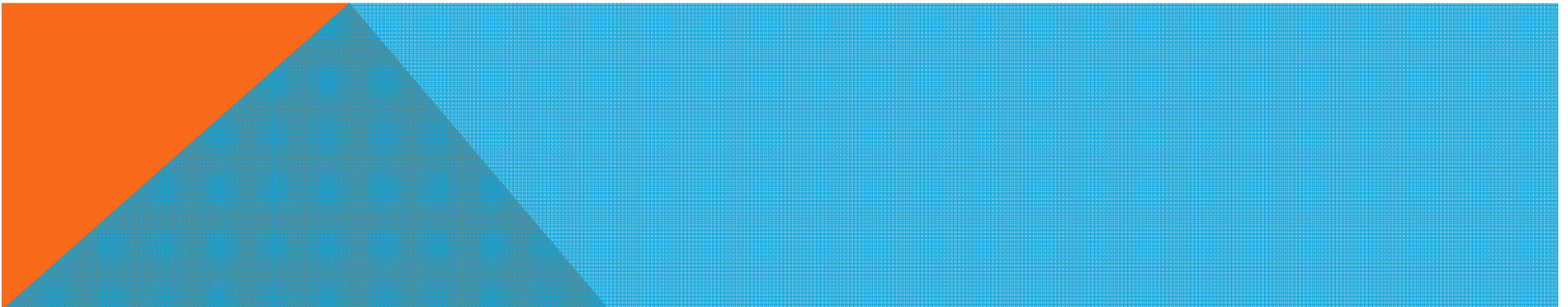
## DIRECT CASE CONSULTATION

- During reflective consultation time or specific group or individual time as needed
- Can be about a myriad of infant mental health concerns that involve the identified child, as well as siblings or parents



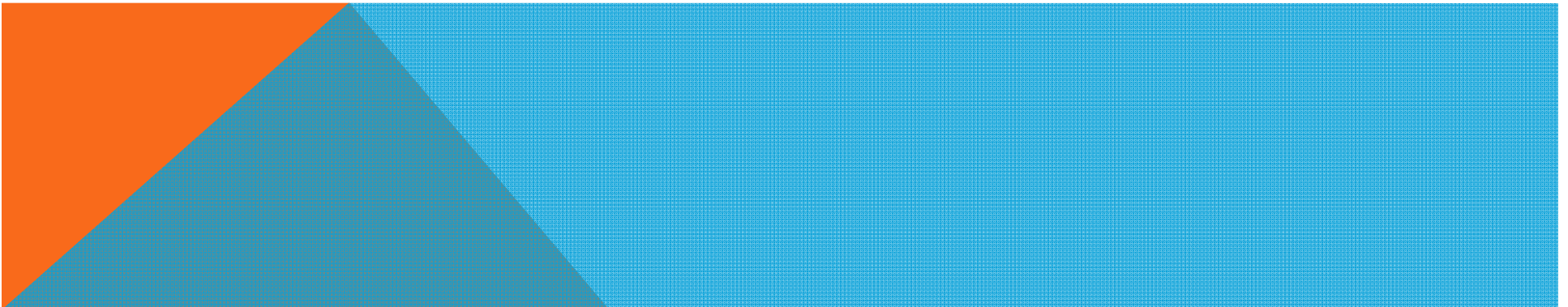
# TRAININGS

- Topics may include: identification of infant mental health concerns; appropriate interventions regarding specific behavioral concerns; typical/atypical development; postpartum depression and adult mental health needs, etc
- Offered as requested by staff; could be once a month during group consultation time or as scheduled by program



