



California PROJECT LAUNCH

INTEGRATING MENTAL HEALTH SUPPORTS INTO HOME VISITING PROGRAMS

First 5 Alameda County is implementing an innovative approach to serving young children and their families in East Oakland by enhancing home visiting programs with high-quality mental health services. Project LAUNCH, a grant program of the Substance Abuse and Mental Health Services Administration (SAMHSA), is providing a learning laboratory to explore new approaches to meet the needs of families, build the capacity of service providers, and align and integrate systems of care. These promising new approaches are intended to guide local and state-level policy improvements and systems change. This brief describes experiences with implementing an early childhood mental health home visiting model in East Oakland, California, with a focus on lessons learned, preliminary results, and recommendations that support the expansion and sustainability of this approach.

THE NEED FOR MENTAL HEALTH CONSULTATION IN HOME VISITING PROGRAMS

Home visiting is an evidence-based approach to preventing and addressing a variety of issues facing children and families, particularly first-time parents and other high risk families. Home visiting programs have proved their effectiveness in addressing the medical, developmental and psychosocial needs of young children and their families in Alameda County, including families headed by teen parents, families with medically fragile infants, and families whose children are at high risk for entering the child welfare system. Working with parents in their homes, home visitors support effective parenting skills and strengthen family functioning, emphasize safety in the home, promote maternal and child health, provide referrals and ensure access to needed services.

Families served by home visiting programs often live in communities with high levels of social stress and face health, mental health and economic challenges associated with poverty, community and family violence, sexual abuse, substance abuse and institutional racism. The home visitation strategy aims to prevent more complex challenges later in life for young children by intervening as early as possible to help families provide a secure base for their child. Risk factors such as maternal depression and other parental mental health issues can have long lasting impact on a child's success in life. **A recent review of studies revealed that between 28.5 and 61 percent of mothers enrolled in home visiting programs were identified with depression¹.** In one Healthy Families America home visiting program, almost 30 percent of mothers enrolled screened positive for depression and about 70 percent reported they had experienced at least one violent trauma in their lives². In Alameda County, **58 percent of mothers enrolled in a county public health department home visiting program screened positive for depression and**

Case Story

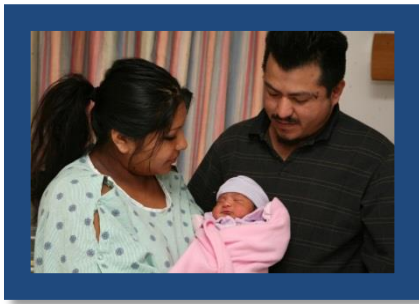
A home visitor was working with a pregnant mother facing many complex challenges, including anxiety, severe depression, and domestic violence in the home. The mother had two children living with her, ages two and six, as well as a 9-year-old living in Mexico. Child Protective Services (CPS) had opened an inquiry in the home due to concerns about abuse with the six-year-old child, yet determined a formal case was not warranted. This was a cause of concern for the home visitor. Unsure of her options, the home visitor turned to the Mental Health Specialist. The Mental Health Specialist helped the home visitor reduce her anxiety, gain perspective, and focus on what she could accomplish for the family. Working together, they developed a plan of action for the family, which included an array of referrals for additional services and personal goals. Fortunately, the mom was open to receiving mental health supports and was determined to overcome her challenges.



¹ <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2855144/?report=abstract>

² <http://onlinelibrary.wiley.com/doi/10.1002/jcop.10017/abstract>

39 percent of the parents had some history of psychiatric issues or were currently under psychiatric care³.



An established body of research has demonstrated the lifelong impact of maternal depression and trauma experienced during early childhood on healthy child development, including poor physical, social, behavioral, and mental health⁴. The impacts of maternal depression on young children are wide ranging, including poor attachment and regulation issues, reduced language skills, poor performance on cognitive tasks, and a higher risk of behavioral problems, depression, and mood disorders later in life⁵.

