

Early Childhood Mental Health Consultation



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Mary Mackrain, Michigan Department of Community Health & EDC
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Objectives

1. Identify the key components of an effective, high-quality early childhood mental health (ECMH) consultation framework
2. Learn about three states efforts to integrate and sustain ECMH consultation practices within home visitation and child welfare programs
3. Learn about simple tips and tools to support ECMH consultation efforts
4. Identify action steps for integrating new information into local efforts

Part 1. Key Components for Building a Quality Consultation Approach

Agenda

- *Describe the National Landscape*
- *Identify key elements of a strong ECMH consultation framework*
- *Lessons learned and new directions for ECMH consultation work*

Early Childhood Mental Health

Within the context of one's family, community and cultural background it is the child's developing capacity to:

- ★ Experience and regulate emotions,
- ★ Form secure relationships and
- ★ Explore and learn

Definition from www.Zero to Three.org



Amika, is a 2-year-old placed in foster care due to extreme neglect. She is in childcare up to eight hours a day while her foster parents work.

While at care, Amika cries inconsolably and sometimes hits and bites other children. The childcare provider is threatening expulsion, which would be the second expulsion for Amika.

The foster parent reported that if she misses work to care for Amika she will lose her job.

Adverse Childhood Experiences Are Common

Household dysfunction:

Substance abuse	27%
Parental sep/divorce	23%
Mental illness	17%
Battered mother	13%
Criminal behavior	6%

Abuse:

Psychological	11%
Physical	28%
Sexual	21%

Neglect:

