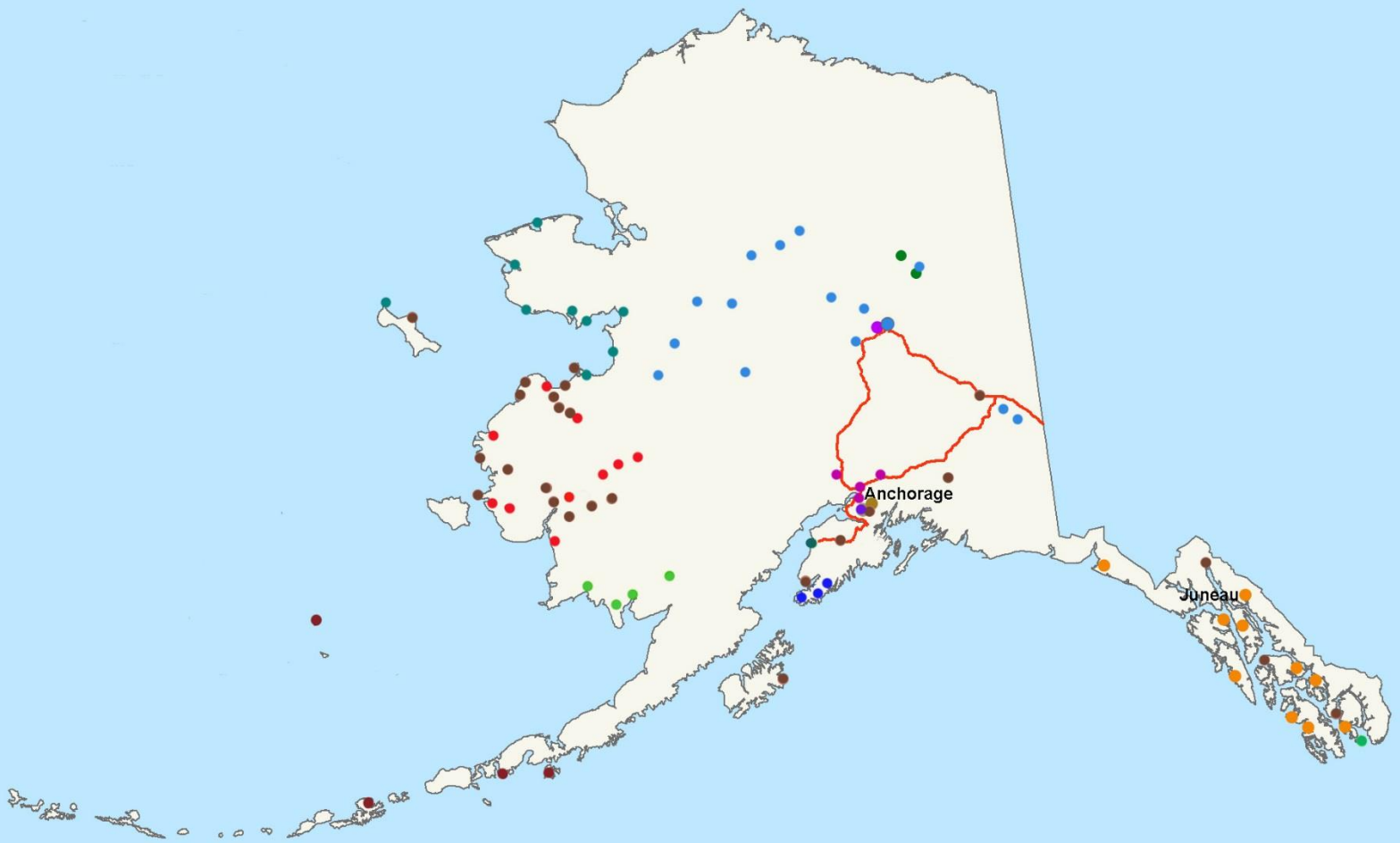


Framework for Implementing Infant & Early Childhood Mental Health Consultation in AK Head Start Programs



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Introduction

Infant and early childhood mental health consultation (IECMHC), a required component of the Early Head Start / Head Start Performance Standards, is a promising practice in which a mental health professional partners with an Early Head Start / Head Start program to support the social and emotional well-being of the children and their families (Cohen & Kaufman, 2005). There is mounting evidence that IECMHC improves the quality of early care and education programs by reducing problem behaviors in children, increasing teacher use of positive class management strategies, and reducing expulsion and suspension of children (Carlson et al., 2012; Conners-Burrow et al, 2012; Perry et al., 2010; Brennan et al., 2008). As Early Head Start / Head Start is the largest early childhood program in Alaska with centers in over 100 communities, it is possible for the over 3,000 children enrolled in Early Head Start / Head Start in Alaska to access mental health services through IECMHC (Alaska Head Start Association, 2011). Access to IECMHC services in Early Head Start / Head Start is especially important for rural children and families, as children and families living in rural communities often have limited access to quality mental health services (Lopez et al., 2000). However, the promise of IECMHC in Alaska is often unfulfilled due to the challenges of implementing IECMHC, which include cost of services, shortage of qualified mental health providers, limited access to services, isolation of mental health consultants, and stigma of children's mental health (Allen, 2008; Heflinger et al., 2015; Huang et al., 2004; Polaha et al., 2015).

The purpose of this project was to identify strategies used by rural Early Head Start / Head Start programs to successfully implement IECMHC and to develop a framework to guide Alaska Early Head Start / Head Start programs with implementing early childhood mental health consultation services. The remoteness of many Early Head Start / Head Start programs, the complexity of the rural Alaska mental health service delivery system, and the professional development needs of rural mental health providers all contribute to the need for a model for Early Head Start / Head Start mental health consultation services. A model would provide rural Early Head Start / Head Start programs with a framework for implementing effective consultation services and for explaining their model to Early Head Start / Head Start federal reviewers.

Alaska Context

Early Head Start / Head Start is the largest early childhood program in the state of Alaska (Head Start Association, 2011). There are 16 Early Head Start / Head Start programs in Alaska, which serve over 3,000 children ages birth to five in 100 communities across Alaska. Twelve of the programs in Alaska are American Indian and Alaska Native Early Head Start / Head Start programs. Most of the Early Head Start / Head Start centers are located in rural communities, and many are located off the road system and are accessible only by plane or boat. To

understand the challenge of implementing IECMHC services in AK, it is important to understand the context of children's mental health service delivery in the state.

Behavioral Health Services in Alaska

Alaska has a complex mental health service delivery system that provides for a continuum of children's behavioral health services. People in Alaska obtain care for behavioral health needs through several systems: the private sector, the military and Veterans Affairs (VA) health system, the Alaska tribal health system, and community health through grants and Medicaid.

The children's behavioral health service delivery continuum in Alaska includes the following systems, and Early Head Start / Head Start mental health consultants may be employed through any of these systems:

Community Behavioral Health Centers (CBHC) are grantee agencies that are funded with Medicaid, private pay insurance, grants, and private pay sliding scale fees. Medicaid Early and Periodic Screening, Diagnostic and Treatment benefit provides comprehensive and preventive health services for children under age 21 who are enrolled in Medicaid. The priority populations for Community Behavioral Health Centers include children and youth who meet criteria for serious emotional disturbances and substance use disorders and adults who meet criteria for serious mental illness and SUD. However, they may also serve individuals with less severe emotional, behavioral and substance use problems, when deemed medically necessary and when resources allow. Each CBHC offers an individualized continuum of services and service settings. Service settings may include clinic, school, community, home, therapeutic foster or group home, or residential settings.

