

Center of Excellence for Infant and Early Childhood Mental Health Consultation Using IECMHC to Support Home Visiting Programs

Tobie Barton: You're listening to a podcast from the Center of Excellence for Infant 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 I'm talking with Kevin O'Brien, who is a Licensed Clinical Social Worker and Licensed Marriage and Family Therapist and manager of the Family Institute of Aurora Family Service in Milwaukee, Wisconsin. Kevin manages several programs that provide mental health services to hospitals, social service agencies and community-based organizations.

Today, Kevin will share his experiences in providing Infant and Early Childhood Mental Health Consultation services to support the City of Milwaukee Home Visiting Program, including insight into funding sources and guidance on how to hire and train consultants and sustain the program. Thank you so much for joining us for this podcast, Kevin. Can you please start by describing your program and how you've incorporated Infant and Early Childhood Consultation?

Kevin O'Brien: So, thank you again for inviting me to participate in this podcast. I'm really excited to talk about our work here in Milwaukee. I've been doing the work in Infant and Early Childhood Mental Health Consultation for about eight or nine of the ten years that I've been at Aurora Family Service and the program that we offer it through is called "Milwaukee Mental Health Consultants." It's one of three programs that I manage here that are mental health related and it's pretty unique in, I think even in the country as I talk to more people because it's, it's a program specifically dedicated to Mental Health Consultation and it's been doing that for a lot of years throughout different sectors in the community, from schools and Head Start Programs and now more recently, we've developed the focus, as I said, within Infant Early Childhood Mental Health Consultation. So a real interest to this podcast is our work with home visitation, and the main work we're doing right now is with the City of Milwaukee Health Department where they have four home visiting programs.

So they have an NFP Program, they have a Prenatal Care Coordination program, which is a shorter term program that works with expecting moms and then through about the first three to six months of the baby's life after that.

The third program that they work with is a dyad model that then incorporates nurse and social work home visitors and that program can work with moms whether this is their first baby or subsequent children. They have the ability I think to go up to age two years old, follow the families up to two or three years old, so they're a very intensive and longer term program. And then the fourth home visiting program, the DADs program, which stands for Direct Assistance to Dads, so they have fatherhood involvement specialists who coordinate services for fathers, some of whom are also in one of the other you know home visiting programs. They have a really well-established track record of home visitation. That, as you can see, a real depth of programs and probably serve somewhere between three hundred to four hundred families every year.

Then the last program I can mention is actually a pretty brand new as of this week. We just started onboarding a new caregiver who's working as a consultant for a project, consulting the staff and families of babies who are in the Neonatal Intensive Care Unit of our urban hospital here in Milwaukee.

Barton: It's wonderful to hear about all of the different types of programs that you support. I'm interested in hearing how you got started with Infant and Early Childhood Mental Health Consultation. Was there something that prompted you to dive into this work?

O'Brien: So, in the beginning when I first started working at in the agency here, I was a coordinator for Milwaukee Mental Health Consultants Program and provided some of the direct consultation, as well, and particularly to several Head Start Programs here in Milwaukee. These weren't programs that had Early Head Start at the time so they're the three and four-year-old kids in a Head Start. I just really, really, really enjoyed that work tremendously. You know, again, having worked in the therapy office it felt like it was such a breath of fresh air to be able to step out of the office, get into the settings where the kids and families are.

I first identified with concerns - - so often I felt like there was this gap, a disconnect where people were taking way too long to come for services. It was pretty clear from talking to other people that that was a major problem because of stigma and other barriers to services - - you know I might see a family at fifth grade who is probably first identified as their child having some need back in kindergarten or preschool and so this felt like a great opportunity for us to be able to make a connection with people just at the beginning of the journey where there might be identifying some struggles maybe head off the need for services and if not maybe help them access services more quickly. So that was my first real experience with Early Childhood Mental Health Consultation and then through the work, you know, learned about at that time their newly developed Certificate Program in Infant and Early Childhood and Family Mental Health that was offered to our University of Wisconsin-Madison at that time. That was just starting in 2010 so I thought a lot about it and it was a big commitment but I decided to jump in based on my initial experience and you know really, really grateful that I did.

Barton: So, you have the passion for the work, but I know for many programs the big challenge is figuring out how to pay for it. So can you tell us how you found financing for the Infant and Early Childhood component of your program?

O'Brien: So, Milwaukee Mental Health Consultants again is somewhat unique in that it's been United Way funded from the beginning. When I talked to one of the original, pretty much the founder of the program when I started, he described how some of these agencies in the community came together and said, "Let's pool our money around training and get United Way to manage those funds for us so that we can really work together to get what we need in the community." So it's pretty forward thinking at the time and so the United Way funding remains intact and we have a strong relationship with them as a funder, but then we also then have each program provides some program fees at a very, very reduced rate from what they might pay in the community in large part because of that United Way funding can help offset that.