Home visiting provides support to families in a non-threatening environment and enables the home visitor to intervene early in a child's life before negative experiences can have a long-term impact on their health and development. However, many home visitors do not have adequate training in mental health to effectively identify and address the often severe mental health issues experienced by the family members they serve. Home visitors may feel uncomfortable in voicing concerns about mental health problems, lacking the expertise to appropriately identify or refer parents for help. In one study of home visiting programs, researchers found that home visitors only recognized **14 percent of all cases that actually involved a mental health issue**⁶. In another study, **over 50 percent of mothers** in home visiting programs were identified as needing mental health, domestic violence, or substance abuse services, **yet only 27 percent of this group was successfully connected** to appropriate community supports by home visitors⁷. The high prevalence of mental health problems, combined with the limited capacity of home visitors to address these issues compromises programs' ability to achieve the positive outcomes that could be achieved if mental health training and services were built into home visiting models.

Appropriately trained mental health consultants bring needed services and supports to both home visiting staff and the families they serve. Home visitors not only receive support that helps them increase their capacity to identify mental health issues, but they can also rely on the mental health consultant to provide short term treatment to children and families. This model also ensures that families receive community based mental health services at the earliest possible time, thereby helping to prevent issues from escalating. This is especially important, given the challenges families face in accessing mental health supports through the system as it is currently structured.

Increasingly, mental health services are being integrated into home visiting programs across the nation. For example, the state of Louisiana provides extensive mental health training for nurse home visitors in their Nurse Family Partnership program, and has added mental health professionals to the core home visiting team.

³ Alameda County Public Health Department, Your Family Counts Evaluation, 2009-2010

⁴ http://www.acestudy.org/yahoo_site_admin/assets/docs/RelationshipofACEs.127152545.pdf

⁵ http://www.nccp.org/publications/pdf/text_791.pdf

⁶ <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2855144/?report=abstract>

⁷ <http://www.ncbi.nlm.nih.gov/pubmed/16240078>

BARRIERS TO ACCESSING MENTAL HEALTH SERVICES IN ALAMEDA COUNTY

While there is a significant need for mental health services for many families receiving home visiting services in Alameda County, there are barriers that limit access to these services. Some of the major barriers affecting Alameda County residents are listed below.



- The child health component of Medicaid, Early Periodic Screening Diagnosis and Treatment (EPSDT), **cannot be used to treat the mental health issues of mothers with serious depression and/or other mental health issues unless the child is exhibiting diagnosable mental health symptoms**. Services through this funding must be focused on a child's diagnosis even when the mother's mental health concerns are the primary impediment to the child's healthy development.
- Adult service systems typically provide mental health services for adults in community-based agencies rather than home-based settings. Parents who are referred to adult mental health supports by home visitors **often have transportation and child care issues and cannot access services**. Maternal depression can also impact the mother's motivation and ability to mobilize and access needed services.
- **Many family members feel stigmatized by seeking treatment for mental health issues**. While alternative and more preventative approaches to delivering mental health services have been explored in Alameda County, such as support groups for mothers, they have not been well utilized by underserved populations for many of the reasons noted above. In addition, these approaches are not reimbursed by federal funding streams. As a result, it has been challenging to take these approaches to scale.
- A large proportion of the mothers served through Alameda County's home visiting programs are undocumented and therefore **uninsured and cannot access mental health services for themselves**.
- The traditional mental health system does not have a strong family driven focus, which may also contribute to the sense of stigma or fear families may associate with mental health support. When parents feel that they may be blamed for their child's mental health issues and are not actively included in their treatment plans, they may be more reluctant to seek out services⁸.

THE ALAMEDA COUNTY MENTAL HEALTH CONSULTATION IN HOME VISITING PILOT PROJECT

Alameda County, through Project LAUNCH funding, has piloted a program in which a highly-skilled mental health clinician works within existing public health home visiting programs to provide consultation to home visitors, provide direct mental health services to a limited number of clients, and make referrals to mental health treatment as appropriate. The key element of this model is making available a Mental Health (MH) Specialist to mentor and consult with home visitors regarding the complex mental health issues their clients face. In addition to consultation (which comprises approximately 80 percent of the consultant's time), the MH

⁸ Spencer, S., Blau, G., Mallery, C. (2010). Family Driven Care in America: More Than a Good Idea. *Journal of Canadian Academy of Child and Adolescent Psychiatry*, 19:3, 176-181.