Emotional	15%
Physical	10%

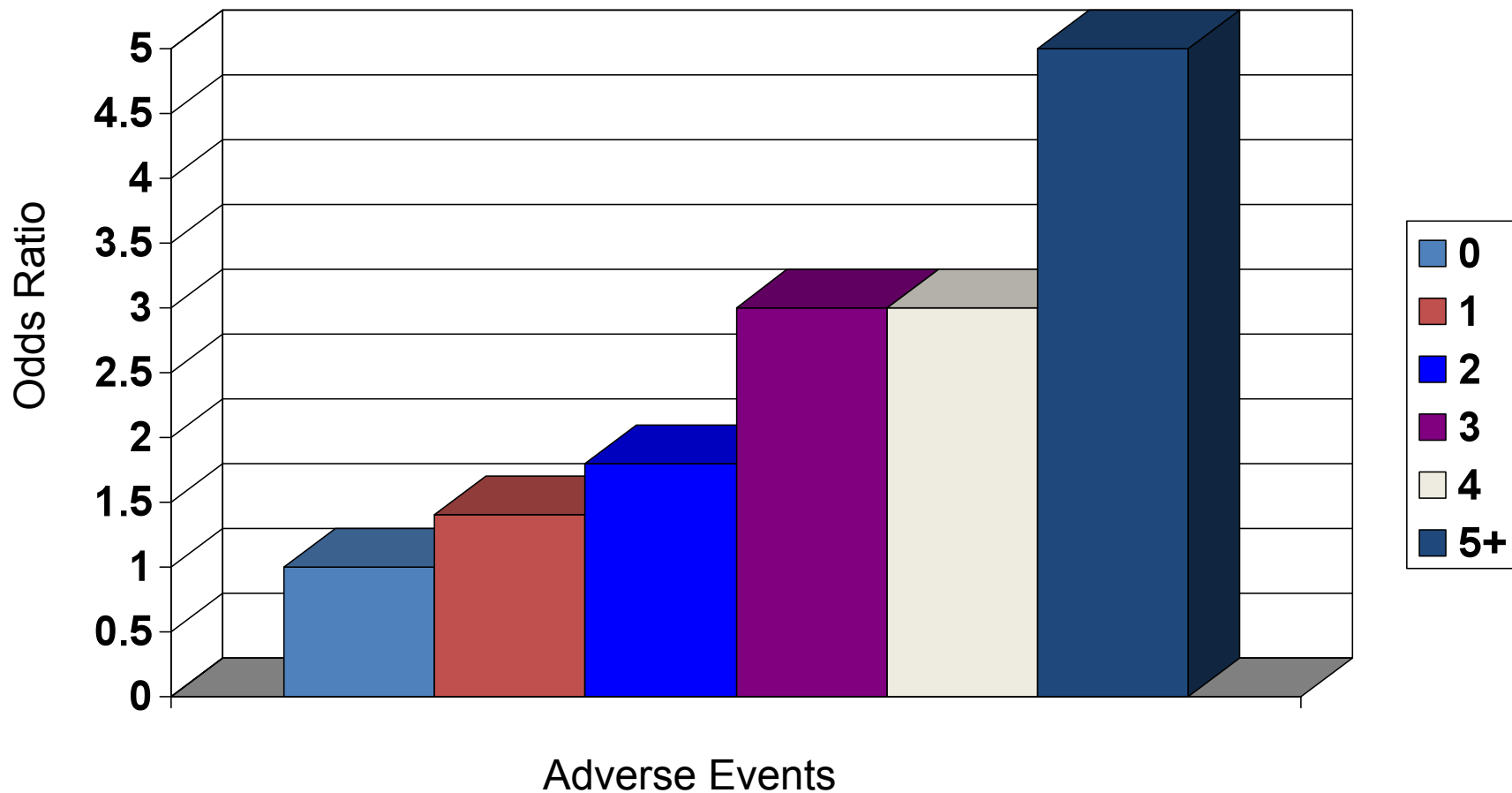


What Happens if We Don't Intervene?



- We pay more later...
- Children who experience trauma and other chronic stressors (like poor quality childcare) increases the likelihood of:
 - Developmental delays
 - Behavioral challenges
 - Heart disease
 - Diabetes
 - Depression in adulthood

Adverse Childhood Experiences and Depression



Chapman et al, 2004

It Takes a Systems Effort



Intervention



Prevention



Promotion

“Perhaps the most common and repeated barrier is the difficulty of providing preventive and early intervention services to children without requiring that they have a psychiatric diagnosis”

-Johnson, Knitzer and Kaufman, 2005



ACTIVITY

Reflect on Your Own System

1. What promotion and prevention supports and services are available for young children and families?
2. How is social and emotional health of children, families and staff being supported within these approaches?



ECMH Consultation as a Solution

- Indirect mental health intervention for infants, toddlers and preschoolers , focused on young children across early childhood settings and their caregivers- **to reduce the impact of mental health problems**
- Collaboration between a professional consultant with mental health expertise and consultees- **to build capacity**

Types of ECMH Consultation

- Child/family-centered consultation:

Focuses on a particular child with challenging behavior and/or the family of that child

- Programmatic consultation:

Focuses on a general program or classroom issue that impacts the mental health of staff, children and/or families

Cohen & Kaufmann, 2000

Practice-Based Principles

- Relationship based
- Collaborative
- Individualized
- Culturally and Linguistically Responsive
- Grounded in Developmental Knowledge
- Evidence-Informed
- Data- Driven
- Integrated into Natural Settings and other Community Supports/Services
- Promotion through Intervention