Mental health professional clinicians have a master's degree or more advanced degrees in psychology, counseling, child guidance, community mental health, marriage and family therapy, social work, or nursing. Behavioral health clinical associates may provide some services, and they have specialization or experience in providing rehabilitation services to recipients with severe behavioral health conditions. Behavioral health clinical associates may have less than a master's degree in psychology, social work, counseling, or a related field, and they must work under the supervision of a licensed provider. All staff must work within the scope of the individual's training, experience, and education.

Mental Health Physician Clinics (MHPC) are clinics, operated by one or more psychiatrists, that exclusively or primarily provides mental health clinic services furnished by a psychiatrist or by one or more qualified professionals. MHPC are generally private for profit businesses. MHPC can provide clinic services (assessment, individual, family or group psychotherapy, etc.)

Qualified professionals who can deliver mental health services in a MHPC include a Psychiatrist, Licensed Psychologist, Licensed Psychological Associate, Licensed Clinical Social Worker, Licensed Physician Assistant, Licensed Advanced Nurse Practitioner, Licensed Psychiatric

Nursing Clinical Specialist, Licensed Marriage & Family Therapist or a Licensed Professional Counselor.

Community Health Centers (CHCs), often referred to as Section 330 Clinics or Federally Qualified Health Centers (FQHC)) are non-profit, community-based organizations that provide health care to low-income and medically underserved areas and populations on a sliding fee scale. Tribal-managed clinics may also be FQHCs.

CHCs provide comprehensive primary health care services, including integrated behavioral health care as well as supportive services (education, translation and transportation, etc.) that promote access to health care. CHCs bill insurance programs, accept Medicaid, Medicare, VA, and offer a sliding scale fee based on income and family size. CHCs employ a range of behavioral health providers including psychiatrists, mental health nurse practitioners, licensed clinical psychologists, licensed clinical social workers, and other master's level practitioners.

Indian Health Service (IHS) manages the Alaska Area Native Health Service Office, which manages a comprehensive system of health care clinics that serve 228 federally recognized tribes in Alaska. There are six IHS-funded, Tribally-manage hospitals that are located in Anchorage, Barrow, Bethel, Dillingham, Kotzebue, Nome, and Sitka. In addition, there are 58 Tribal health clinics, 160 tribal community health aide clinics, and five Tribal residential substance abuse treatment centers in Alaska (Indian Health Service, 2016). In Alaska, Tribal health uses a mix of Indian Health Service and other funding, and is organized through the Alaska Native Tribal Health Consortium. Behavioral health clinics have a variety of arrangements with regional Tribal health organizations.

Behavioral Health Aides (BHA) are counselors, health educators, and advocates who are employed by the Indian Health Service, a Tribe, or a Tribal Health organization. BHAs help address individual and community-based behavioral health needs, including those related to alcohol, drug and tobacco abuse as well as mental health problems such as grief, depression, suicide, and related issues. BHAs seek to achieve balance in the community by integrating their sensitivity to cultural needs with specialized training in behavioral health concerns and approaches to treatment. BHAs are certified through the BHA Program facilitated through the Alaska Native Tribal Health Consortium's Behavioral Health Department in collaboration with the BHARC. Behavioral Health Aide certification is a multi-level provider model including BHA trainee (non-certified) and BHA levels I, II, III and BHA Practitioner.

Private Behavioral Health Providers are for-profit organizations or individuals across Alaska who provide behavioral health care through private pay or insurance. Services are generally provided by individuals with a master's degree or higher (psychiatrist, psychologist, licensed clinical social worker, licensed marriage and family therapist, etc.) These individuals provide clinical services including psychiatric, psychological testing, or psychotherapy and counseling. These individuals and organizations may have specified target populations, or may take general referrals.

Methods

Study Design

This study used a qualitative, grounded theory methodology, which is an interactive and iterative process of qualitative inquiry that supports theory building (Charmaz, 2011). Through the grounded theory, the study conducted interviews and focus groups with Early Head Start / Head Start staff and MHCs to develop a framework for implementing IECMHC in rural communities.

Participants

Participants, which included Early Head Start / Head Start directors, mental health coordinators, and mental health consultants (MHCs), were recruited from each of the 15 Early Head Start / Head Start programs in Alaska. Of the 15 identified directors, six agreed to participate (40.0%). We identified and invited 12 coordinators to participate, and seven agreed (58.3%). Finally, we identified and invited 34 MHCs to participate, and six agreed (17%). Of the 15 Early Head Start / Head Start programs in Alaska, 13 are represented in the study by at least one study participant.

Procedure

We conducted six individual telephone interviews with the Early Head Start / Head Start directors, three telephone focus groups with coordinators, and two focus groups with MHCs. The interviews and focus groups were one hour in length, conducted using a semi-structured interview guide, audio-recorded, and transcribed. Participants received a \$25 Amazon gift card.

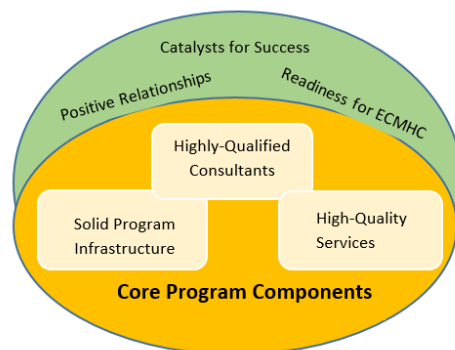
Analysis

Prior to data analysis, we de-identified transcripts to protect confidentiality. In the first stage of coding, we first coded transcripts for descriptions of how IECMHC was implemented, and then we identified a second level of implementation codes. Next, we identified themes within each of the implementation codes. Finally, the team made an analytic comparison with an existing model of IECMHC developed by Duran et al. (2009) in order to develop the framework of early childhood mental health consultation in Alaska Early Head Start / Head Start programs.

Framework

The Alaska Infant and Early Childhood Mental Health Consultation Framework builds upon the framework for effective early childhood mental health consultation (see Figure 1) identified by Duran, Hepburn, Irvine, Kaufmann, Anthony, Horen, and Perry (2009), which identified five factors that are important in developing effective IECMHC programs. The first three factors are core program components that must be in place: a solid program infrastructure; highly qualified mental health consultants; and high quality services. The two additional factors are catalysts for success, or the elements that are necessary in order for the core program components to achieve positive outcomes. The catalysts for success are the quality of relationships between the MHC and the early childhood staff, and the readiness of families and programs for IECMHC.

Figure 1: Framework for Effective Early Childhood Mental Health Consultation (Duran et al, 2009)



In our analysis of the interviews and focus groups, we identified implementation strategies described by the directors, mental health coordinators, and mental health consultants that are used by Alaska Early Head Start / Head Start programs and that fall into each of the three components of effective IECMHC and the two catalysts for success (Duran et al., 2009). While these implementation strategies provide support for the components of IECMHC identified by Duran et al., they also provide a framework of strategies that Early Head Start / Head Start programs in Alaska can use to develop and implement effective IECMHC.

