Illinois Infant/Early Childhood Mental Health Consultant Scan

Results and Recommendations

Integrated Early Childhood Mental Health Consultation Model and Capacity Building Project

December 2015

Illinois Infant/Early Childhood Mental Health Consultant Scan Report and Recommendations

The Illinois Children's Mental Health Partnership (ICMHP) along with the Irving Harris Foundation, the Illinois Children's Healthcare Foundation, and the Ounce of Prevention Fund has designed a multi-year expansion project, the Integrated Early Childhood Mental Health Consultation Model and Capacity Building Project (MHCM Project). The goal of the MHCM Project is to advance the goal of a universal, effective, and sustainable early childhood mental health consultation model in Illinois, with an expanded qualified workforce. The MHCM Project is intended to strengthen the capacity of early childhood professionals, families, programs and systems to prevent, identify, treat and reduce the impact of mental health problems among infants and young children.

Background

In 2014, the Irving Harris Foundation (Foundation) recognized the importance of early childhood mental health and coordinated a statewide planning process to build on current strengths and close gaps in the early childhood mental health system. The Foundation worked with state leaders to develop an *Illinois Action Plan to Integrate Early Childhood Mental Health into Child and Family Serving Systems, Prenatal to Age 5* (Action Plan), which identified strategies to integrate promotion, prevention, early intervention and treatment across Illinois' early childhood and family serving systems. Throughout the development of the Action Plan, there was strong consensus among stakeholders that early childhood mental health consultation is an effective and necessary strategy to improve mental health outcomes for young children and families.

Early childhood mental health consultation is currently used and implemented in a variety of ways, across multiple systems, with various levels of training for consultants, with different sources of funding, and evaluated with different outcome measures, making it difficult to provide a universally agreed upon definition. Through the initial assessment of the Action Plan, stakeholders agreed there was a need to formalize and coordinate consultation practices in Illinois in order to maximize the positive outcomes of this approach. The Foundation determined the timing was right to design a best-practice consultation model and workforce development plan that allows for adaptation and sustainability across all early childhood serving systems and identified the ICMHP as a natural leader to spearhead this project.

The MHCM Project

Phase I of the MHCM Project involves a six month planning process staffed by infant/early childhood mental health consultation (I/ECMHC) and evaluation subject matter experts. Staffers will design and implement an environmental scan of I/ECMHC practices throughout the state in order to collect information from consultants, organizations, and system leadership. In addition, the core components required for a comprehensive I/ECMHC model will be identified by a team of experts in the field. A Leadership Team will be formed and comprised of key stakeholders, both public and private, who are able to provide strategic oversight to explore opportunities to share resources that can support mutually beneficial I/ECMHC activities and

develop a sustainability strategy that leverages public/private resources to support the work and ultimately assume funding responsibility for the project over time.

Phase II of the MHCM Project will involve creating a workforce development plan that includes expansion of Reflective Learning Groups, coaching/mentoring support for new consultants and increased support for consultant credentialing and certification.

Phase III will include pilot site(s) across the state to test a new I/ECMHC model in select regions or communities. The goal of phase III will be to fine tune the model and finalize plans for the statewide implementation. Evaluation will be a core component of the project in all phases.

Scan Design

A component of Phase I of the MHCM Project was to create and distribute an online Scan to infant/early childhood mental health (I/ECMH) consultants to examine the qualifications, pathways, consultation models in use, experience in various early childhood settings, training needs, and challenges encountered in the field (see Appendix A). Information collected through the Scan was also used to help establish a statewide database of current I/ECMH consultants. This database will consist of the names, locations, and contact information for anyone who elects to participate, and will be maintained by the ICMHP.

The Integrated Early Childhood Mental Health Conusltation Model and Capacity Building Project Scan (Scan) was developed in a collaborative manner. The two Project Coordinators oversaw the development and drafting of the Scan, building off of two previous surveys conducted by members of the Early Childhood Committee of the Illinois Children's Mental Health Partnership in the fall of 2005 (see Appendices C and D). Members of the Project Planning Team reviewed the Scan drafts multiple times and provided feedback.

