Colorado MIECHV conducted an evaluation to understand how mental health consultation is implemented in home visiting models in Colorado. Specifically, the evaluation aimed to answer the following questions:

How is the role of the mental health consultant (MHC) defined for the home visiting context?

How is mental health consultation currently being implemented in CO MIECHV programs?

What are the barriers and facilitators to implementing effective mental health consultation in home visiting programs?

Participants*

16 home visitors and supervisors from 6 home visiting agencies participated in individual interviews.

4 mental health consultants representing consultants across all three models participated in individual interviews.

*Mental health consultants serving MIECHV programs are funded by various sources including: MIECHV, Project LAUNCH, CO state funds, and other foundations.

The Role of the Mental Health Consultant

Home visitors, supervisors, and mental health consultants (MHCs) predominantly define the role of the mental health consultant as a support system for home visitors. Additionally, MHCs also see themselves as reflective supervision providers.

Interview responses by home visitors, supervisors and MHCs identified the following prominent themes when defining the role of the consultant: capacity-building and psychoeducation, work guidance to home visitors, case-assessment expertise, addressing mental health concerns with families, and acting as systems-connector to other agencies.

How is the role of the mental health consultant (MHC) defined for the home visiting context?

**Capacity-Building, Psycho-education**

MHCs provide capacity-building by conducting training and education sessions, facilitating reflective practices, and providing support to home visitors’ professional and personal well-being.

**Work Guidance**

MHCs help home visitors maneuver through their daily work. They also provide home visitors with guidance on how to develop a safe and nurturing environment with their families.

**Expertise**

MHCs provide expertise in assessing cases, helping home visitors solve work-related problems, and also providing guidance with paperwork and data-related issues.

**Family Mental Health**

MHCs help home visitors address mental health concerns with their families by helping them navigate difficult situations, providing strategies/activities that can be used with families, and also breaking down mental health stereotypes.

**Systems Connector**

MHCs act as systems connectors to other agencies by providing referrals and professional references to home visitors and families, as well coordinating with other mental health agencies to provide services when needed.

I think her role is very healthy for us, speaking from my own experience. She provides mental health support for us and the families. She has helped me establish my ideas, and has provided guidance about how to better apply my services to the families... [MHC] is always willing to help and provide her opinion on the best, or most appropriate way to help these families and their children.

- Home Visitor
Mental Health Consultation Evaluation
Summary of Interviews with Home Visitors, Supervisors, & Mental Health Consultants

Implementation of Mental Health Consultation in Home Visiting

<table>
<thead>
<tr>
<th>How is mental health consultation currently being implemented in CO MIECHV programs?</th>
</tr>
</thead>
<tbody>
<tr>
<td>According to home visitors, supervisors, and MHCs, mental health consultation is currently being implemented individually and in a group setting. The most common and prominent activities identified by interviewees between both types of consultation are: reflective supervision, case consultation, and self-care activities. Notable activities only applying to individual consultation are: as-needed communication and joint-support family sessions between the home visitor and the MHC. Education and trainings is another prominent theme only applying to group consultation activities.</td>
</tr>
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<table>
<thead>
<tr>
<th>Most Prominent Mental Health Consultation Activities</th>
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<tbody>
<tr>
<td><strong>Individual and Group Activities</strong></td>
</tr>
<tr>
<td><strong>Reflective Supervision</strong></td>
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<tr>
<td><strong>Case Consultation</strong></td>
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<tr>
<td><strong>Self-Care Activities</strong></td>
</tr>
<tr>
<td><strong>Individual Activities (only)</strong></td>
</tr>
<tr>
<td><strong>Open Line of Communication</strong></td>
</tr>
<tr>
<td><strong>Joint-Support Sessions</strong></td>
</tr>
<tr>
<td><strong>Group Activities (only)</strong></td>
</tr>
<tr>
<td><strong>Education &amp; Trainings</strong></td>
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In a group setting, we discuss our families and some of struggles we might be having with them, and as a whole how we deal with that. When we have more stuff come up, then we’ve gone back to that person who had a similar situation and have been able to bounce ideas off of each other on how to approach the situation differently than we would have in the past, or what we originally would have thought we would do. It’s kind of just like, I don’t want to say therapy, but that’s sometimes what it feels like. It’s a therapeutic way to work through difficult situations and families.

- Home Visitor

I do activities. I will bring in actual skills. These might be mindfulness skills, or emotional intelligence skills, or motivational interviewing skills; and I model them with the group so they can potentially implement these with their families... Oftentimes they’ll ask me about certain topics, I supply them with specific resources.

- MHC

An overwhelming majority of home visitors and MHCs stated that home visitors are able to apply activities and knowledge gained in mental health consultation to their work and role, as well as for themselves.