In the Framework, we describe each of the three program components and the two catalysts for success, and we summarize the related strategies identified in the interviews and focus groups. We then match each strategy identified in the Framework with the relevant Head Start Performance Standards (U.S. Department of Health and Human Services, 2016). This will allow programs and mental health consultants to support their early childhood mental health consultation policies and practices with references to the 2016 Head Start Performance Standards.

Solid Early Head Start / Head Start Program Infrastructure for IECMHC

Funding Infant and Early Childhood Mental Health Consultation Services

An important first step in developing the infrastructure for IECMHC services in a Early Head Start / Head Start program is determining how the program will fund the services. In Alaska, project participants shared two primary avenues for funding IECMHC: Allocating funds from the Early Head Start / Head Start grant to pay for contracted IECMHC services, and developing Memorandums of Agreement with community mental health providers for in-kind IECMHC service delivery. While some programs use primarily one approach or the other, other programs use a combination of the two approaches.

When programs pay for contracted IECMHC services, the project participants described several approaches to paying for services. Some programs allocate a set amount of funding for each Early Head Start / Head Start center, and then decide the services that can be paid for with that amount. Some programs pay per service, such as \$500 per classroom observation. Other programs pay the MHC an hourly rate. Regardless of the method of paying for IECMHC services, Early Head Start / Head Start programs must determine how much they are budgeting for IECMHC services as well as the type of IECMHC services that they would like provided, which might include classroom observations, individual child consultation, consultation with families, consultation with teachers, staff training, parent training, supporting staff, and building community partnerships.

Project participants also identified that there are several expenses that programs do not factor into budgeting for IECMHC, but which should be considered. The first is training for the MHC, because many mental health professionals have not received training in early childhood mental health consultation. Whether the MHC is in private practice or employed by a community mental health agency, they should be compensated for the time that they spend training to become a mental health consultant. Likewise, the project participants stated that MHCs are often not compensated for continuing education or reflective supervision that they receive related to providing IECMHC services. Therefore, Early Head Start / Head Start programs should consider MHC training and continuing education of the MHC when budgeting for IECMHC services.

Regardless of how IECMHC services are funded, many participants shared that the amount budgeted for mental health consultation services does not meet the needs of the program and that increased funding would be beneficial to the children, families, and staff. For example, a Early Head Start / Head Start director stated:

I mean, I think that we could easily have her double the amount of time that she spends with us and it would really be beneficial for our program and for our families, but we just don't have the resources available to do that.

The budget for Early Head Start / Head Start programs is especially challenging when MHC is delivered through itinerant IECMHC services. Itinerant MHCs do not live in or near the

community, and most often they must travel by plane to visit the Early Head Start / Head Start center. This is a huge cost to programs and limits the amount of IECMHC services provided by the MHC. For example, a mental health coordinator explained that when an itinerant MHC visits a Early Head Start / Head Start center, it is a two day visit because of the distance. That two day visit uses up all of the 15 hours of IECMHC allocated for that center:

But a few [MHCs] visit our communities, which translates to a two-day visit for the year, which is the 15 hours.

In addition, when programs work with a MHC over time and want to increase the MHC's wages, they face a difficult challenge of not being able to afford the rate increase. As a result, they reduce the number of hours that the MHC works with the agency. A director shared,

And we've been flat-funded for so long. If her rates change, her hourly rates change, that's going to affect her hours, where we won't be able to have her here as much in order to pay her increased wages. So I think that's probably one of the biggest challenges. I think we could really use her services more than we currently have.

Identify and Contract with the Mental Health Consultant

Project participants shared that finding a MHC who is the right fit for the Early Head Start / Head Start center is very important. Finding a MHC who is the right fit helps to build trust. Teachers are more likely to engage in the mental health consultation experience when they trust the MHC. The participants identified several aspects that contribute to a good fit between the MHC and the program: the MHC has experience with young children, knowledge of early childhood development, and knowledge of children's mental health; the MHC is consistent and available; and the program is clear about expected tasks of the MHC. One mental health consultant shared,

I think it is, I think it's really important to make a list of the things that are important. It ought to be the ability to come into classrooms and to do observations within that setting and to be a part of that center team and that classroom team. To be able to give feedback to teachers without being too judgmental or condescending or whatever it is. Then to be able to work with individual kids or work with parents with those same skills.

When identifying and contracting with the MHC, the Early Head Start / Head Start program should generate a list of qualities that are important in the mental health professional who will become the MHC. The Early Head Start / Head Start teachers and coordinators should be involved in identifying and choosing the MHC, as they can help determine who will be a good fit. The program's early childhood social emotional plan should include the tasks of the MHC, which can be used to determine the qualities of the MHC. When the Early Head Start / Head Start program develops the IECMHC contract or memorandum of agreement, it should list the activities and expectations of the MHC, so that they are clearly described for the MHC and the Early Head Start / Head Start staff. Finally, Early Head Start / Head Start community

providers can be a great resource for identifying mental health providers within the community or region who might be a good fit as a Early Head Start / Head Start IECMHC.

Provide Training and Supervision for the Mental Health Consultant

While many regions in Alaska experience a shortage of mental health providers, there are even fewer mental health providers with knowledge, training, and experience in working with young children and their families. In addition, most mental health providers do not receive training on early childhood mental health consultation in their graduate programs. Even when mental health providers are interested in and willing to serve young children, they often have limited experience with early childhood education or Early Head Start / Head Start. Therefore, when a Early Head Start / Head Start program partners with a mental health professional, it is important for the Early Head Start / Head Start program and the mental health provider to determine the training needs of the MHC. For example, one mental health consultant shared,

That's a challenging one, because – when I first started, there was no training. It was just kind of like, "Here's this contract. This is kind of what you should do, and go do that."

Project participants identified several important approaches to providing training for MHCs. First, the Early Head Start / Head Start program should provide training to the MHC on the Early Head Start / Head Start Performance Standards related to mental health, as well as the program's mental health policies and procedures. In addition, Early Head Start / Head Start center staff could provide a training or orientation for the MHC about the Early Head Start / Head Start center and the community. Finally, the MHC can also access educational books and websites related to IECMHC and Early Head Start / Head Start (see Appendix A for IECMHC resources). A mental health coordinator explained,

We encourage our consultants and our behavior health aides to go to any trainings that they can, encourage them to go to the infant mental health conference. Our contract states that they will receive information about Early Head Start / Head Start...

We really kind of put it on the [Early Head Start / Head Start] site staff to help with the orientation in terms of what Early Head Start / Head Start is and how it would work in each community. Because each community is vastly different in what their needs are, or they feel like they are, so we really want the site staff to take that on, because they should be building that relationship with the consultant on an individual site basis.

In addition to training, MHCs also need access to support and supervision. Project participants explained that participating in a reflective supervision group led by an infant and early childhood mental health professional with training in reflective supervision is an extremely valuable tool for becoming an effective IECMHC. Project participants also shared that connecting with other Early Head Start / Head Start MHCs in Alaska is extremely valuable, and that connecting with others is particularly important for MHCs living in rural communities.