Georgetown University, Center for Child and Human Development, 2012

Common Steps

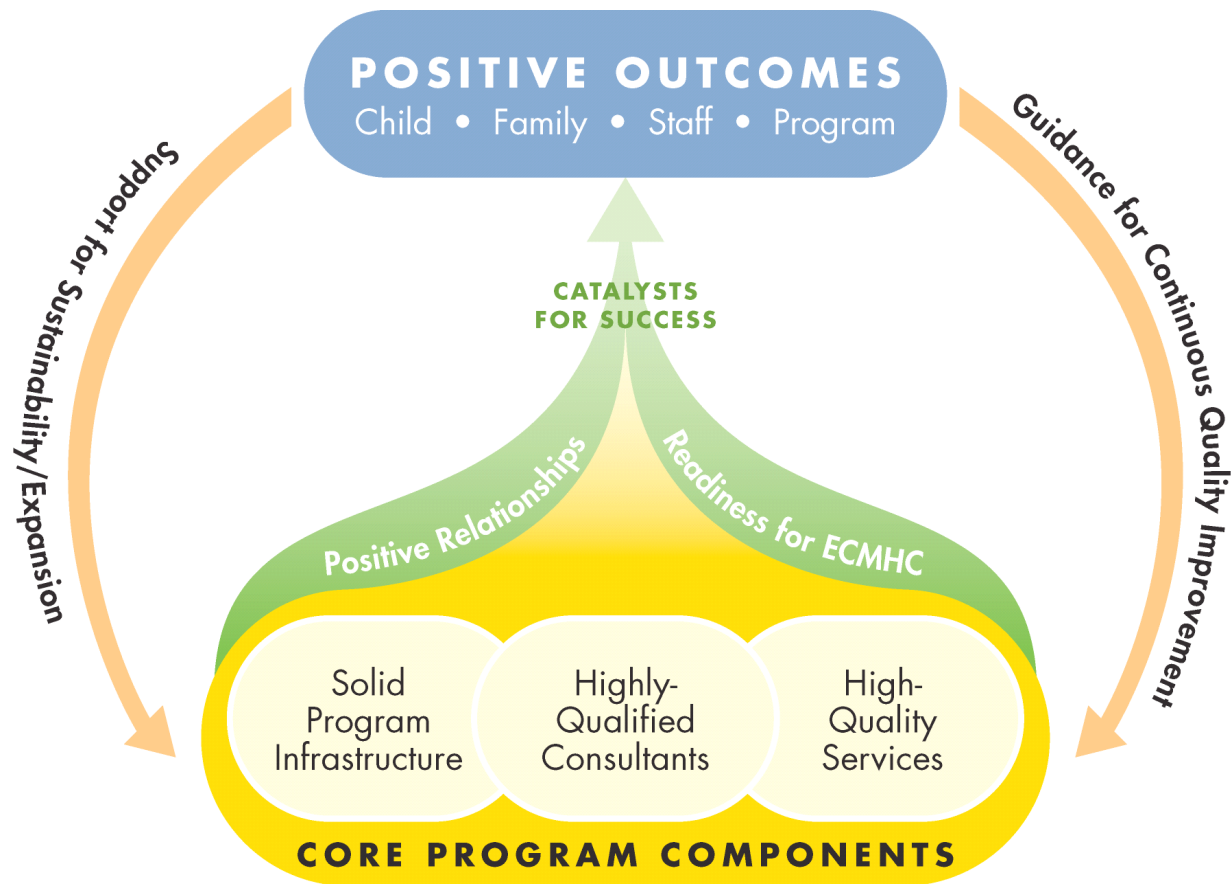
- Intake (referral, consent)
- Observation
- Assessment of Social and Emotional Program Quality
- Universal social emotional screening (programmatic)
- Child assessment (child/family-centered)
- Collaborative Planning
- Integrated Coaching and Training
- Follow-Up

What Works? Building a Framework

- *What Critical Components Do You Feel An ECMHC Program Must have to Be Successful?*



An Emerging Framework for Quality ECMH Consultation



Expansion Across Settings

- Support to Home visiting programs
- School-based work
- Child Welfare



Project LAUNCH Lessons Learned

- *Having a Shared Vision for Promoting, Preventing and Intervening on Behalf of Children's Mental Health*
- *Having a Solid Approach Supports Access*
 - ❖ Articulate program guidelines and processes to build trust.
- *Workforce Matters*
 - ❖ Consider consultant education, attributes, experience & support.
- *Integration Strengthens Outcomes*
 - ❖ Use a consultant onsite versus an external referral source.
 - ❖ Support children in a natural setting
 - ❖ Build new skills in providers that enhance the social and emotional development of all children served
- *Evidence-based Tools Build Capacity*
 - ❖ For example, use of Incredible Years has had positive impact on teachers and families.

Tips and Tools

- Cohen, E., & Kaufmann, R. (2005). [*Early Childhood Mental Health Consultation*](#)
- Duran, F.B., Hepburn, K.S., Kaufmann, R.K., Le, L.T., Allen, M.D., Brennan, E.M., & Green, B.L. (n.d.). *Research synthesis: Early Childhood Mental Health Consultation*. http://www.vanderbilt.edu/csefel/documents/rs_ecmhc.pdf
- Duran, F., Hepburn, K., Irvine, M., Kaufmann, R., Anthony, B., Horen, N., & Perry, D. (2009). [*What Works? A Study of Effective Early Childhood Mental Health Consultation Programs*](#).
- Georgetown University's Center for Early Childhood Mental Health Consultation <http://ecmhc.org/>
- Hepburn, K. S., & Kaufmann, R. K. (2005). [*A Training Guide for the Early Childhood Services Community*](#)
- The Technical Assistance Center on Positive Behavioral Interventions & Support. <http://www.pbis.org/>

Reflections/Ideas from Overview



- What questions have been raised?
- Does the information differ from your original idea of ECMHC?
- Other Questions?

Part II. Agenda Items

- **Setting the Stage for ECMH Consultation within the Child Welfare System-** Nicola A. Conners-Burrow, PhD, University of Arkansas for Medical Sciences & Mary Mackrain, Project LAUNCH, MI.
- **Entry, Integration and Infrastructure: ECMH within Home Visitation-** Kevin O'Brien, Aurora Family Services, Project LAUNCH Wisconsin
- **Next Steps**
- **Questions and Answers**



Supporting Children in Foster Care Through Arkansas' Early Childhood Mental Health Consultation Program

Project Launch Grantee Meeting

May, 2012

Nicola Conners-Burrow

Who We Are

- Early Childhood Mental Health Consultation (ECMHC) Project
- Facilitate collaboration between Community Mental Health Centers (CMHC) and Early Childhood Programs (ECP)
 - Programmatic
 - Child Specific

Why the Focus on Children in Foster Care?