<table>
<thead>
<tr>
<th>Mental Health Consultation Application</th>
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<tbody>
<tr>
<td>Helps to better understand families’ situations</td>
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<tr>
<td>Helps to better understand actions and decisions taken by families</td>
</tr>
<tr>
<td>Amplies knowledge to discuss mental health issues with family</td>
</tr>
<tr>
<td>Helps to identify, address, and solve mental health issues</td>
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<tr>
<td>Helps to recognize own implicit biases and triggers</td>
</tr>
<tr>
<td>Helps with own personal mental health and well-being</td>
</tr>
<tr>
<td>Changes how to think about personal mission and goals</td>
</tr>
<tr>
<td>Increases sense of empathy and compassion</td>
</tr>
<tr>
<td>Helps to recognize importance of work and role</td>
</tr>
</tbody>
</table>

I was trying to figure out a good way to present safe sleep given that I have an extreme bias to one side of the issue. I talked to the MHC about exploring the positives of the other side and presenting both sides in a non-biased way and making sure that my families didn’t feel judged.

- Home Visitor
What are the barriers and facilitators to implementing effective mental health consultation in home visiting programs?

Barriers:
- Logistical barriers
- Emotional/personal discomfort
- Busy home visitors
- Busy mental health consultants
- Poor communication

Facilitators:
- Open and comfortable environment
- Mutual positive relationships
- MHC listens to home visitors
- MHC’s reliability and availability
- Understanding roles and programs
- Logistical facilitators
- MHC’s availability to service families
- Home visitors’ educational attainment
- Motivated/dedicated home visitors
- Bilingual consultants
- Trust between MHC and supervisors

Barriers:
- Logistical barriers
- Emotional/personal discomfort
- Busy home visitors
- Busy/overwhelmed home visitor
- Poor communication

Facilitators:
- Open and comfortable environment
- Mutual positive relationships
- MHC listens to home visitors
- MHC’s reliability and availability
- Understanding roles and programs
- Logistical facilitators
- MHC’s availability to service families
- Home visitors’ educational attainment
- Motivated/dedicated home visitors
- Bilingual consultants
- Trust between MHC and supervisors

• What is hard about mental health consultation, it takes a few hours from our job and those hours are huge for us... You lose a little bit, but you gain more confidence, you get rid of some stress. It’s a balance.
  - Home Visitor

• I have had a lot of challenges, yes. I struggled a lot in the beginning with trust and just being able to open up to [MHC] and just speak openly. As time has gone on, there are things that I have definitely been able to overcome.
  - Home visitor

• There are big differences in education levels. Often times, that’s a huge strength too... Oftentimes it’s trying to get a read on people’s needs and experiences and trying to create a space that feels safe enough where they can speak to that.
  - MHC
Other Important Takeaways & Quotes

- Some consultants are able to provide:
  1) Direct services to families, such as counseling and therapy
  2) Training and capacity-building sessions for parents
  3) Support to home visitors through family observation

- Consultants are very flexible, as they:
  1) Adapt their services to meet home visitor/agency needs
  2) Discuss concerns and priorities with supervisors
  3) Conduct activity-progress reviews with supervisors
  4) Provide capacity-building and Infant Mental Health Endorsement guidance

- Home visitors suggested various ways in which they could better serve clients' needs:
  1) Home visitor empowerment
  2) More tools and trainings
  3) More consultant availability
  4) Case-management support
  5) More assistance with case management for at-risk clients

- Consultants identified various trainings/professional development that could help home visitors better meet their clients' needs:
  1) Positive and conscious discipline
  2) Child and brain development
  3) Assertive communication techniques
  4) Role clarification (what falls inside/outside the home visitor's role)
  5) Child welfare training
  6) Trauma-informed care
  7) Self-care techniques for home visitors

• Supervisor engagement with consultants varies by agency with some actively participating in consultation activities and others excluding themselves to provide more time for home visitors' concerns/support.
• While some NFP home visitors utilize the consultant for their own well-being, others take advantage of their own agencies' wellness programs.
• Some consultants and many PAT home visitors expressed that it would be helpful for MHCs to accompany them to visits, especially for the most challenging cases.
• NFP home visitors expressed that more resources are needed to address families' mental health needs outside of the consultant's role.

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Mental Health Consultation Evaluation
Summary of Multi-Voting Surveys Responses

Multi-Voting Surveys Participants

Surveys were administered to home visiting staff, mental health consultants, and program administrators. Participants provided their perspectives around the most important competencies and qualifications for consultants to possess, as well as the barriers and facilitators to the effective implementation of mental health consultation in Colorado home visiting programs. Surveys allowed an initial brainstorming of open-ended questions and then a voting process to identify the top five most important qualifications, barriers, and facilitators.