Mental health providers in Alaska experience a great deal of isolation in their work, so connecting with others is important. Through those connections, MHCs experience less isolation, have more opportunities for learning new strategies, and create a network of professional contacts. A mental health consultant shared,

And so, last year was the first year ... I was really able to connect with other Early Head Start / Head Start consultants, and it was the gathering that there was in June, where we all kind of came together.... And that has been eye opening to the point where ... I did not know what I was doing, and now I feel confident going into a classroom and being able to do consultations....And as a result of that, reflective practices, training, and then the ongoing participation that – since last year – I definitely feel like I have a lot more skills to bring into a classroom, and just how I approach a parent or a teacher.

Develop Community Partnerships

Developing community partnerships was a central theme in the interviews and focus groups. Project participants stated that because there are so few mental health professionals with knowledge and experience with working with young children and their families in many regions of Alaska, community partnerships are especially important for identifying a mental health professional to provide IECMHC services. Early Head Start / Head Start programs in Alaska must partner with local and / or regional community mental health agencies to identify potential MHCs. In addition, Early Head Start / Head Start programs might also consider partnering with other programs in their region to share MHCs. Doing so could allow programs to pool their resources and to ensure that they are partnering with trained and effective MHCs.

Project participants also described the importance of community partners in supporting the IECMHC services provided by the MHC. For many programs with rural Early Head Start / Head Start centers, the MHC may only be able to travel to the center a few times during the year, which leaves a gap in services. However, some Early Head Start / Head Start programs in Alaska are working to close this gap by supporting partnerships between the MHC and community members, such as elders and behavioral health aides, who can provide some of the Early Head Start / Head Start mental health services that don't require a licensed mental health provider. For example, a Early Head Start /

[Related HSPS – Community Partnerships](#)

Performance Standard:

1302.45.a.4. To support a program-wide culture that promotes children's mental health, social and emotional well-being, and overall health, a program must: build community partnerships to facilitate access to additional mental health resources and services as needed.

Performance Standard

1302.53.a.2.i- A program must establish necessary collaborative relationships and partnerships, with community organizations that may include: i. Health care providers, including child and adult mental health professionals, Medicaid managed care networks, dentists, other health professionals, nutritional service providers, providers of prenatal and postnatal support, and substance abuse treatment providers.

Head Start center and their MHC might partner with elders in the community to hold a parent training on parenting. Some of the community partnerships identified in the interviews and focus groups included the school district / local school, the Infant Learning Program, Stone Soup Group, community mental health, the local health clinic, the Fetal Alcohol Spectrum Disorders (FASD) clinic, elders, and behavioral health aids. A mental health consultant explained,

I would say the best strategy would be to use your consultant in just that role – in trying to develop people in the community that can do the ongoing [work]. So whether it's a trained behavioral health aide working with an elder, that would be like an ideal strategy. And then the consultant be trained well enough to go in and operate with expertise but also a respect that there's already knowledge just based on living in the community.

We also, at some locations, have behavioral health aides, although that's a pretty high turnover, as well. I guess on a weekly basis, in some locations, if there's a behavioral health aide available, they will go to the Early Head Start / Head Start site about one hour a week.

Involve the Mental Health Consultant in Mental Health Program Planning

A final component of having a solid Early Head Start / Head Start program approach to support children's social and emotional development is to involve the MHC in Early Head Start / Head Start program planning. The MHC should be involved in discussing the mental health service delivery policies and procedures for the program and in identifying what the program needs. Together, the program administrator(s) and the MHC should identify what is working well with MHC services, as well as identifying areas for improvement. Programs should use this time to assess the IECMHC services, including the number of referrals made to the MHC, the number of assessments or classroom observations conducted by the MHC, and the number and types of recommendations made by the MHC. A Early Head Start / Head Start director stated,

We meet with [the MHC] typically twice during the year to just talk about what's going on and what we think is working and hear from her what, looking at the agency as a whole, what she thinks is happening. We also assess – we have a running total of all the recommendations that she's made, and we can then see through our other observations whether they're being implemented. Then when she goes back also in her spring observations, she can comment on whether those recommendations are working or whether we're still seeing some of the same issues.

Highly Qualified Mental Health Consultants

Mental Health Consultant Qualities

According to project participants, there are several qualities that mental health professionals who partner with Alaska Early Head Start / Head Start programs as a mental health consultant should possess. In Alaska, many Early Head Start / Head Start programs are located in communities without a mental health professional, so IECMHC is often delivered through itinerant services. Consequently, the MHC must be willing to travel and should be comfortable with distance-delivered mental health services. For example, a mental health coordinator stated,

Our sites are used to distance delivery, so when we consult with them through distance...it's familiar to them, and so the person providing the consultation on the other end has to be familiar and comfortable with distance delivery themselves.

In addition, the MHC should understand rural communities, be community-minded, and be comfortable working with the community in which the Early Head Start / Head Start program is located. The MHC should also be a good fit with the Early Head Start / Head Start center. They should have a collaborative, relationship-based approach to IECMHC in which they do not present themselves as the expert, but rather support the teachers and Early Head Start / Head Start staff as being the expert in the classroom. The MHC should have a strengths-based approach in their work with children, families, and the program. Finally, the MHC should be available and accessible to the Early Head Start / Head Start program, so that they have a consistent and reliable presence with the Early Head Start / Head Start program. A Early Head Start / Head Start director shared,

Well first of all, having the knowledge of the age group, and also with the families that we serve, is very helpful. Also one that really fits into your program and your program's culture and understands that, is important as well. Open to listening and working with staff collaboratively is important. So, a part of the team.

Related HSPS – MHC Qualities

Performance Standard

1302.91.e.8. Health professional qualification requirements (ii) A program must ensure all mental health consultants are licensed or certified mental health professionals. A program must use mental health consultants with knowledge of and experience in servicing young children and their families, if available in the community.

In Alaska, the following are licensed mental health professionals:

Licensed Professional Counselor (LPC); Licensed Clinical Social Worker (LCSW); Licensed Marriage and Family Therapist (LMFT); Licensed Psychologist; Licensed Psychological Associated.

In addition, the Alaska Association of Infant and Early Childhood Mental Health (AK-AIMH) offers a Level III Infant Mental Health Endorsement.

Mental Health Consultant Knowledge

The MHC should have knowledge of infant and early childhood development. They should also have knowledge of early childhood education, as well as knowledge of the Early Head Start / Head Start program and Early Head Start / Head Start Performance Standards. Finally, the MHC should have training in early childhood mental health consultation. In describing the knowledge needed by MHCs, a mental health coordinator stated,

They have training, of course... But they don't always know about early childhood, they're not trained in early childhood. So it's sometimes been a little, where the consultants ask the teachers, "Well, what do you think? Is that normal for a three- to five-year-old?"

Related HSPS – MHC Knowledge

Performance Standard:

1302.40 Purpose - A program must provide high quality health, mental health, and nutritional services that are developmentally and linguistically appropriate and that will support each child's growth and school readiness.