- History of disruption to home life increases need for stability and support in child care
- Anecdotes from multiple sources about problems for foster children in child care
 - Difficulty finding quality care, frequent movement between centers
 - Children lose home placements
 - Behavior problems in child care →

Why the Focus (Cont.)

- Children in foster care are priority population for DCCECE
- In 2011, only 30% of child care vouchers for foster children were issued to Quality Rated centers
- Only **97** foster children were enrolled in Head Start!



Child Care Director Concerns

- Frequent child care moves
- Frequent disruptions to daily routine
- Poor communication between child care and child welfare staff (child history, medical records, upcoming transitions)
- Multiple 'decision-makers' about child care
- Child care staff in need of training and support

Infrastructure for Partnership with Child Welfare

- DHS Partners
 - Division of Child Care and Early Childhood Education
 - Division of Children and Family Services
 - Division of Behavioral Health Services
- Workgroup to examine the scope of the issues and determine steps:
 - What can we do within ECMHC? Outside of ECMHC?

Key Issue

- How do we protect the role of the consultant?
 - Issue is too big
 - Many issues to address outside of consultation
 - Not enough staff to handle statewide child-specific case needs

Approach: Consultation and Beyond

- Broad educational outreach and policy work
- Prioritize centers serving children in foster care



ECMHC Consultation to Centers

- Partnered with centers serving foster children
- Learned we need to focus first on basic classroom quality issues, not our initial goal of ‘trauma informed practices’
- Additional systems level work needed to set consultants up for success in their partnership with DCFS

Educational Outreach

- Trainings on why child care quality and stability are important for children in foster care and what we all can do
 - Learned there is confusion about what is 'quality'
 - Need for concrete observational tools
- Learned its important to start with getting buy-in at the top:
 - child welfare leadership then front line staff
 - CASA, court personnel, foster parents

Reflection:

Where are you currently in terms of supporting the mental health of infants and young children in foster care?



Sustainability: Policy and Workforce

- Working with DHS to identify policies & practices to support the work
 - Highlighting educational stability policies
 - Developing 'practice guideline' on transitions
 - Including quality child care in training manuals
 - Exploring change to voucher policies
- Widening network of trained consultants (outside of project)
 - Training for Consultants from Center for Early Childhood Mental Health Consultation – Georgetown University
 - *Web Tutorial 7: Recognizing and Addressing Trauma in Infants, Young Children, and their Families*

Evaluation Tools

- Arnett Caregiver Interaction Scale
- Preschool Mental Health Climate Scale
- Sutter-Eyberg Child Behavior Inventory
- Our own forms
 - Environmental Quick Screen
 - Child Behavior Frequency Count
 - Structured Interview-Director
 - Teacher Feedback Packet
 - Teacher Feedback - Child-specific
 - Consultant Daily Activity Log
 - Consultation Closure Form
 - Director Closing Survey

Arkansas Tips and Tools

- Educational brief about need for quality care for foster children
- Educational brief for child care teachers about impact of trauma
 - NCTSN Resources
- ‘Toolkit’ to enhance child care – child welfare communication
<http://projectplay.uams.edu>

Michigan's Project LAUNCH
Mental Health Consultation in Foster
Care
A Snapshot View

