

## Center of Excellence for Infant and Early Childhood Mental Health Consultation

# Supporting Tribal Home Visiting Programs with Infant and Early Childhood Mental Health Consultation

**Tobie Barton:** You're listening to a podcast from the Center of Excellence for Infants and Early Childhood Mental Health Consultation, established by the Substance Abuse and Mental Health Services Administration, SAMHSA, in 2015.

The Center of Excellence is a combined effort of SAMHSA, the Health Resources and Services Administration, HRSA, and the Administration for Children and Families, ACF. The mission of the Center of Excellence is to support states, tribes and communities in using Infant and Early Childhood Mental Health Consultation, or IECMHC, as a tool for promoting mental health and school readiness.

I'm Tobie Barton, Product Manager with the Center of Excellence. Today we're talking with Moushumi Beltangady and Dawn Yazzie. Moushumi is a Senior Policy Advisor for Early Childhood Development with the U.S. Administration for Children and Family where she serves as the lead for the Maternal, Infant, and Early Childhood Home Visiting, or MIECHV program, and is the Program Manager for the Tribal Home Visiting program.

Dawn Yazzie is a mental health consultant providing Infant and Early Childhood Mental Health Consultation within the Navajo Nation Home Visiting program. She's also an expert mentor with the Center of Excellence.

Moushumi and Dawn will talk about what Infant and Early Childhood Mental Health Consultation for Tribal Home Visiting programs looks like from the federal level and the frontline tribal level. Thank you both for joining us.

To start, Moushumi, can you please provide an overview of the Tribal MIECHV program?

**Moushumi Beltangady:** Sure, thank you, Tobie. So the Tribal MIECHV program is part of the MIECHV program that Tobie mentioned. We are funded out of a three percent set-aside to the overall MIECHV program and we fund tribes, consortia of tribes, tribal organizations and urban Indian organizations to develop, implement and evaluate evidence-based home visiting programs for expectant families and families with young children from birth to kindergarten entry.

Over the last seven years, since 2010, we've provided funds to 29 tribal entities. We currently have 25 grantees spread across 14 states. Our grantees are implementing a variety of home visiting models including Parents as Teachers, Nurse Family Partnership, Family Spirit, Safe Care, and Parent-Child Assistance Program.

Most of our grantees are also implementing cultural and contextual adaptations and enhancements to their models.

**Barton:** Moushumi, can you tell us why Infant and Early Childhood Mental Health Consultation is important to Tribal Home Visiting programs?

**Beltangady:** Well first, while there is a great deal of diversity across tribal communities, we know that families often come to Tribal Home Visiting programs with high needs and we also know that there's a legacy of historical and inter-generational trauma in many tribal communities, which make them vulnerable to mental health and substance use challenges.

Many caregivers have also experienced adverse childhood experiences that are associated with mental and behavioral health issues. Children are at risk of ongoing adverse experience and toxic stress which affects their brain development and therefore their learning and behavior. So related to all of that, we do see a prevalence of mental and behavioral health needs among Tribal Home Visiting program participants. We see things like caregiver depression, child behavioral issues, and caregiver substance use.

We also know that in tribal communities, there are often not enough resources in the community to address these needs. We also know that home visitors in Tribal Home Visiting programs are not generally prepared to address the types of challenges that their families are dealing with.

However, we also know that because home visitors have such strong relationships with families, they're often the first to be able to identify an issue and help families respond. They are also susceptible to secondary trauma due to their interactions with families with so many needs, so we really recognize that it's important for home visitors to have access to supports that improve their facility to address these issues among the families they serve, and to support their own well-being.

And we really think that Infant and Early Childhood Mental Health Consultation includes a lot of features that are helpful to home visitors and Home Visiting programs. These include professional development on mental health topics, reflective and clinical supervision, case consultation, assistance with identifying referral partners for our mental health and substance treatment services, and conducting joint home visits to clarify and identify family needs.