Survey I Respondents

40 respondents

Response breakdown by home visiting program (select all):

- HIPPY: 22.5%
- NFP: 37.5%
- PAT: 47.5%
- Healthy Steps: 5.0%
- SafeCare: 10.0%

Survey II Respondents

25 respondents

Response breakdown by home visiting program (select all):

- HIPPY: 60.0%
- NFP: 36.0%
- PAT: 36.0%
- Healthy Steps: 4.0%
- SafeCare: 8.0%

Mental Health Consultant Qualifications and Competencies

Most Highly Valued Consultant Credentials, Qualifications, and Trainings

- **92%** Trauma and/or toxic stress working experience
- **80%** Strong mental health knowledge and experience
- **68%** Self-care knowledge and experience
- **68%** Early childhood development knowledge and experience
- **40%** Licensed professional (counselor, therapist, clinical social worker, etc.)
- **40%** Motivational interviewing knowledge and experience

- **28%** Mental health assessments and screenings tools knowledge
- **20%** Infant Mental Health Endorsement (IMH-E)
- **20%** Master's degree (Social Work, Early Childhood, Psychology, etc.)
**Mental Health Consultation Evaluation**
**Summary of Multi-Voting Surveys Responses**

<table>
<thead>
<tr>
<th>Most Highly Valued Consultant Skills and Competencies</th>
<th>Most Prominent Barriers to the Implementation of Mental Health Consultation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultant creates open, non-judgmental environment</td>
<td>Scheduling issues (cancellations, difficulties re-scheduling, etc.)</td>
</tr>
<tr>
<td>76%</td>
<td>36% Lack of in-home mental health services for families</td>
</tr>
<tr>
<td>Cultural competence</td>
<td>Consultation not fully integrated into the home visiting program</td>
</tr>
<tr>
<td>64%</td>
<td>36% Poor communication among supervisors, administrators, and mental health providers</td>
</tr>
<tr>
<td>Understands appropriate boundaries</td>
<td>Home visitors feel obligated to provide services beyond their scope of work</td>
</tr>
<tr>
<td>56%</td>
<td>36% Family barriers/refusal to recognize mental health needs</td>
</tr>
<tr>
<td>Ability to demonstrate compassion and empathy</td>
<td>Not enough time/exposure with consultant</td>
</tr>
<tr>
<td>52%</td>
<td>36% Administration/funders don't value or understand consultation</td>
</tr>
<tr>
<td>Relationship-building skills</td>
<td>Home visitor is too busy/overwhelmed and/or consultation impacts their ability to do other work</td>
</tr>
<tr>
<td>48%</td>
<td>40% Language barriers between consultants and home visitors/clients</td>
</tr>
<tr>
<td></td>
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</tr>
<tr>
<td>Group facilitation and instruction skills/experience</td>
<td>Most Prominent Facilitators to the Implementation of Mental Health Consultation</td>
</tr>
<tr>
<td>44%</td>
<td>Open, reflective, and supportive group members during consultation</td>
</tr>
<tr>
<td></td>
<td>68%</td>
</tr>
<tr>
<td>Reflective supervision</td>
<td>Quality/strong relationship between consultants and home visitors</td>
</tr>
<tr>
<td>36%</td>
<td>64%</td>
</tr>
<tr>
<td>Knowledge about community resources</td>
<td>Consultant understands home visiting program and population it serves</td>
</tr>
<tr>
<td>36%</td>
<td>64%</td>
</tr>
<tr>
<td>Home visiting programs working experience</td>
<td>Regular and consistent consultation</td>
</tr>
<tr>
<td>24%</td>
<td>64%</td>
</tr>
<tr>
<td>Bilingual abilities</td>
<td>Consultant provides training and resources for home visitors and supervisors</td>
</tr>
<tr>
<td>20%</td>
<td>44%</td>
</tr>
</tbody>
</table>

**Barriers and Facilitators to Mental Health Consultation**

- **Most Prominent Barriers** to the Implementation of Mental Health Consultation
  - Scheduling issues (cancellations, difficulties rescheduling, etc.): 44%
  - Consultation not fully integrated into the home visiting program: 40%
  - Home visitors feel obligated to provide services beyond their scope of work: 40%
  - Not enough time/exposure with consultant: 40%
  - Home visitor is too busy/overwhelmed and/or consultation impacts their ability to do other work: 40%
  - Lack of in-home mental health services for families: 36%
  - Poor communication among supervisors, administrators, and mental health providers: 36%
  - Family barriers/refusal to recognize mental health needs: 32%
  - Administration/funders don't value or understand consultation: 28%
  - Language barriers between consultants and home visitors/clients: 24%

- **Most Prominent Facilitators** to the Implementation of Mental Health Consultation
  - Open, reflective, and supportive group members during consultation: 68%
  - Quality/strong relationship between consultants and home visitors: 64%
  - Consultant understands home visiting program and population it serves: 64%
  - Regular and consistent consultation: 64%
  - Consultant provides training and resources for home visitors and supervisors: 44%
  - Ability to bring consultant to home visits (observation or direct services): 40%
  - Home visitors, supervisors, and consultants understand role of consultant: 40%
  - Consultation support/buy-in from home visitors, supervisors, and agency: 36%
  - Consultant meets one-on-one with home visitors and supervisor: 28%
  - Consultation takes place/located within same home visiting agency: 16%