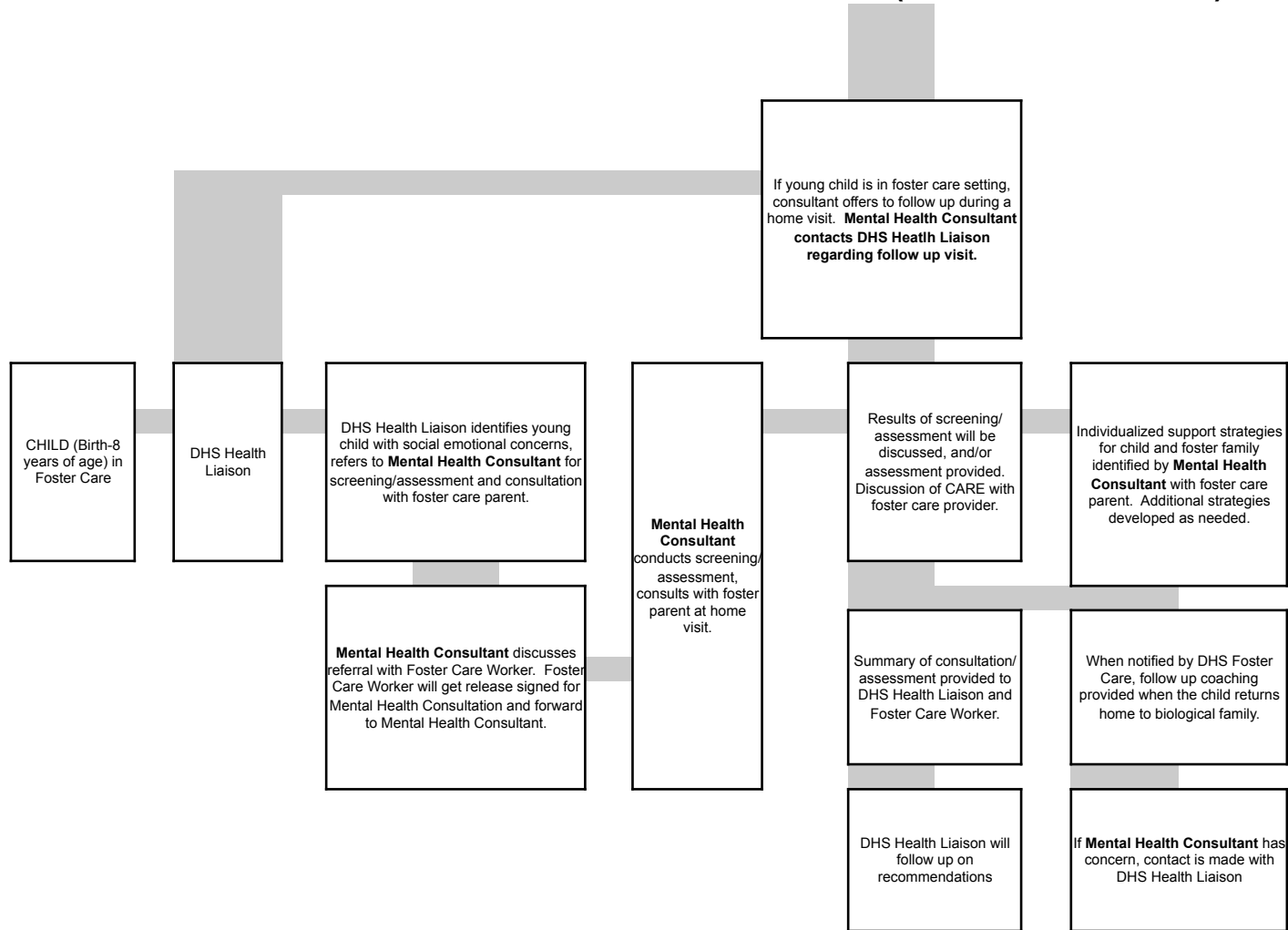
By Mary Mackrain

Infrastructure

- *Strong Leadership-DHS, CMHSP, Primary Care*
- *Clear Model Design in Development*
- *Clear Organizational Structure*
- *Developing Written Approach*
- *Supervision and Support Mechanisms for Mental Health Consultant*

The Flow of Services

MENTAL HEALTH CONSULTANT IN FOSTER CARE (0-8 YEARS OF AGE)



Quality Consultants

- Master's Level
- Contractual Requirement for Michigan Association for Infant Mental Health Endorsement Level II
- Reflective Supervision- minimum 2 hours per month



Developing Approach

- Training of DHS staff
- Referral from Primary care physician, Part C, Department of Human Services, etc.
- Call to foster care family
- Observation and screening
 - Child- DECA
 - Environment DECA FosterCARE checklist
- Planning
- Coaching
- Referral when appropriate