Specialist is available to provide short-term crisis intervention, triage, and brief mental health services. The MH Specialist provides home visitors, public health nurses and community outreach specialists with the critical mental health supports their clients need. Most families are living in highly challenged communities and the additional mental health resources enable the Alameda County home visiting programs to effectively support children and families. Additionally, the MH Specialist builds the capacity of the home visitors to provide culturally responsive mental health services to meet the needs of the ethnically and culturally diverse families they serve.

MENTAL HEALTH SPECIALIST SUPPORT FOR HOME VISITING PROVIDERS

The MH Specialist’s support and training for providers addresses the following goals: 1) increased provider knowledge of identified mental health topics, 2) increased linkages with community mental health supports for their clients, and 3) decreased work related stress. The MH Specialist draws on a number of strategies:

- **Providing training and support** around key mental health topics, such as childhood trauma, family relationships, domestic violence, depression, anxiety, and substance abuse
- **Leading reflective practice group case meetings**, where home visiting providers discuss mental health topics and challenges and effective approaches and strategies to support emotional well-being
- **Providing case consultation** to address clients’ complex mental health needs
- **Responding to referrals** from providers by making immediate contact with clients with serious mental health concerns, or providing triage to other services
- **Partnering with providers to lead client support groups**, including presenting information and facilitating discussion on mental health topics
- **Providing training to home visiting supervisors on reflective supervision** – a process by which supervisors collaborate with staff to reflect on and discuss their experiences and feelings about their work to foster professional growth
- **Providing support and encouragement** to mitigate the often stressful impact of home visiting work for providers



Integration and Linkages

Before the Project LAUNCH pilot program, it was much harder for home visitors to connect their clients-- many of whom are new mothers with depression, anxiety, or substance abuse issues--to the mental health supports they needed. Prior to Project LAUNCH, a new mom was required to personally call a county “Behavioral Care Access Line” in order to arrange a formal mental health assessment, which could lead to a referral for office-based therapy or other services. Home visitors described this process as a substantial barrier to new mothers receiving critical services – mothers were hesitant to place these calls and initiate the process themselves. Through Project LAUNCH, behavioral health elements are becoming integrated into home visits. Screenings and referrals can occur within a regular home visit, and clients are connected to individual counseling or supportive groups in a streamlined and client-friendly way.

Case story

A home visitor working with a young mother was concerned about her lack of emotion and sense of detachment from her infant. The MH Specialist was called in, who quickly established contact and gained trust with the mother. The MH Specialist discovered that the mother was a survivor of long-term physical abuse and sexual molestation between the ages of four and fourteen. The MH Specialist met with the mother several times to help her communicate, for the first time ever, about her childhood trauma, to learn about how her abuse might impact bonding with her own baby, and to help her feel supported and less alone. The mom responded positively to this support, and was connected to ongoing therapy. These were the first MH services the young woman had ever received and these services set her on the road to recovery.



"A lot of our clients are dealing with extreme undiagnosed issues that aren't medically related but mentally related. Our programs tend to be designed from a medical model which doesn't support what we truly need."

MENTAL HEALTH SPECIALIST SUPPORT FOR FAMILIES

The MH Specialist's support for families aims to: 1) increase linkages to mental health resources, 2) improve family functioning, and 3) increase social connections. The MH Specialist's strategies to address these goals include:

- **Providing crisis intervention** or brief therapy for mothers of young children with attachment concerns, depression, or anxiety
- **Providing group therapy** on mental health topics, such as resiliency, attachment, healing, family relationships, building social connections
- **Triaging families** to the appropriate mental health services when more long term mental health support is needed

IMPACT OF MENTAL HEALTH CONSULTATION ON HOME VISITING

In the fall of 2012, 11 home visitors in Alameda County completed a survey to explore the impact of mental health consultation on their work with families. Some of the key findings are presented below.