But in the more recent years, probably since Project LAUNCH and around that time, we've been able to supplement funding through grants that are usually collaboratively administered or sought after through with the agencies that we're providing consultation to. So Project LAUNCH is a great example of that, where the grant that we were brought into, because of some of the experience that we had, and gave us these natural partnerships. And then I guess the fourth way I'd say we're funded at times in our program is through some of the consultants that we might independently contract with who would often give some reduced fee because of their interest in working with social service agencies or other programs that wouldn't otherwise be able to participate or receive mental health consultation. So it's really a very much a

blending and braiding of many, many sources of funding that help us get where we are.

Barton: And we know another big challenge in implementing Infant and Early Childhood Mental Health Consultation in home visiting programs is developing a strong workforce of mental health consultants, and Kevin I think you said you had four or five consultants working for you now. What issues did you have related to workforce development of these consultants?

O'Brien: Yeah, I think one of the interesting things that's been helpful for me to keep in mind is how in adult learning circles they talk about there being a breakdown of seventy percent, twenty percent and ten percent that goes into learning with seventy percent being the experiential learning of just doing the work. The twenty percent being those social supports that like mentoring and coaching and supervision that helps you learn from that experience, and then ten percent formal learning like sit down trainings and things like that. And I really, really found that to be true that there's just no substitute for the experiential learning of being able to jump in and do the work. And I think that's probably the biggest challenge - is that there's no shortcuts for, you know, developing your own style or developing confidence and the confidence to do the job and kind of been an almost predictable trend that tends to take about a year for any of us as we make a transition, say from being a therapist to providing consultation, to fully make that shift where you really understand and appreciate the different role and especially that your client is different in this work than what you might do as a therapist. So even though we were all figuring out as we went in the beginning, I still find that there's always going to be this learning curve that we have to predict and expect for new people as they come into the field and try to take on this role.

There's things we can do to help, of course, shorten that is the partnerships we've tried to develop throughout our state and locally with other programs that can help us especially with that thirty percent of learning, the twenty percent social learning and ten percent formal learning. There's been four of us that have been able to participate in the statewide Infant and Early Childhood Family Mental Health Certificate Program over the years so that's been a huge support to us in developing our workforce.

There's been probably for at least six years now a statewide program that supports reflective supervision and reflective consultation so we've tried to take advantage of that at every opportunity. So all of those things we try to wrap around the program to support my work in providing reflective supervision to staff and, you know, any formal training that we can supplement along the way as people learn the ropes and just be able to ride the ups and downs of learning a new role as a mental health consultant.

Barton: So, Kevin I know that you really prioritize having consultants who are culturally and linguistically aligned with the community that they're serving. How have you been intentional about diversifying your consultants?

O'Brien: Yeah great question, and I think I just want to really take a moment, too, to emphasize just how important that is. Some of you, let's say for example, they might be familiar with the book that just came out last year called, "Evicted" by Matthew Desmond following some families here in Milwaukee and their struggles around stable housing. And if anybody even has a chance to just take look at that and for a little bit you'll get a sense of the types of stressors that a family in our home visiting program serves face on a daily basis. So it's really important that people be able to have a finger on the pulse of what the day-to-day challenges that our families face and then in turn the, the struggle that our home visitors face in trying to provide those high quality evidenced-based programs.

There's just a constant struggle that we see with the home visiting programs trying to balance the needs of meeting the family's essential ability needs for housing and transportation and employment and things like that, while at the same time doing what their main love and passion is - to provide health education and

nursing services and preventive care and things like that. So, you know, having consultants who can come in pretty quickly and recognize just the realities and with a sense of really respect and a strength-based approach for pulling on all of the resilience that the families and the workers are, are bringing to their work everyday is really essential.

Because our agency has a commitment to promoting diversity and promoting cultural competence and cultural humility throughout its history, then the kinds of community relationships we have and the kinds of professionals who are connected through the agency give us a really wide range of professionals that we can build those relationships with and draw upon.

Barton: So, you mentioned earlier that you provide reflective supervision and a variety of other professional development opportunities. I'm wondering if you can tell us a little bit more about what you put into place to strengthen the capacity of the consultants in your program?

O'Brien: Yes. I mentioned some of those supports we have throughout the state and local communities here so I'll try to kind of walk through some of how those are layered in. On a day-to-day or week-to-week basis I'll be providing individual supervision to staff and then we have our regular staff meetings and peer consultation and things like that.