Evaluation & Fidelity Measurement

MHC in Foster Care Quarterly Fidelity Report

Required Components	Elements of Components	Data Needed	Fidelity Standard	Quarterly report data																				
Consultant Skills	Education & certification	Consultant's licensure, endorsement, education level and professional development	1. Master's Degree 2. Has Licensure 3. MI-AIMH Endorsement: Level II (min) 4. Professional development 5. Received training to be reliable on the CAFAS, PECFAS and NFCA	1. Yes/No ___ 2. Yes/No ___ 3. Yes/No ___ 4. # hrs PD ___ 5. Yes/No ___																				
Caseloads	Caseload size and # cases per quarter, child/Foster care family and program	Track number of children contacted Track number of families contacted	10 Foster 20 Foster	<table border="1"> <thead> <tr> <th>Required Components</th> <th>Elements of Components</th> <th>Data Needed</th> <th>Fidelity Standard</th> <th>Quarterly report data</th> </tr> </thead> <tbody> <tr> <td>Link to Community Services</td> <td>Referrals to appropriate community resources</td> <td># of foster Children referred #of foster Family members referred</td> <td>90% of children/families receive referrals to community resources when indicated by screen/assessment</td> <td> 21. # referrals to community agencies ___ 22. # of Child Referrals: ECE ___ EISE ___ ChMHS ___ OCSS ___ 23. # of Family Referrals: AMHS ___ OCSS ___ </td> </tr> <tr> <td>Reflective Supervision</td> <td></td> <td>Frequency/duration of reflective supervision</td> <td>Reflective supervision, minimum 2hrs per month</td> <td> 24. Hrs of Reflective supervision received: Month 1 ___ Month 2 ___ Month 3 ___ </td> </tr> <tr> <td>Administrative Supervision</td> <td></td> <td>Frequency/duration of administrative supervision</td> <td>Administrative supervision, minimum 2hrs per month</td> <td> 25. Hrs of individual Administrative supervision received: Month 1 ___ Month 2 ___ Month 3 ___ </td> </tr> </tbody> </table>	Required Components	Elements of Components	Data Needed	Fidelity Standard	Quarterly report data	Link to Community Services	Referrals to appropriate community resources	# of foster Children referred #of foster Family members referred	90% of children/families receive referrals to community resources when indicated by screen/assessment	21. # referrals to community agencies ___ 22. # of Child Referrals: ECE ___ EISE ___ ChMHS ___ OCSS ___ 23. # of Family Referrals: AMHS ___ OCSS ___	Reflective Supervision		Frequency/duration of reflective supervision	Reflective supervision, minimum 2hrs per month	24. Hrs of Reflective supervision received: Month 1 ___ Month 2 ___ Month 3 ___	Administrative Supervision		Frequency/duration of administrative supervision	Administrative supervision, minimum 2hrs per month	25. Hrs of individual Administrative supervision received: Month 1 ___ Month 2 ___ Month 3 ___
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Screenings & Assessments	MHC screens/assesses foster children with social-emotional concerns	# of foster children screened/assessed	100% of screening 100% of CARE ch																					
Consults with Foster Care parent(s)	Consultation with foster parent(s) at home visit	# of consults with foster parents	CARE str. of famili																					
Follow-Ups	Discussion of results of Screening/Assessment Discussion of CARE Summary of Consultation		100% of least one																					

Tips and Tools

- Program forms (intake, summary of services, consultant log, etc.)

- PP presentation for Caseworkers

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Email: JStanuszek@sccmha.org

- Your Journey Together Curriculum- Devereux Center for Resilient Children

Mary Mackrain

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Reflection

What might be a next step or area for further investigation for integrating ECMHC into foster care?

Integrating Mental Health Consultation into Home Visitation: *Lessons Learned in Milwaukee*



PROJECT
LAUNCH

Kevin O'Brien, LCSW, LMFT

Aurora Family Service

Milwaukee Mental Health Consultants

Milwaukee Home Visiting Programs with Embedded ECMHC

- Empowering Families of Milwaukee
- Milwaukee Nurse-Family Partnership
- HIPPY (Home Instruction for Parents of Preschool Youngsters)

Empowering Families of Milwaukee

- City of Milwaukee Health Department
- *Healthy Families America* Model with *Parents as Teachers* curriculum
- 25 staff visiting in multidisciplinary teams
- Visits prenatally through child's third birthday
- Serving 400 families/year



Milwaukee Nurse Family Partnership

- City of Milwaukee Health Department
- Utilizing *NFP/David Olds* Model
- First-time pregnant women and teens visited until child's second birthday
- Seven public health nurse home visitors
- Serving 150 families/year

HIPPY Program

- COA Youth and Family Center and The Parenting Network
- *HIPPY USA* evidenced-based model
- Serving families with children 3 - 5 years old
- 11 Parent Educators on staff
- Seeing 250 families per school year

Quiz Question # 1!

Who is the originator of
mental health consultation?



Consultation and Collaboration

Integration into Home Visitation involves both:

- Mental Health Consultation *and*
- Mental Health Collaboration

What is the distinction?