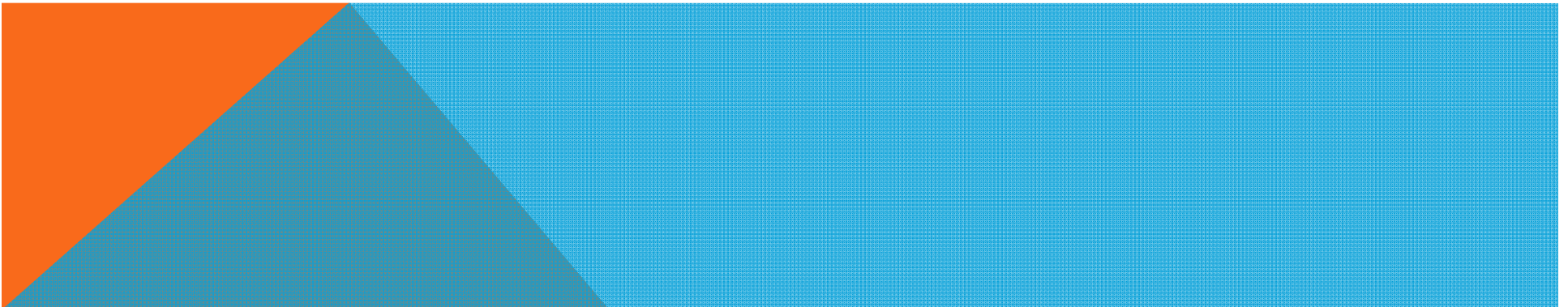
# OBSERVATION ON HOME VISITS

- Focus is on assisting the Home Visitor
- The observation is requested by the Home Visitor
- Does not occur on a frequent basis
- Usually only a one-time occurrence



# CO-FACILITATION OF GROUPS

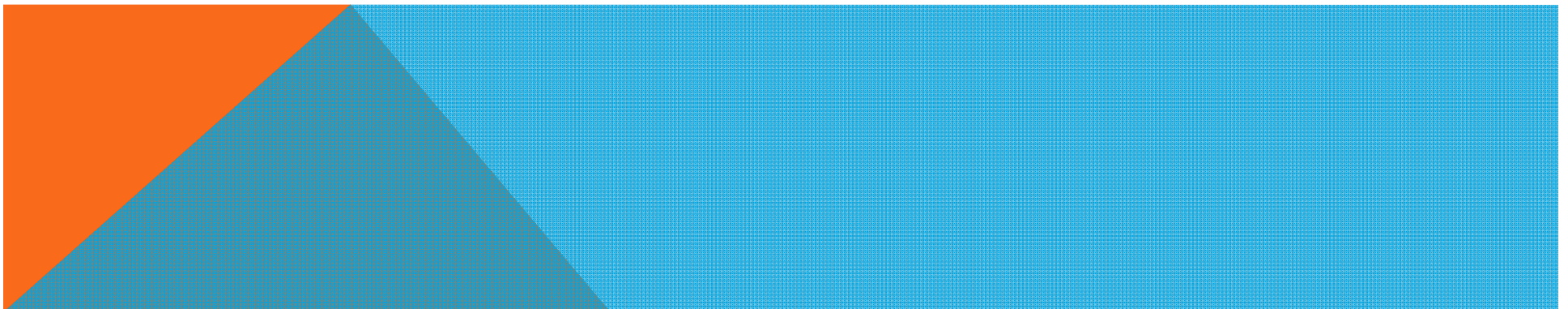
- This is at the request of the Program
- Purpose is to assist the Home Visitor
- Groups are convened for various reasons, including:
  - clinical parenting support groups
  - maternal depression support group,
  - infant/parent support groups
  - play therapy groups with staff
  - other groups as established by the Program



# CURRENTLY PILOTING NEW COMPONENT

## Family Consultation:

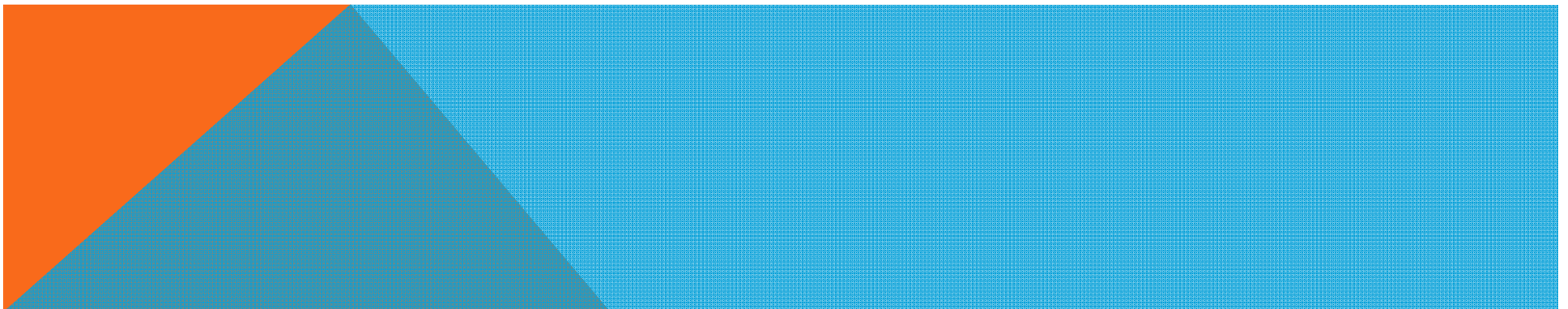
- Available to Home Visitors at their request
- Is focused on building skills in the Home Visitor
- After all options have been exhausted by using the current services available, Family Consultation may be implemented
- Mental Health Consultant goes with Home Visitor to the home, and may engage in observation, education, support, or assist HV in referral
- IS NOT THERAPY