The Scan was created in Survey Monkey and featured 42 questions, taking approximately fifteen to twenty minutes to complete. The majority of questions were not optional, but the structure of the questions did vary and included some optional questions and some questions that allowed respondents to choose more than one answer.

The Scan sought to answer the following key evaluation questions:

- Who considers themselves an I/ECMH consultant?
- How are I/ECMHC services structured?
- How is I/ECMHC defined?
- What challenges are present in the field?

The purpose was to get a "snap shot" of the I/ECMHC field and workforce across the state of Illinois. The Scan will continue to be active, and data collection will continue over the course of the project.

Scan Distribution

The Scan was distributed widely among early childhood and mental health professionals between September 30, 2015 and November 17, 2015 The Scan was presented at the ICMHP I/ECMH consultant retreat on September 29, 2015 and distributed to over 50 attendees as well as at the Illinois Association for Infant Mental Health (ILAIMH) Annual Conference on October 23, 2015.

The Scan was sent to multiple email listservs, including the ICMHP, the ILAIMH, the Ounce of Prevention Fund's grantee and programs list, as well as the program list for the Illinois Head Start State Association and the consultant list for the City of Chicago Office of Head Start and Early Head Start. It was posted on the Ounce of Prevention's Facebook page and included in the Fall E-edition newsletter, which reaches approximately 4,000 people. It is estimated that over 4,600 people may have received the Scan, recognizing that there is overlap among these email listservs and people may have received it more than once. It was requested that respondents only take the Scan once and that they forward it to their networks in order to reach as many consultants as possible.

It is unknown how many individuals actually received the Scan link, so it is difficult to know the rate of response for this Scan. Additionally, it has been determined that the Scan will be kept open in order to continue to collect information as the MHCM Project continues, so the number of respondents is subject to change.

Data Analysis

This report provides a summary of the themes of the Scan as well as the actual percentages and results of the responses, which can be found in Appendix A. A total of 90 responses were collected with 73 fully completed Scans. The two Project Coordinators collected the data and presented it to the Leadership Team on November 5, 2015. Data presented in this report reflect Scan response data as of December 11, 2015.

Survey Monkey allowed the MHCM Project to collect responses from anyone who self-selected to participate in the Scan, and to analyze both quantitative and qualitative data collected.

While it is not possible to determine the exact number of I/ECMHC's that are currently in the field and if they were all reached and responded to the Scan, the number of respondents aligns with the common perceptions of the size of the I/ECMHC field in Illinois. Due to this alignment, it is anticipated that the findings presented in this report provide a fairly accurate reflection of consultant views of the I/ECMHC field.

Challenges and Limitations of the Scan

The design of the Scan questions presented limitations to data collection and analysis. Because certain questions were optional and many included the option to choose more than one answer, it proved difficult to correlate or compare data.

The questions were open to the interpretation of the respondent, which created the possibility of confusion in regards to how to answer. For example, some respondents answered "other" and wrote in their own responses, instead of choosing one of the established categories. Also, there were often inconsistencies when respondents were asked to define certain components (for example, the definition of "infant/early childhood mental health consultant"). However, these answers provided invaluable feedback as to the need to establish core components and definitions within the field.

Another limitation of the Scan was the inability to control who took the Scan, as it was distributed to multiple listservs and respondents were asked to forward it to their networks. Many of the listservs contain members who are not typically considered "consultants" (i.e., home visitors, teachers, etc.). Scan designers made the conscious choice to distribute the Scan this way in order to determine who defined themselves as an I/ECMH consultant, as well as to reach those consultants who may not have been linked to the more established networks of the I/ECMHC field.