One of the things I want to emphasize that has been a real strength for us that might not be true for everybody, because we have multiple consultants doing the work, is that I've also found that it's irreplaceable to have peers that people can connect with to talk through the ups and downs that they go through on a day-to-day or week-to-week basis. It may not be anything formal that happens, but I think a ton of training has happened on that kind of that arm-in-arm approaches the consultants talk to each other and just pick each other up after a tough day or celebrate their victories. And things like that, that might be included in the peer consultation. It might happen in our staff meetings, but I know it's happened over lunch and coffee, as well. And even for a program that may only have one or two consultants just really for them to seek out those opportunities to connect people to each other is really, really important.

And then on a monthly basis we have reflective consultation mentor who WI-AIMH, Wisconsin Alliance for Infant Mental Health, provides that brings us together for about an hour and a half each month. We share some of the concerns or add little victories that we're having with each of the programs that we're working with and that also allows me to participate as well as a participant, a recipient of reflective consultation mentoring.

As far as other supports for the more formal learning, then we try to do as much as we can to send people through the one year Certificate Program and we've been pretty successful in that but there's also been at times some barriers because of time and distance. It's a pretty big commitment and if any state that has a Irving B. Harris-type program will know, they're usually located in one town and so no matter how much everything they can make it accessible there's still going to be some people who have a tough time committing once a month to going out of town. Particularly we have a few people who have young kids and there's just no way that they were going to be able to commit to that.

I'd say one of the more kind of unique or interesting things we've tried to do here is that we've been pulling together content, really, and material that would help support our own Certificate Program in Infant and Early Childhood and Family Mental Health Consultation. Some of that I was able to pull together as my Capstone or Completion Program for the Certificate Program, but I knew that I don't have all the answers and I also know there's just a ton of learning that happens as you try to articulate your own approach and your own model. So I pulled people together here, a couple of times, for a three months stretch at a time to try to challenge us to, you know, what would it take for us to provide this Certificate Program for other

people and did a variety of activities where we try to articulate what it means to be a Mental Health Consultant - like we did some mind mapping, for example, and everybody just having to put down on paper what it is that they think consultation is? What do they think their role is and it's been - - it was really a refreshing and good use of time for us to compare notes and find out what we all thought was similar and unique to the way we approach the work.

Barton: So, to shift gears a little bit from your end of the program, I'd be really interested to hear what kind of feedback you have received from the home visiting programs your consultants are working with.

O'Brien: Definitely and I want to emphasize that Mental Health Consultation at any level is absolutely a partnership where you have to do this in close coordination with whatever program that you're working with. I find that true even for the workforce development components. While we put in place supports of reflected supervision and formal learning and group consultation and all that, there's really no substitute for having a strong relationship between the program and the agency you're serving and the consultant and the supervisor that they're working together with so there can be this real strong culture of feedback between everybody involved and that's been a really, really be the defining feature of how quickly people learn and adapt and adjust to the work. It's how open they are to receiving that feedback from the programs they're working with.

People are bringing cases back for reflective supervision or consultation, you know we're getting it filtered through that consultant's experience, but on those day-to-day interactions are happening with the staff and the supervisors of the programs. So if we can really encourage the consultants to be open and soliciting and eager to seek out and get that feedback from programs, it's not only going to be great customer service for those programs, but it's also going to really help that consultant learn much more quickly what's working and what's not working.

We've tried to formalize some of that. We have a yearly and annual survey that we do that focuses on really three main areas: one is are we helping that agency's engage families and needed services? Are we helping to increase the staff knowledge of mental health or social emotional issues? And are we helping the staff to manage their work-related stress? So we ask a few other questions but those are really the three main points that we try to focus on in our surveying and then we aggregate that information, share it with the consultants, share it with the programs, in a real collaborative discussion.

It takes time for that trust to develop, but whatever you can do or whatever we can do to encourage that trust to be able to talk about negative feedback, especially about approachability, our style that people might not otherwise feel like they're worried about sharing with us that can go a long way to really taking your relationship to the next level.

Barton: Wonderful, thank you. Kevin, is there anything else you wanted to share with us that we didn't have a chance to talk about?

O'Brien: Yeah, there's nothing in particular that I'd like to share but just for anybody listening, I want to emphasize how worthwhile the investment is. That if an agency or a program looking to do this, I'd absolutely encourage them to, to take the leap because even though it's can be confusing and messy at times. It is all about those relationships, those partnerships, and I feel like that's what we've been missing in all of our sectors is working in these silos. That was absolutely what drew me to, to the work ten years ago of Mental Health Consultation - is this is a silo-busting, bridge-building approach and it's what we have to be able to do; not only to make, to have the best outcomes but really to, to spend our money more efficiently where we can connect our resources, you know, make them come into play in ways that have a much bigger bang for our buck and if we were all continue to work in parallel.

Barton: Wonderful, thank you so much Kevin for joining us today.

O'Brien: Thank you.

Barton: 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 sixty original resources put together by the Center with experts in the field, please visit us at our website www.samhsa.gov/iecmhc. That's www.samhsa.gov/iecmhc.

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