# VIDEO CLIP ON MENTAL HEALTH CONSULTATION TO HOME VISITING PROGRAMS

What supports did you see offered to the Home Visitor?

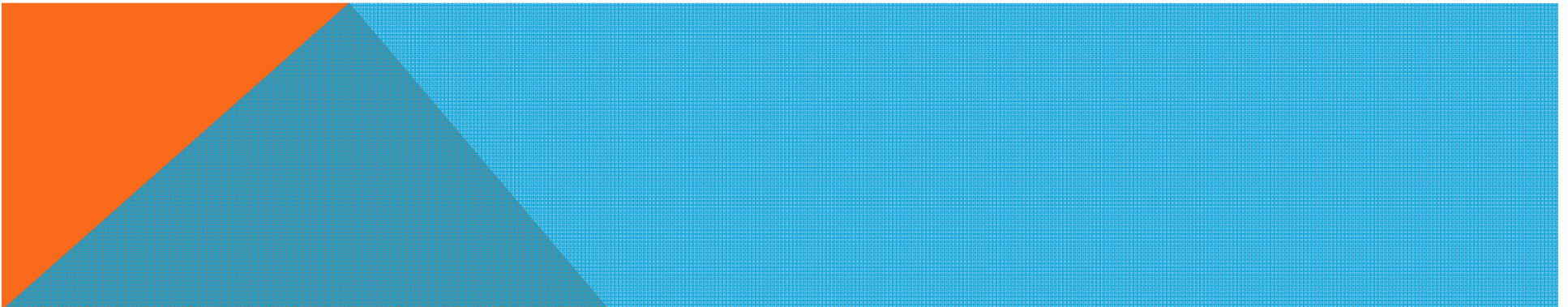
How could you see this type of mental health consultation  
benefiting your work?



## EVALUATION

There is a leadership team that addresses these projects, and makes changes after feedback in order to clearly define the model.

An outside evaluator reviews the work and provides feedback and recommendations.



# EVALUATION RESULTS AS OF THIS DATE

Programs found the mental health consultation to be very helpful

The consultation was very useful in terms of supporting the staff

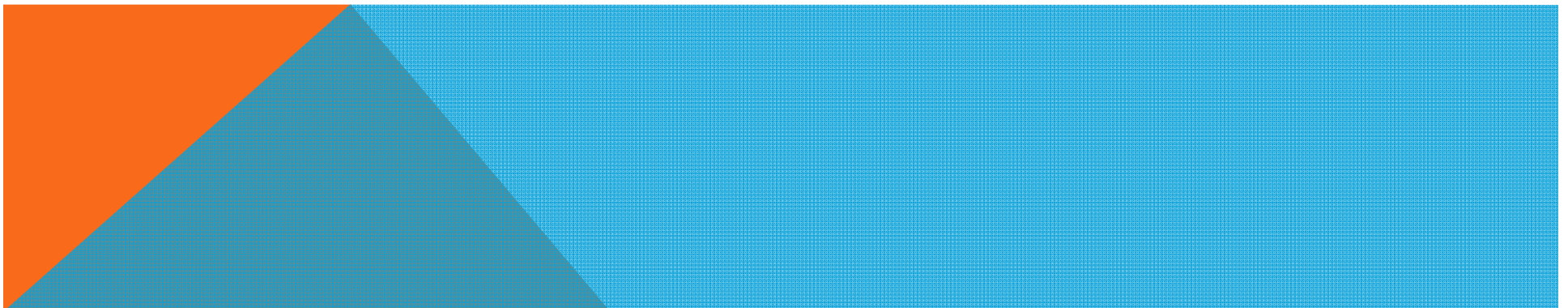
More work needs to be done on identifying what skills development is being identified