We really believe that in combination these kinds of supports can increase home visitor knowledge, increase their feelings of efficacy in their role, increase their ability to identify and support mental health problems and develop strategies to address them, and also help manage the effects of secondary trauma and burnout. So for all of these reasons, we think that mental health consultation is really critical for Tribal Home Visiting programs.

**Barton:** And can you tell us what mental health consultation looks like in the Tribal MIECHV program?

**Beltangady:** So some examples of what we're seeing, all the grantees are implementing reflective supervision of part of their Home Visiting programs and in some cases this is provided by a mental health clinician or a clinical supervisor and this can include both group and individual supervision.

We also see that most grantees have developed or are pursuing strong referral partnerships with mental and behavioral health agencies in their service areas including formal agreements and they really are trying to connect with service providers to refer families to appropriate services. Grantees are screening for things like maternal depression and substance use as part of their Home Visiting program implementation and so they are identifying a lot of challenges as part of that process and want to be able to refer families appropriately.

Some grantees have arranged for in-depth consultation with mental health clinicians to receive feedback on specific cases and they usually do this through partnerships with tribal health divisions and other organizations in their community, and this can also include collaborating with these clinicians on a treatment plan for a family for services.

We have one grantee that has a clinician working with home visitors in a group setting to address secondary trauma that they may be experiencing in working with families. Another grantee has an in-house family intervention specialist trained in Infant and Early Childhood Mental Health. She trains her home visitors in implementation of supported interventions and provides ongoing support and problem solving in clinical supervision and case conferencing.

And then we have one grantee that is receiving professional development training on infant and caregiver mental health issues through mental health consultants associated with the Project LAUNCH program in their community. We see other grantees that are receiving similar training through the state's Infant Mental Health Association.

**Barton:** Thanks, Moushumi, for that view of what mental health consultation looks like in the tribal programs from the federal level.

Dawn, as someone who is working on the ground in this role, can you share with us some challenges and successes in implementing mental health consultation for home visiting services on the Navajo nation?

**Dawn Yazzie:** Yes, absolutely. On the Navajo nation, there's very little infrastructure as far as paved roads, reliable internet, cell phone service or even reliable landline services so those are some of the challenges just to get through. And then adding all of that Moushumi had mentioned already about the multi-generational trauma and just thinking about the many areas of need and concern that families experience.

We also have many of us as helpers whether we are mental health consultants or whether we're home visitors, we grew up on a reservation and many of us have experienced some type of direct or indirect trauma coming down from all of those experiences from the past. Linking into a mental health consultant can help provide some of those foundational supports.

Also Navajo is very rooted in relationship through our clanship system. The work of home visiting is so the home visitor can support the parent to support the child, which is all relationships based and mental health consultation is also based on relationships as well. So just kind of leveraging and using some of the cultural teachings and the cultural concepts to support the parent and child that have been very helpful.

**Barton:** So Dawn, as the mental health consultant you serve a really important role, not only in providing mental health consultation but also in connecting families to resources or to other tribal agencies that might be able to meet their basic needs. Can you tell us a little bit more about how you do that in your mental health consultation work?

**Yazzie:** Yeah, absolutely. So just having all the visitors on an email and then also meeting with them, whether it be every other month or whether it be monthly depending on schedules, just to let them know about the different services that are offered in the community. They are really resourceful.

We've had one case come up where there was a three year old and the mother was trying to get connected with infant mental health services and there was something that we had wanted to support the family with and the nearest place to refer the family was a little over three hours away off reservation in a border town and finding the family was not aware that they could get the nonemergency medical transport. Just doing some of that introductory warm handoff for families.

And also Infant and Early Childhood Mental Health Consultation adds an important piece in considering equity in working with tribal communities. For example, many Navajo families and many Navajo communities, as I mentioned earlier, don't have access to basic infrastructure or access to basic health services, specialized health services.

Many times the mental health consultant who acts as the connector to services for home visitors, for families, but they also have a specialized level of expertise in helping to problem solve. Helping home visitors build their capacity of getting services to their families faster and this is a specialized resource that can support and build-up home visitors so that they may in turn support families in helping their young children with

social and emotional development.