Mental health consultation:

- Gave home visiting staff **new approaches or ideas** to use in working with families (82% reported *very much*, and 18% reported *somewhat*).
- Increased their **understanding of specific mental health topics** and issues faced by families they work with (73% reported *very much*, and 9% reported *somewhat*).
- Made them feel **more capable of helping families** get the mental health services they need (64% reported *very much*, and 27% reported *somewhat*).
- **Improved their relationships** with the families they work with (55% reported *very much*, and 45% reported *somewhat*).
- **Changed how they collaborate** with other mental health services in the community (36% reported *very much*, and 55% reported *somewhat*).
- **Decreased the amount of stress** they felt from their work (36% reported *very much*, and 55% reported *somewhat*).

All of the home visiting respondents reported that they had families on their caseload who were **positively impacted by the mental health services** being offered through Project LAUNCH. Over half of the responding staff (53%) reported "a lot of change" in the mother's mental health status due to mental health consultation and services.

RECOMMENDATIONS

California Project LAUNCH recommends that state and county-level early childhood agencies and organizations work together to incorporate early childhood mental health services into home visiting programs. The current influx of federal funds, and the documented need for mental health services, provides a key opportunity to enhance and maximize the potential of home visiting.

- **Integrate mental health specialists** into home visiting teams to build capacity of staff to effectively address mental health issues among children and parents.
- **Document early childhood mental health home visiting models** and protocols (i.e., staffing structure, protocols, procedures, etc.) to set standards for best practice in the field.
- **Document the core competencies that are needed** by MH mental health consultants to work effectively within home visiting programs, given that this type of work is different from the traditional mental health service delivery model.
- **Develop a statewide learning community of home visiting programs** providing early childhood mental health consultation to share promising practices with funders, policy makers, and practitioners. As counties in California work to expand and integrate their network of home visiting programs, “lessons learned” should be shared across the state to advance work in the field.
- **Support training on reflective supervision** across state-funded home visiting programs to build the capacity of programs to support their staff in challenging situations. Document and disseminate alternative approaches to delivering mental health services, such as group interventions, which will not only lead to increases in the numbers of families served, but may also bring significant cost savings.
- **Build partnerships across mental health and other social service agencies** to leverage funding to promote mental health consultation in home visiting programs.
- **Identify and leverage financing opportunities** to augment funding to integrate mental health support into home visiting statewide.
- **Conduct an external evaluation** of early childhood mental health home visiting models to build evidence of the effectiveness of this approach.

WHAT IS PROJECT LAUNCH?

The health and prosperity of our families, communities, and nation require an investment in the physical and emotional health of our young children. Nationwide, 35 communities are pioneering new ways to promote young children's wellness through Project LAUNCH, a federal initiative funded by the Substance Abuse and Mental Health Services Administration (SAMHSA).

Population of focus: children from birth through age 8.

The goal: for all children to reach social, emotional, behavioral, physical and cognitive milestones. Healthy growth in each of these areas builds the foundation for children to thrive in school and beyond.

Over a five year period, these 35 communities aim to increase the quality and availability of evidence-based programs, improve collaboration among child-serving organizations, and integrate physical and behavioral health services and supports for children and their families. Lessons learned from the communities will guide state- and tribal-level systems change and policy improvements. Strong partnerships between the state or tribe and local communities will contribute to the replication and sustainability of successful practices on a large scale and to system improvements that have an impact beyond the life of the grant.

Project LAUNCH grantees are guided by Young Child Wellness Councils that engage key leaders in developing a common strategy and plan for improving outcomes for young children and their families. These councils join with families and public and private partners to survey communities and pinpoint unmet needs, then develop strategic plans that guide their use of **five prevention and promotion strategies drawn from current research**. In addition to providing direct services, Project LAUNCH states, tribes, and communities increase knowledge about healthy child development through public education campaigns and cross-disciplinary workforce development activities.

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