There are not enough mental health services in our state to meet the needs of the population served

Role clarification for the mental health consultants was recommended

There were a lot of trainings provided to agency and consultation staff, and a need to address the amount of training needed to move the work forward

The statewide leadership team was very effective and allowed for ongoing continuation of the project even during changes





## EVALUATION, CONT.

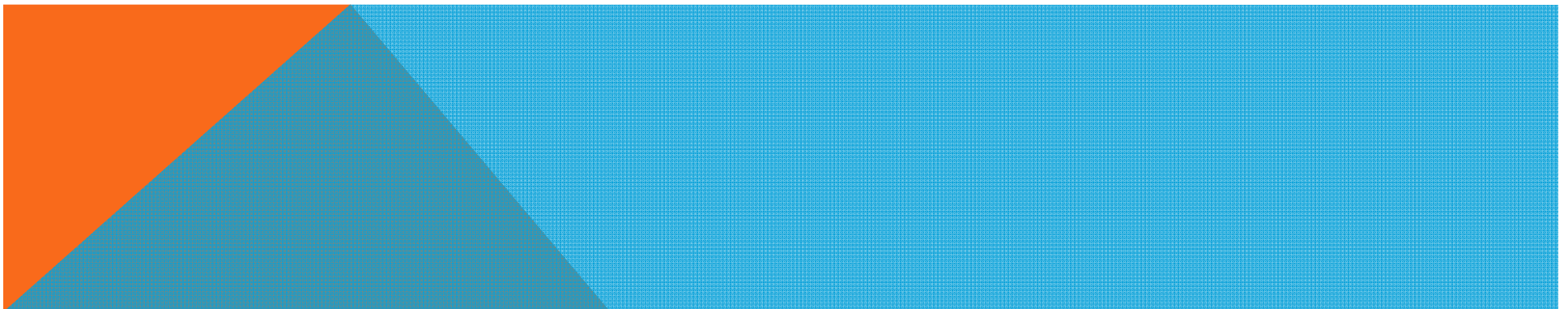
### Project Design:

The evaluation team suggested dividing the consultation project into 3 phases for ongoing work:

Phase I: Entry—Initial Development of Relationships and Assessment of Needs

Phase II: Capacity Building and Consolidation

Phase III: Maintenance-Monthly



# MENTAL HEALTH CONSULTANT COMPETENCIES

One goal of our work is to train more individuals in our state to carry out the work.

Consultants who are selected for the mental health consultation projects come from all professions that are connected to infant/early childhood.

They might include:

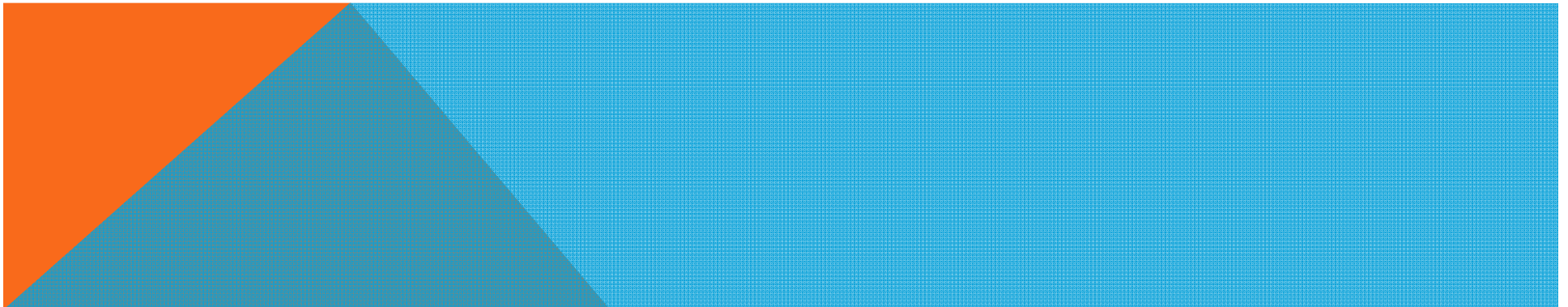
Social Workers

Psychologists

Counselors

Educators with an emphasis in Early Childhood

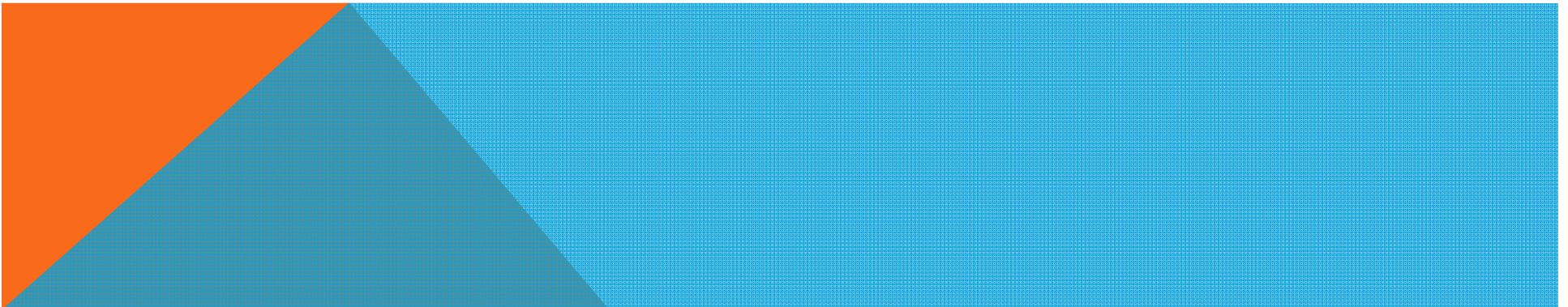
Nurses



# CONSULTANT COMPETENCIES

Each consultant evaluates their own competencies to determine what they might need to be as effective as possible.

All consultants are different...some very experienced, some new to the field.



# SUPPORT AND TRAINING FOR CONSULTANTS

Monthly phone call with Consultation Coordinator for reflective supervision

Quarterly phone call with other consultants in the cohort

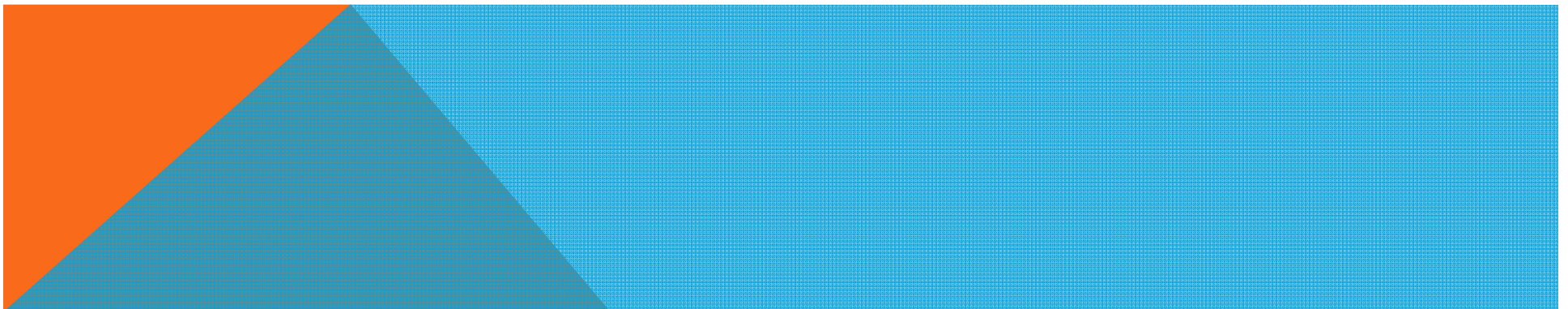
Quarterly meetings in person with their cohort for group reflection

Quarterly training by the Ounce of Prevention – an entire day devoted to Infant/Mental Health Learning Group

Reflective Learning Groups

Annual Mental Health Consultant Retreat

Possibility of credential in Infant/Early Childhood Mental Health



## DISCUSSION TOPIC

To what extent have you integrated mental health screening, prevention and referrals for treatment into your HV programs?

Is MH consultation currently available in your HV programs? If not are you considering this?

What kinds of TA or resources would you need to move forward with this?