Skills of the Mental Health Consultant

The project participants identified several skills of the MHC. The MHC should be able to conduct and interpret social emotional screenings, such as the ASQ-SE. The MHC should be able to conduct classroom observations and provide feedback to the Early Head Start / Head Start teachers and coordinators. The MHC should be able to develop community partnerships with elders, the local school, the local behavioral health aid, the local health clinic, and the Infant Learning Program to name a few. The MHC should have skills in developing relationships with Early Head Start / Head Start children and their families, as well as Early Head Start / Head Start teachers and staff. The MHC should have skills in engaging in reflective supervision with Early Head Start / Head Start teachers and staff. Finally, the MHC should have skills in providing trainings to Early Head Start / Head Start teachers and families on a variety of topics, such as social emotional development, parenting, positive discipline, adverse childhood experiences, secondary trauma, and self-care. A mental health coordinator stated,

We ask them to do a reflective practice with teachers. We ask that they support teachers, support parents, support children.

In order to be able to work with Early Head Start / Head Start staff and families on challenging topics, the MHC must have knowledge and experience in working with and referring for trauma, grief, depression, domestic violence, sexual abuse, and child abuse. MHCs must be comfortable with and skillful at discussing difficult topics with both staff and families. As one mental health consultant stated,

Trauma affects so many of the children and families and staff in urban and rural Alaska. Clinicians who want to stick with working on child behavior and teaching family and child development (which is, of course, very important in itself but only one part)

and miss the larger picture are not "highly qualified" and will not be as effective. Being able to "talk about the hard stuff" and do it well is critically important.

High Quality IECMHC Services

Delivery of IECMHC Services

Project participants shared several strategies for delivering IECMHC services in Alaska Early Head Start / Head Start programs. IECMHC services focus on prevention through working with children, families, and program staff. The MHC is not considered the primary provider of services, as the MHC provides support and consultation to teachers and families to address the needs of the children. When determining the types of IECMHC services, IECMHC services should be flexible and individualized, so that services address the needs identified by Early Head Start / Head Start teachers and families. How IECMHC is implemented differs depending on the experience and needs of the Early Head Start / Head Start teachers and staff. Delivery of IECMHC services should be individualized to the classroom, the center, the program, and the community. A mental health consultant shared,

The thing that I liked the most about consulting is that my role is not just intervention, and it's not just identifying. It's also promoting early childhood, social and emotional well-being with both the kids, and the families, and the staff, and it's preventing. So it's promotion, prevention, and intervention, and it's with not just the kids, and not just the families, but also with the staff, and also on a program level.

Many Early Head Start / Head Start programs in Alaska are located in rural communities and rely on itinerant mental health services, in which the mental health professional does not live in or near the community and travels by plane to the Early Head Start / Head Start program to provide services. Delivery of itinerant IECMHC services requires the MHC to be flexible and creative. Due to the cost of travel, face-to-face visits by the MHC to the Early Head Start / Head Start program may be limited to once or twice a year. Even those scheduled visits may be hampered by weather delays or community crises, such as a death in the community. One mental health consultant explained,

I serve the outlying villages, primarily... It's difficult because of the geography – there's no roads connecting, so I can't drive anywhere. And so, a lot of the services are weather-dependent, and so that's one of our struggles, I guess...Most of the sites only get one day a year, because of the geography. So it's very limited.

Despite the challenges of traveling to Early Head Start / Head Start centers, project participants shared that site visits are important for developing a relationship with Early Head Start / Head Start staff and families. However, itinerant MHCs often supplement those site visits with alternative means of delivering services, such as teleconference or videoconference. In addition, the itinerant MHC might use community partners, such as behavioral health aids, to

provide non-clinical IECMHC services, such as parent and staff trainings. For example, a mental health consultant explained,

We're pretty remote out here...But then I travel, so most of the sites get one face-to-face contact a year. Some of them don't get that. We do telephonic consultation. Because it's so limited, I really open it up to what does the staff need. The really good thing is most of the sites have experienced staff that – they have a higher retention rate, so there's an expertise right there in the classroom that's wonderful.

Time was identified as a factor in delivering IECMHC services in Alaska Early Head Start / Head Start programs. The types of services provided through IECMHC will vary depending on the amount of time that the MHC has been allocated to provide services. When a MHC is funded or contracted to provide limited hours of IECMHC services, then the MHC must focus on providing basic services, such as classroom observations and child consultations with teachers. When the MHC is funded or contracted to provide more hours of consistent IECMHC services, then the MHC has more opportunities to provide additional IECMHC services. Regardless of the number of hours of IECMHC, finding time to schedule in services was identified as a challenge. It is often difficult to find times when the MHC, the teachers, and families are available to meet. A mental health consultant stated,

Because of limited time, we focus so much on keeping it narrow. Like, meeting with the teachers and focusing on individual children in the classroom.

Amount of IECMHC

The amount of IECMHC services reported by project participants varied greatly. On the low end, some programs allocate only enough hours for the MHC to visit the Early Head Start / Head Start center twice a year, and on the high end some programs have MHCs who visit the Early Head Start / Head Start center two to three times a week throughout the year. Regardless of the number of hours allocated for IECMHC services, project participants identified that they would like to be able to provide more IECMHC services. A pattern seemed to emerge that with more hours allocated to IECMHC, the MHC has more contact with the children, the staff, and the families of the Early Head Start / Head Start program. As the MHC has more contact, they develop stronger relationships with the children, staff, and families, which allows them to provide more services. As they provide more services and the trust grows between the staff and the families, then the need for more IECMHC services grows. For example, a Early Head Start / Head Start director stated,

Related HSPS – Amount of MHC

Performance Standard:

1302.45.a.2. To support a program-wide culture that promotes children's mental health, social and emotional well-being, and overall health, a program must: Secure mental health consultation services on a schedule of sufficient and consistent frequency to ensure a mental health consultant is available to partner with staff and families in a timely and effective manner.

So I think a lot of it is just found the right person and she appears to really love working with us, and it's just been a good fit for a long time, so we've been able to kind of grow and evolve and keep providing services together.

Project participants identified several considerations for determining the amount of time allocated for a MHC to provide IECMHC services. First, programs should consider allocating enough time for the MHC to develop relationships with teachers and parents. MHCs should have opportunities to spend unscheduled time in the Early Head Start / Head Start center to meet with parents or to talk with staff. Participants shared that often parents will not make an appointment with a MHC, but if they consistently see the MHC in the Early Head Start / Head Start center, then they are more likely to ask the MHC a question or to express their concerns. For example, a mental health consultant shared,

...parents are not really willing to set up a time to meet with me, but they'll wander in. And that's how I make all the beginning relationships – or the teachers will bring them in or something like that. But if I wasn't there, it would never happen, and it doesn't happen at places when I'm not there.

A second consideration is that the MHC should see their role as a long-term commitment to the Early Head Start / Head Start program, because relationships take a long time to develop, and those relationships are essential in delivering IECMHC services. A third consideration is to create a consistent schedule for when the MHC is providing services, because consistency and reliability of the MHC are important. However, the MHC's schedule should allow for flexibility, so that the MHC can respond to crises, additional staff needs, or the varying needs of different centers. A mental health coordinator stated,

...when we had our mental health consultant come in once a week, she was very consistent with her schedule and was here. She was dependable. She went through our trainings and she offered to come to trainings in the evenings, for parents, to help them out. And just that communication, being able to have that feedback from her, constantly.