Scan Findings and Trends

As of December 11, 2015, the Scan had received 90 responses. Out of 90 responses, 73 were considered "complete responses," which is defined by the number of respondents who filled out the Scan in its entirety. Some sections of the Scan were optional, so Scan results will reflect the percentages of the number of respondents for each of the questions. The following summary reflects the larger themes and trends from the Scan.

Diversity. The results of the Scan clearly indicate a lack of diversity within the current I/ECMHC workforce. Gender, ethnic diversity, and length of experience in the field were areas that had strong data suggesting this gap. Out of 90 respondents, 90% identified as female and 77% identified their race as Caucasian (12% identifying as being of Hispanic or Latino origin). Out of 89 respondents, only 19% use a language other than English in their work, with the majority of those saying that it was not a requirement of their position. The majority of respondents have been in the field a long time; out of 90 respondents, 66% have been providing I/ECMHC for 5 or more years, with 40% of the total reporting they have been an I/ECMH consultant for 10 or more years.

Education. Out of 90 respondents, it can be easily extrapolated that the current I/ECMHC workforce is well educated. The results indicate that 77% of respondents have a Masters Degrees and 22% have Doctoral Degrees.

Career Paths. Based on the responses from 90 respondents, the factors that most contributed to self-identification as an I/ECMH consultant were education (71%), accepting a position as an I/ECMH consultant (69%), and experience in an early childhood education program (61%). While a large portion indicated education as a primary factor, the high percentages in other categories may indicate that a large part of the field did not consciously choose to go into I/ECMHC or that they became an I/ECMH consultant after being in the early childhood field in another capacity. Additionally, when respondents were asked if they felt

adequately prepared to assume the role of an I/ECMH consultant, 57% reported "no" or "somewhat," and when asked about training or professional development needed, requests for more certification and licensure options were mentioned. These responses may support the assumption that many who self-identify as an I/ECMH consultant may not have consciously chosen the field, and feel as if more support is needed in regards to their professional identification and development.

Systems Interaction. Respondents were asked to report which child-serving systems they work within. The top four systems respondents reported working within were center-based child care centers (41%), Early Head Start (37%), Head Start (36%), and home-visiting programs (31%). Other systems included as options were family childcare providers, mental health agencies, Prevention Initiative, Early Intervention-Part C, Preschool for All, the child welfare system and local school district-Part B. It should be noted that respondents could choose more than one system, and 55% of the respondents reported consulting in more than one system. These results indicate that it is possible there is significant overlap among consultants, with I/ECMH consultants working within multiple child-serving systems.

Core Functions, Goals and Focus. Respondents were asked to report on what they believe to be the core functions of an I/ECMH consultant, as well as what they believe to be the goal and focus of their work. Respondents were given 17 options to choose from in regards to their core functions, and were able to choose more than one option. Interestingly, although each option was chosen by multiple people, there seemed to be some consensus as to the core functions; out of 80 respondents, 85% reported case consultation; 79% reported staff training; 76% reported individual child/family observations; and 75% reported reflective consultation during staff/group meetings. It also appears that there is some consensus about the focus and goals of I/EMCHC; 85% of 80 respondents reported the focus of consultation is program staff. Out of 80 respondents, 91% reported the goal of I/ECMHC is to promote children's social and emotional development, and 83% reported the goal of I/ECMHC is to enhance providers' knowledge and skills related to early childhood mental health with a focus on promotion, prevention and early intervention.

Reflective Consultation. Scan results indicate that the majority of respondents are receiving some sort of reflective consultation. Out of 74 respondents, 78% reported that they do receive reflective consultation, and 68% receive it at least once a month, if not more. Based on these results, reflective consultation appears to be an important component of the work. However, how they receive reflective consultation varies greatly, with at least 46% of 74 respondents receiving it outside their organization and many variances in how reflective consultation is paid for, including some respondents having to cover the cost themselves.