**Barton:** This is a question for both of you. We've heard about some of the challenges with implementing mental health consultation in tribal communities but what are some of the unique strengths and opportunities that exist in tribal communities?

**Beltangady:** Okay, I think the biggest opportunity in mental health consultation in tribal communities is really to build the knowledge base around what is actually effective with the strategy. I think there's still a lot to do to understand whether the same models and principles of consultation are applicable and effective in tribal communities, whether people would be comfortable with these approaches, how they compare with traditional reflective practice in tribal communities, whether qualifications for consultants should be different in tribal settings, what the role of elders and cultural leaders would be, how these practices might fit in with other tribal systems of care, and then how these models might leverage traditional cultural practices.

So I think it's really important to see the opportunity to invest in and pilot and better understand how these practices can be best supported in tribal context. I think we really need to understand the extent of their potential and the need for and possible effectiveness of any adaptations to the usual models of mental health consultation. This might require partnerships between tribal communities and researchers to measure this type of effectiveness and better understand how mental health consultation can be implemented in tribal communities.

**Yazzie:** And just to build off of what Moushumi shared already about making sure that Infant Early Childhood Mental Health Consultation is being implemented in a culturally appropriate manner. Also the lack of infrastructure and resources and how that can be a challenge in itself in recruiting someone who may be specialized to work in the field in many tribal communities because there's simply no place to live whether it be for a mental health consultant, for doctors, nurses, teachers, even home visitors, just for anyone seeking to work within tribal lands. It can be a challenge finding a place to live.

So I think there are opportunities to really look at that workforce development and also bringing in existing Indian Health Service providers, building that workforce, having them, trained in infant mental health, and then furthering the training with Infant and Early Childhood Mental Health Consultation.

**Beltangady:** Yeah, I think the question of the qualification for mental health consultants is really important because we see in a lot of early childhood programs including home visiting programs that often times community members with experience in the community and knowledge of the community and the families that are being served are the most effective practitioners and they have the best relationships with the families and are able to really identify and support family needs.

I think the same goes for mental health consultants. I think the idea of really developing internal capacity in tribal communities to do this type of consultation and really growing our own in a way is so important because I think it's going to make the mental health consultation more effective in the long-term and more appropriate for the tribal community.

**Yazzie:** There is a Navajo wellness model that was developed in coordination, conjunction with Indian Health Services many years ago and there's a lot of work that went into that with traditional practitioners and with Indian Health Services staff in connecting the traditional teachings, looking at what science is saying is best practice and understanding more and more about my own Navajo culture. It is in direct alignment many times with what best practices scientific research is saying and telling us about early childhood, about different areas in supporting relationships between parents and children. Really looking and thinking about

that, the historic tribal knowledge and culture, and how that can many times be in direct alignment with the best practices that are coming out now.

**Barton:** Dawn, what is your hope for Infant and Early Childhood Mental Health Consultation as a way to support home visiting programs on the Navajo nation?

**Yazzie:** My hope would be that Infant and Early Childhood Mental Health Consultation become a widespread practice on the Navajo nation with home visiting. That it really continue to build the capacity of home visitors and that it move towards an advocacy type of support for the community in bringing awareness of the importance of infant mental health, social and emotional development with young children and their families, and building a really secure base and foundation for the home visitors because the many families they have whether it be they have a case load of 13 in recruiting or they have a case load of 20 or 23. And if we think of the children in those families and multiply it by the amount of home visitors that are out there, that's hundreds and hundreds positively impacted with the strengths the home visitors have in supporting the parents to really support the development of their child and how we know research shows the effectiveness of really supporting young children in the first five years of life, with brain development happening 90% by age five.

**Barton:** Wonderful. Thank you both for sharing that. We've had a great and rich conversation today.

Thank you for listening to the podcast. For more on Infant and Early Childhood Mental Health Consultation including the Center of Excellence toolbox which is a collection of over 60 original resources put together by the Center with experts in the field, please visit us at our website [www.samhsa.gov/IECMHC](http://www.samhsa.gov/IECMHC).

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