Finally, when determining the number of hours for a MHC, programs should be realistic about the expectations of the MHC and the amount of hours scheduled for consultation. MHCs who work additional hours in order to fulfill the expectation of the program may not get reimbursed for their time. For example, a mental health consultant explained,

One of my challenges is definitely that number of hours. I feel like I've just started to scratch the surface, and we didn't get to finish a lot of the things that we had talked about doing, just because I ran out of time.

Types of IECMHC Services

- **Classroom Observations** – Classroom observations were a common activity of MHCs reported in the interviews and focus groups. Programs implemented classroom observations, but the number of observations varied. On-site classroom observations are often challenging for programs providing itinerant infant and early childhood mental health consultation services, because it is difficult and expensive for MHCs to visit the classrooms.

Many programs provide the MHC with a checklist or observation form that details the aspects of the classroom that the MHC should observe. After the observation is complete, programs schedule time for the MHC to meet with the teachers, staff, and center director to provide consultation on the

observation. Children are often identified for further consultation during the classroom observation. A Early Head Start / Head Start director explained,

We typically have the children for a couple of weeks and then we schedule routine round of consultation visits for all our classrooms.... We have a check list that our consultant uses that includes all the Early Head Start / Head Start performance standards. And also the indicators of things that they're looking for when they're observing, so that then they can share that with staff and we try to get that debriefed as soon as possible with the teaching team and then in most cases with also the center director at that site center.

- **Screening and Assessment** – Early Head Start / Head Start programs use a social emotional screening tool, such as the Ages and Stages Questionnaire – Social Emotional, to identify children who may need additional support with social emotional development. In many programs, a Early Head Start / Head Start coordinator reviews the results of the social emotional screening tool, sometimes with the support of the MHC, and children who are identified at risk are referred to the MHC. The MHC also consults with the Early Head Start Head Start teachers about the results of the social emotional screening, so that they can identify children in need of further consultation.

Related HSPS – Classroom Observations

Performance Standard: 1302.45.b.- Mental health consultants.

A program must ensure mental health consultants assist: (2) Teachers, including family child care providers, to improve classroom management and teacher practices through strategies that include using classroom observations and consultations to address teacher and individual child needs and creating physical and cultural environments that promote positive mental health and social and emotional functioning; (3) Other staff, including home visitors, to meet children's mental health and social and emotional functioning;

Performance Standard 1302.42.c.2- A program must implement periodic observations or other appropriate strategies for program staff and parents to identify any new or recurring developmental, medical, oral or mental health concerns.

Performance Standard: 1302.33 (a) Screening.

(1) In collaboration with each child's parent and with parental consent, a program must complete or obtain a current developmental screening to identify concerns regarding a child's developmental, behavioral, motor, language, social, cognitive, and emotional skills within 45 calendar days of when the child first attends the program or, for the home-based program option, receives a home visit. A program that operates for 90 days or less must complete or obtain a current developmental screening within 30 calendar days of when the child first attends the program.

(2) A program must use one or more research-based developmental standardized screening tools to complete the screening. A program must use as part of the screening additional information from family members, teachers, and relevant staff familiar with the child's typical behavior.

(3) If warranted through screening and additional relevant information and with direct guidance from a mental health or child development professional a program must, with the parent's consent, promptly and appropriately address any needs identified through:

(i) Referral to the local agency responsible for implementing IDEA for a formal evaluation to assess the child's eligibility for services under IDEA as soon as possible, and not to exceed timelines required under IDEA; and,

(ii) Partnership with the child's parents and the relevant local agency to support families through the formal evaluation process.

(5) If, after the formal evaluation described in paragraph (a)(3)(i) of this section, the local agency responsible for implementing IDEA determines the child is not eligible for early intervention or special education and related services under IDEA, the program must:

(i) Seek guidance from a mental health or child development professional to determine if the formal evaluation shows the child has a significant delay in one or more areas of development that is likely to interfere with the child's development and school readiness; and,

(ii) If the child has a significant delay, partner with parents to help the family access services and supports to help address the child's identified needs.

(c) *Characteristics of screenings and assessments.* (1) Screenings and assessments must be valid and reliable for the population and purpose for which they will be used, including by being conducted by qualified and trained personnel, and being age, developmentally, culturally and linguistically appropriate, and appropriate for children with disabilities, as needed.

- Child Consultation – Project participants described individual child consultation as an opportunity for the MHC to provide short-term intervention, to work with the teachers and the parents to identify strategies for addressing the child’s behavior, and to refer the child and family for additional services when needed. Programs identify children who are in need of individual consultation, and those children are referred to the MHC. Individual children are identified for consultation in a variety of ways. Children are identified by the Early Head Start / Head Start teacher or coordinator as a result of the social emotional screening conducted by the program. Sometimes teachers refer children who are experiencing challenging behavior in the classroom. Other times the MHC identifies children in need of individual consultation while they are conducting the classroom observation. Finally, parents may request consultation with the MHC when they are concerned about a child’s behavior. Regardless, project participants shared that it is important to have a process for identifying and referring children for individual child consultation. A mental health consultant stated,

And over time, teachers will ask me to focus on a particular area of the classroom, or the group, and also to focus perhaps on a particular child.

Related HSPS – Child Consultation

Performance Standard: 1302.17.a.3- Before a program determines whether a temporary suspension is necessary, a program must engage with a mental health consultant, collaborate with the parents, and utilize appropriate community resources – such as behavior coaches, psychologists, other appropriate specialists, or other resources – as needed, to determine no other reasonable option is appropriate. (4) If a temporary suspension is deemed necessary, a program must help the child return to full participation in all program activities as quickly as possible while ensuring child safety by:

(i) Continuing to engage with the parents and a mental health consultant, and continuing to utilize appropriate community resources;

Performance Standard: 1302.45.b. - A program must ensure mental health consultants assist: (1) The program to implement strategies to identify and support children with mental health and social and emotional concerns; (4) Staff to address prevalent child mental health concerns, including internalizing problems such as appearing withdrawn and externalizing problems such as challenging behaviors.

- Program Consultation – Early Head Start / Head Start programs in Alaska often provide opportunities for the MHC to provide support to the Early Head Start / Head Start program. The MHC may meet with Early Head Start / Head Start coordinators and administrators to discuss the design of IECMHC services. The MHC also meets with coordinators and

administrators to evaluate the strengths and challenges of IECMHC services provided by the MHC and to develop strategies for improvement. Finally, the MHC sometimes provides program consultation by supporting the program when there are staff conflicts or challenges. A mental health consultant stated,

Oh, and at all of these sites, I also meet with the administrator so that we can kind of talk about program design – that's an important part – and like what the program needs.

Related HSPS – Program Consultation

Performance Standard: 1302.45.a Wellness Promotion. To support a program-wide culture that promotes children's mental health, social and emotional well-being, and overall health, a program must: (1) Provide supports for effective classroom management and positive learning environments; supportive teacher practices; and, strategies for supporting children with challenging behaviors and other social, emotional, and mental health concerns; (2) Secure mental health consultation services on a schedule of sufficient and consistent frequency to ensure a mental health consultant is available to partner with staff and families in a timely and effective manner; (3) Obtain parental consent for mental health consultation services at enrollment; and, (4) Build community partnerships to facilitate access to additional mental health resources and services, as needed.