Evaluation. Respondents reported that performance reviews and established tools were mostly used by supervisors, programs, and funders when externally evaluating the work of consultants. However, when evaluating their own work, respondents answered that they used more abstract and qualitative methods that were more reflective and relationship-based. Examples of self-evaluation included processing cases in reflective consultation and peer learning groups; noting change to a child's response to a relationship; noting a teacher's receptivity to a referral; and anecdotal stories from parents, staff, and programs.

Challenges. Respondents were asked about what they felt were the challenges they face as I/ECMH consultants. Respondents were given multiple choice questions, as well an open ended question to allow for feedback that may not have been anticipated in the Scan design. A number of themes within the questions regarding challenges could be found:

- Resistance to I/ECMHC at multiple levels: Respondents reported difficulty with engagement of parents, teachers, and program staff, as well as organizational culture not being conducive to the I/ECMHC work.

- Time constraints: Respondents reported time constraints as being a significant challenge; out of 80 respondents, 64% responded that staff time constraints is a challenge they encounter in their work, which was the number one challenge reported on the Scan. Program time constraints and consultant time constraints were also listed as significant challenges encountered.

- Funding, payment, resources: Many respondents reported that a significant challenge encountered in the I/ECMHC field relates to funding and/or payment. Respondents reported that some programs do not have adequate funds to support the consultation needed; reimbursement rates are too low or consultants are not able to bill for services; there exists a lack of availability of service providers; constraints on services that can be provided may be present based on the contract/funding stream; staff turnover and private/appropriate space within the organization for consultation creates difficulty for the work; and, better compensation is needed.

- Role and Outcomes: Respondents reported that often the challenges they encounter have to do with the lack of understanding regarding the role of an I/ECMH consultant and how to measure outcomes of I/ECMHC. Respondents reported that staff, supervisors, and consultant do not always share a common understanding of the role of a consultant, and that services are sometimes not requested, or are only requested during crisis, because programs do not understand the need for consultation. Additionally, it was reported that outcomes of consultation and ways to measure these outcomes are not always clear.

- Professional development and training needs: Respondents reported needing specialized training on the topics of child welfare, trauma, and evidence-based practice/best practices.

Love of the work. A final theme recognized from the Scan data was the love and fulfillment of the work of an I/ECMH consultant. At the end of the Scan, respondents were given the opportunity to share anything else they wanted the MHCM Project to know about consultation. Numerous respondents wrote how much they loved the work, and indicated that even when facing challenges and barriers, they still believed in the work and wanted to continue it.

Conclusion and Recommendations

The Integrated Early Childhood Mental Health Model and Capacity Building Project Scan has provided a view of the infant/early childhood mental health consultation field in Illinois. The insight provided to the MHCM project through the responses to this Scan will provide a baseline for the Model Development Team to use as they begin to determine what should be included in a universal, effective and sustainable approach to I/ECMHC in Illinois. Based on the responses received in the Scan, it appears that the field of I/ECMHC has areas in which it can improve. In light of the themes highlighted in this report, the following is a list of recommendations to be considered in the discussion around creating an I/ECMHC model in Illinois:

1) **Further promotion of diversity in the I/ECMHC workforce through recruitment strategies**
2) **Further promotion of I/ECMHC career development, including higher education strategies for new consultants and increased supports and professional development opportunities for existing consultants**
3) **Establish a formal structure for reflective consultation, including funding and sustainability strategies, to ensure it is available universally to I/ECMH consultants**
4) **Establish a plan for growth and sustainability that includes consideration of the need for rapport-building among consultants and program staff and creates a timeframe that allows for flexibility**
5) **Establish common role expectations, outcomes, and evaluation measures that will be easily adaptable across child-serving systems**

Though the Scan cannot be considered a conclusive study due to its limitations, as well as the inability to know the percentage of I/ECMH consultants who participated, the information that was gathered certainly identifies common themes and challenges present in the field of I/ECMHC. These findings confirm the need for work to be done in order to have a more robust definition of I/ECMHC in Illinois, and a more adaptable model for child-serving systems.