A Picture is Worth a Thousand Words

Vignette #1:

The relevance of
multigenerational trauma and
safety issues

A Picture is Worth a Thousand Words

Vignette #2:

Seizing the opportunity
for the inclusion of
marginalized family members

Differences between Home Visitation and Early Care & Education

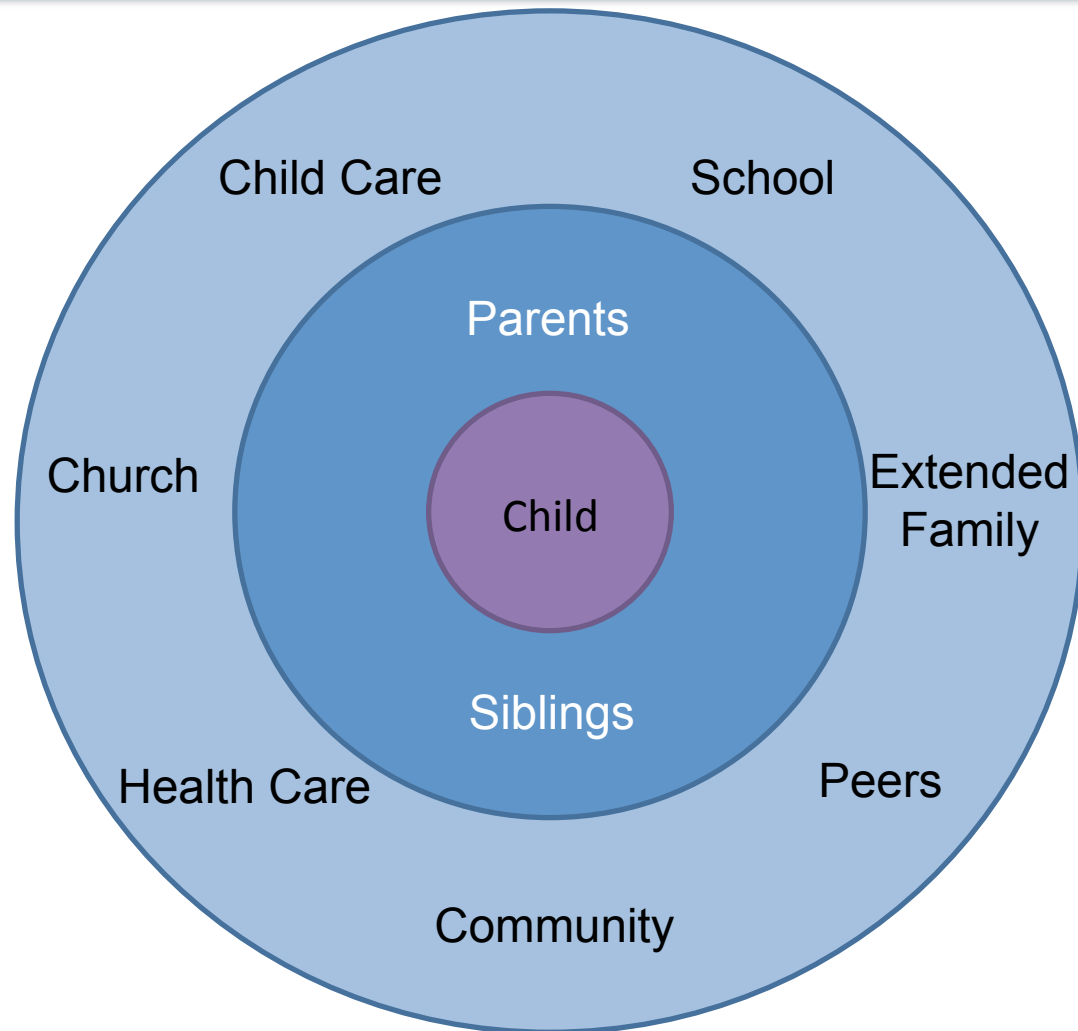
- Home visitation is less structured
- Safety issues must be addressed overtly in HV
- HV referrals more often for adult caregiver/ family mental health concern rather than child (initially)
- Engagement with multiple family members/ service systems more often necessary in HV
- HV requires addressing cultural legitimacy as well as cultural proficiency

Quiz Question # 2

Who is This Man?



Using an Ecological Model



It Hasn't Always Been Easy

While staff in the home visitation programs identified significant mental health issues as one of the main barriers to family functioning...

There was substantial (initial) resistance to integrating ECMHC.

What Works

- The 3 R's - Relationship, Relationship, Relationship
- Finding a port of entry – where is the “felt need”
- Collaboration with staff on specific cases
- Consultation becoming a part of staff meetings
- Training staff in relevant topics to increase capacity and reduce turnover

Discussion

What are the possible opportunities to strengthen the integration of ECMH consultation into your own home visitation efforts?