Performance Standard: 1302.45.b Mental health consultants. A program must ensure mental health consultants assist: (1) The program to implement strategies to identify and support children with mental health and social and emotional concerns; (6) In the implementation of the policies to limit suspension and prohibit expulsion as described in §1302.17.

Performance Standard: 1302.17.b. Prohibition on expulsion. (1) A program cannot expel or unenroll a child from Head Start because of a child's behavior. (2) When a child exhibits persistent and serious challenging behaviors, a program must explore all possible steps and document all steps taken to address such problems, and facilitate the child's safe participation in the program. Such steps must include, at a minimum, engaging a mental health consultant, considering the appropriateness of providing appropriate services and supports under section 504 of the Rehabilitation Act to ensure that the child who satisfies the definition of disability in 29 U.S.C. §705(9)(b) of the Rehabilitation Act is not excluded from the program on the basis of disability, and consulting with the parents and the child's teacher. (3) If, after a program has explored all possible steps and documented all steps taken as described in paragraph (b)(2) of this section, a program, in consultation with the parents, the child's teacher, the agency responsible for implementing IDEA (if applicable), and the mental health consultant, determines that the child's continued enrollment presents a continued serious safety threat to the child or other enrolled children and determines the program is not the most appropriate placement for the child, the program must work with such entities to directly facilitate the transition of the child to a more appropriate placement.

- Staff Consultation – MHCs in Alaska Early Head Start / Head Start programs provide consultation to Early Head Start / Head Start staff in order to support staff with addressing challenging behaviors in the classroom, working effectively with families, and improving their social and emotional well-being. MHCs provide direct consultation to assist teachers with addressing the challenging behaviors of individual children in the classroom. MHCs also support teachers with developing relationships with families and with talking with families about difficult topics. For example a mental health consultant explained,

I think what makes anything that I might offer in my little day trip effective is the relationship of the teachers with the parents. So, that is some of the work that I do in the consultation, is strategies for relationship building and engaging the family, especially when – you know, some families, because of their relationship with the teachers are coming to them saying, “Yeah. I need more for my child. Something’s not working here.” But others are more fearful. More guarded. And so the teachers will often wonder how to approach the parent. And so we talk about that – that relationship-based strategy, basically, with them doing the work.

Often MHCs provide reflective supervision with teachers, which provides support to both inexperienced and experienced teachers. Through reflective supervision, teachers are able to hear other teachers’ experiences. A Early Head Start / Head Start director explained,

She helps a lot with all problems. You know, staff are having conflicts or those types of things. She’s a resource that we lean on heavily for resolving staff conflicts and those things as well. I would say that probably 70 percent of her time is spent with staff in some respect, whether it’s classroom observations or talking specifically about classrooms or children or resolving staff conflicts or helping to resolve staff conflicts or in staff training.

Finally, MHCs in Alaska support the social and emotional well-being of Early Head Start / Head Start teachers and staff. They help teachers and staff to address stress, as well as grief and loss, which is especially important when a loss, such as a suicide, occurs in the community. By providing consultation that support teachers’ social and emotional health, teachers are better equipped to support children’s experiences in the classroom. The ability of MHCs to support teachers’ experience of stress, grief, and loss was identified as being especially important when working with programs in very rural communities, where the MHC may be the Early Head Start / Head Start staffs’ primary access to a mental health provider. For example, a Early Head Start / Head Start director shared,

But we’ve also had some family tragedies and needing some short-term support through tragedies. So we’ve had some deaths with family members in our program, so even our teachers knowing - having to deal with the death of a parent that has been in their classroom and then knowing how to support the child also, who lost a parent. And so just a wide variety of things going on in our program.

Staff trainings are a common form of staff consultation. Often MHCs provide teacher training during the preservice at the beginning of the year, but they also provide trainings throughout the year. When determining the topics to be covered at staff trainings, the MHC often consults with teachers and administrators to determine the training needs of the staff. Common teacher training topics include infant and early childhood social and emotional development, classroom management, adverse childhood experiences, secondary trauma, and teacher self-care.

Related HSPS – Staff Consultation

Performance Standard: 1302.45 Child mental health and social and emotional well-being.

(a) *Wellness promotion.* To support a program-wide culture that promotes children’s mental health, social and emotional well-being, and overall health, a program must: (1) Provide supports for effective classroom management and positive learning environments; supportive teacher practices; and, strategies for supporting children with challenging behaviors and other social, emotional, and mental health concerns;

(b) *Mental health consultants.* A program must ensure mental health consultants assist: (2) Teachers, including family child care providers, to improve classroom management and teacher practices through strategies that include using classroom observations and consultations to address teacher and individual child needs and creating physical and cultural environments that promote positive mental health and social and emotional functioning; (3) Other staff, including home visitors, to meet children’s mental health and social and emotional needs through strategies that include observation and consultation; (4) Staff to address prevalent child mental health concerns, including internalizing problems such as appearing withdrawn and externalizing problems such as challenging behaviors; and, (5) In helping both parents and staff to understand mental health and access mental health interventions, if needed. (6) In the implementation of the policies to limit suspension and prohibit expulsion as described in §1302.17.

Performance Standard 1302.31.b Effective teaching practices. (1) Teaching practices must: (i) emphasize nurturing and responsive practices, interactions, and environments that foster trust and emotional security; are communication and language rich; promote critical thinking and problem-solving; social, emotional, behavioral, and language development; provide supportive feedback for learning; motivate continued effort; and support all children’s engagement in learning experiences and activities.

Performance Standard 1302.93.b Staff Health and Wellness - A program must make mental health and wellness information available to staff regarding health issues that may affect their job performance, and must provide regularly scheduled opportunities to learn about mental health, wellness, and health education.

- Family Consultation – MHCs often work with families to help them to best support their child's social and emotional development. When providing family consultation, the MHC meets with families to discuss challenges and strengths, to provide short-term support, and to refer families for additional services. Family consultation was identified as especially important when a family has experienced a tragedy or loss. A first step in family consultation is for the family to get to know and trust the MHC. To accomplish this, project participants shared that programs implement strategies to introduce the MHC to families. When new families enroll in the program, teachers and staff share information about the MHC and explain the mental health services that are available to them through the MHC. Programs invite the MHC to participate and to introduce herself during the parent orientation. Finally, the MHC attends or conducts parent trainings or family nights, so that families have an opportunity to get to know the MHC. An Early Head Start / Head Start director stated,

At enrollment, all of our families are made aware that we have a mental health consultant on staff, completely available to them to work on family issues or child issues. We let families know that she can't be a long term counselor or mental health provider for them, but she's certainly available to meet with them several times to discuss any challenges or issues. She'll meet with them as she is able and if it turns into something that's going to need more long term support, then she'll provide some referrals for them to see ongoing help in the community.

Providing parent trainings was a common component of family consultation reported in the interviews and focus groups. In many programs, the MHC provides training to parents during a family night or during a lunch potluck. Sometimes the MHC partners with a Early Head Start / Head Start coordinator or a community partner, such as an elder, a behavioral health aid, or a bilingual interpreter, to give the family training. MHCs give family trainings on a variety of topics, such as adverse childhood experiences, social emotional development, positive discipline, parenting, and normalizing mental health and reducing stigma. Often the MHC works with families or Early Head Start / Head Start staff to identify training topics that families are interested in receiving. A mental health consultant shared,

She's done some trainings on challenging behavior and self-care, some family nights. We've partnered together to do some positive discipline and some parenting information.

Performance Standard: 1302.17.b. Prohibition on expulsion. (1) A program cannot expel or unenroll a child from Head Start because of a child's behavior. (2) When a child exhibits persistent and serious challenging behaviors, a program must explore all possible steps and document all steps taken to address such problems, and facilitate the child's safe participation in the program. Such steps must include, at a minimum, engaging a mental health consultant, considering the appropriateness of providing appropriate services and supports under section 504 of the Rehabilitation Act to ensure that the child who satisfies the definition of disability in 29 U.S.C. §705(9)(b) of the Rehabilitation Act is not excluded from the program on the basis of disability, and consulting with the parents and the child's teacher.

Performance Standard 1302.46 Family support services for health, nutrition, and mental health. (a) Parent Collaboration- Programs must collaborate with parents to promote children's health and wellbeing by providing medical, oral, nutritional, and mental health education support services that are understandable to individuals with low health literacy. (b) Opportunities. (1) Such collaboration must include opportunities for parents to: (iii) Learn about healthy pregnancy and postpartum care, as appropriate, including breastfeeding support and treatment options for parental mental health or substance use problems, including perinatal depression; (iv) Discuss with staff and identify issues related to child mental health and social and emotional well-being, including observations and any concerns about their child's mental health, typical and atypical behavior and development, and how to appropriately respond to their child and promote their child's social and emotional development.

Performance Standard 1302.51.b - A program must, at a minimum, offer opportunities for parents to participate in a research-based parenting curriculum that builds on parents' knowledge and offers parents the opportunity to practice parenting skills to promote children's learning and development. A program that chooses to make significant adaptations to the parenting curriculum to better meet the needs of one or more specific populations must work with an expert or experts to develop such adaptations.

Performance Standard 1302.70 Transitions from Early Head Start. (c) *Family collaborations.* A program must collaborate with parents of Early Head Start children to implement strategies and activities that support successful transitions from Early Head Start and, at a minimum, provide information about the child's progress during the program year and provide strategies for parents to continue their involvement in and advocacy for the education and development of their child.

Performance Standard 1302.71 Transitions from Head Start to Kindergarten. (b) *Family Collaborations for Transitions* – (1) A program must collaborate with parents of enrolled children to implement strategies and activities that will help parents advocate for and promote successful transitions to kindergarten for their children, including their continued involvement in the education and development of their child. (2) At a minimum, such strategies and activities must: ii. Help parents understand practices they use to effectively provide academic and social support for their children during their transition to kindergarten and foster their continued involvement in the education of their child.

Catalysts for Success: Readiness & Positive Relationships

Participants described the importance of Early Head Start / Head Start staff being ready for mental health consultation services. In order for teachers and families to reach out to the MHC, they must be ready for services and must feel that the MHC is someone who can help. A Early Head Start / Head Start director explained the importance of the staff being ready for consultation,

...the previous [MHC] was great and everything, but I just know things that have changed when we got this connection, where the staff really bought into [the MHC] and had the relationship and trust established and really bought into it. That was a real breakthrough.

In order for teachers and families to engage with the MHC, they must be interested in working with the MHC and ready to develop a relationship. One mental health coordinator shared,

I think what makes a difference is that there's some sort of relationship built with the consultant. And on the other side a little bit of trust has been formed, whether it's with the family or the staff or working with the kids, that those people have been open and they're ready for some support and they want that and they're willing and they're ready to keep moving forward.

Readiness for consultation allows those positive relationships to develop. Positive relationships were identified as essential for providing IECMHC services. In order to be effective, the mental health consultant must develop positive relationships with teachers, coordinators, directors, family members, the community, and other MHCs. The MHC must really become part of the Early Head Start / Head Start team. First, the MHC must develop relationships with the Early Head Start / Head Start director and other administrators. The MHC relationship with the mental health coordinator is often very important, because often programs require the referral to go from the teacher to the coordinator to the MHC. Both the director and the coordinator can play an important role in facilitating the relationship between the MHC and the staff. For example, one coordinator stated,

When I get their resume I also see their expertise and background, and I either forward their resume to the lay teacher, or I let the lay teacher know 'this consultant has expertise in treatment of mothers and children in family facilities,' or 'this consultant has expertise also in developmental disabilities and autism.' I kind of let them know so that they can tap into their expertise, too.

When developing relationships with teachers, it is important that the MHC has time at the Early Head Start / Head Start center and in the classroom. Making consistent contact with teachers helps to build the relationship and helps the teachers to engage with the MHC. A positive relationship with teacher is also essential for the MHC to build positive relationships with families. Teachers can provide help with building a positive relationship between the MHC and the family by introducing the MHC at the parent orientation, informing the families of MHC

services, and explaining to families how the MHC can support the family and child. Teachers often have close relationships with families, and when families trust the teacher and the program, it helps to build trust with the MHC. Finally, MHCs must build relationships within the community in which the Early Head Start / Head Start program is located, which is especially important in smaller communities. A mental health consultant stated,

So it seems like getting that initial connection is really difficult, as well as being able to really be a presence in the classroom. So when parents do come in, you're not a foreigner to this – you are sort of a staple in that classroom environment. So you're someone that they don't feel threatened by. You're not there just to point out their child's flaws, but yet you are someone that they can come and they can talk to and really have a better relationship with.

It is important to note that developing relationships takes time, especially for MHCs providing itinerant IECMHC services. MHCs must have consistent contact with the program, and they should see the relationship as a long-term commitment for providing services. When an itinerant MHC is only able to visit a program twice a year, it is especially difficult to build positive relationships. A mental health consultant explained,

We have lots of behavioral health service gaps out here – that large corporation is often very transient, with the clinicians and behavioral health providers – they have a high turnover. So it's hard to get a relationship with them the way I do with the teachers.

However, having face-to-face contact with the MHC is very important for building relationships. For example, a mental health consultant shared,

I could talk to people forever, but once I actually was out there once, it was so much easier to talk to them later over the phone."

Finally, MHCs should have opportunities to develop professional relationships with other MHCs who are providing IECMHC services to Early Head Start / Head Start programs. Connecting with other MHCs provides them with the opportunity to share their experiences and learn new skills. A mental health consultant explained,

I mean that's been really, really, really helpful to help create like networking with the other Early Head Start / Head Start mental health consultants in the state, which is something I didn't have for the first five, six, or seven years. And it's so helpful.

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Appendix A: IECMHC Resources

Books & Publications

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Alaska Association of Infant and Early Childhood Mental Health

www.akaimh.org/

Center on the Developing Child

www.developingchild.harvard.edu/

Center for Early Childhood Mental Health Consultation

www.ecmhc.org/

Zero to Three

www.zerotothree.org/