Sustainability- A Success Story

One way Wisconsin Project LAUNCH is working to sustain ongoing MHC efforts is through the inclusion of ECMHC specifically in a Request for Proposal for a prevention program of the Bureau of Milwaukee Child Welfare.

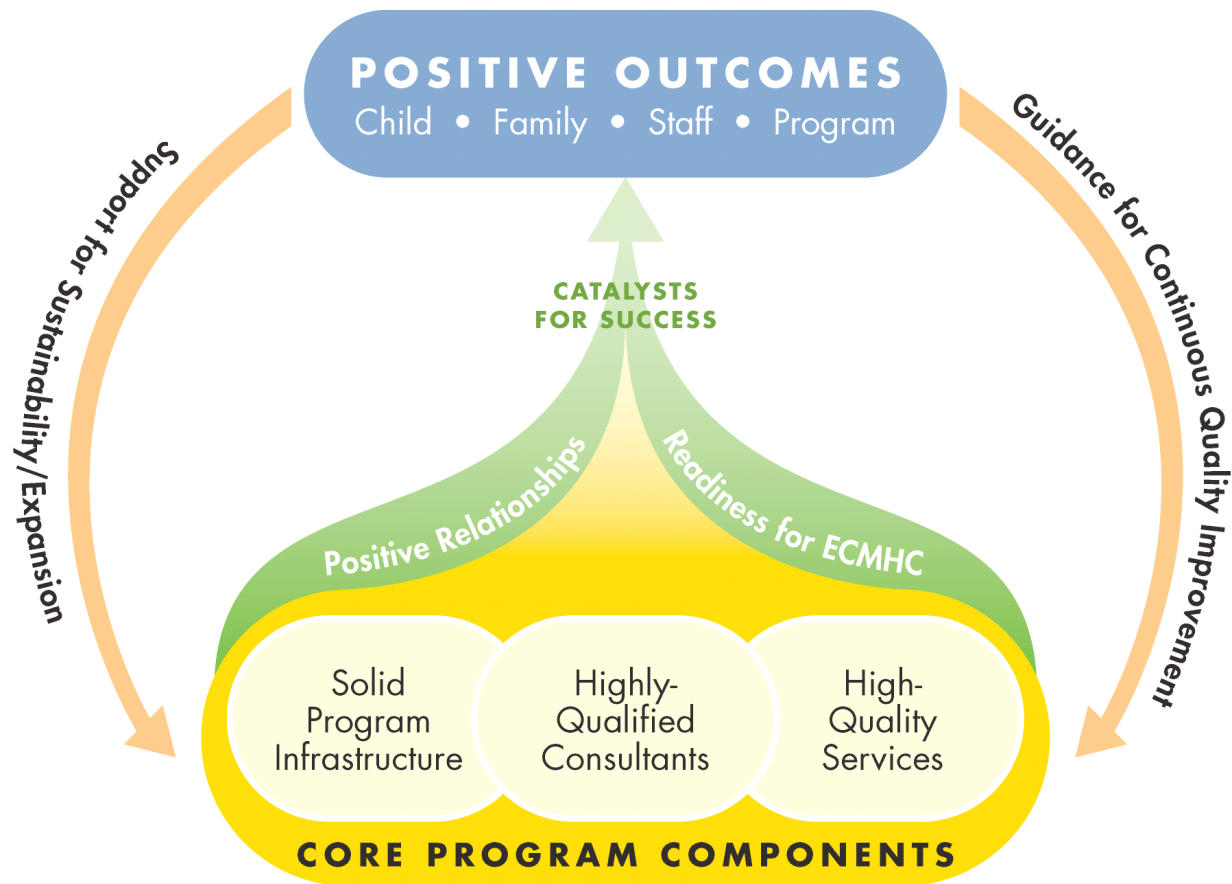
For More Information

Find WI Project LAUNCH
at the Grantee Showcase
for information on efforts to train and
support new Mental Health Consultants

Jennie Mauer, State Coordinator

Leah Jepson, Local Coordinator

An Emerging Framework for Quality ECMH Consultation





Final Reflections

- 1) What are your final action steps?
- 2) What are your 1-2 top Technical assistance needs or topics for further discussion?

For More Information:

- Arkansas- Contact Nicola Burrow,
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- Wisconsin-Kevin O'Brien
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- Michigan- Contact Linda Dann, LAUNCH State
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