



Let's Thrive: Home Visiting Workforce Symposium

January 24, 2025

Delaware
Department of Education

OUR TEAM

Linda Delimata,
Illinois
Consultant

June Hall,
Michigan
Consultant

Mary Mackrain,
Michigan
Consultant

WHO IS HERE TODAY?

If you work in Education, please stand up.

If you work in home visiting, please stand up.

If you work in business, please stand up.

If you work in Public Health, please stand up.

If you are a parent, please stand up.

If you are a health care professional, please stand up.

Who else?

We welcome you all.

What We Will Address Together

What are Social Determinants of Health (SDOH)?

How does home visiting help to mitigate those factors?

How Can Infant and Early Childhood Mental Health Consultation Support Home Visitors As they Support Families?

What Are We Learning about IECMHC in Delaware and Where Are We Headed Next?

Brief Overview of Social Determinants of Health

Social Determinants of Health are non-medical factors that influence health outcomes.

CDC, 2025

Education

- Literacy
- Language
- Early Childhood Education
- Vocational Training
- Higher Education

Health Care Quality

- Access to health care coverage
- Provider availability
- Provider bias
- Provider cultural and linguistic competency
- Quality of care

Neighborhood and Built Environment

- Housing
- Transportation
- Safety
- Parks
- Playgrounds
- Walkability

Social and Community Context

- Social Integration
- Support Systems
- Community Engagement
- Discrimination

Economic Stability

- Employment
- Income
- Food security
- Expenses
- Medical bills
- Support

Home Visiting Makes a Difference

Home visits can improve quality of care and health outcomes and provide a unique opportunity to learn more about family's social context and assess various social determinants of health.

Ways Home Visitors Address SDOH

Routine screenings that help understand a family's challenges	Linking to services	Parenting education
Addressing barriers to health care	Advocacy and referrals	Early intervention

Brief Overview of Social Determinants of Health

Turn and Share: Which of these areas stand out for you in your work with families and why? How are you making inroads in partnering with families to support stability and access to resources?

CDC, 2025

HOME VISITING ACTS AS A BRIDGE BETWEEN FAMILIES AND THE COMMUNITY RESOURCES THEY NEED TO ADDRESS SOCIAL DETERMINANTS OF HEALTH, ULTIMATELY PROMOTING BETTER HEALTH OUTCOMES FOR CHILDREN AND THEIR FAMILIES.

Supporting Home Visitors

This is important work and can be challenging. Home visitors work closely with their supervisor to address issues that arise.

Another support that is recognized widely is Infant and Early Childhood Mental Health Consultation or IECMHC.

Pair and Share

- How does being that “bridge’ for families impact you?
- In what ways has it been challenging and how are you or would you like to be supported in your work when these challenges occur?

What is IECMHC?

"A prevention-based service pairing a mental health consultant with families and adults that work with infants and young children in care settings. The aim is to build adult capacity to strengthen and nurture the social and emotional development early"

Adapted from SAMHSA

From SAMHSA

INFANT EARLY CHILDHOOD MENTAL HEALTH CONSULTATION

Fostering nurturing environments where healthy relationships grow, so children can succeed.

WHAT INFANT AND EARLY CHILDHOOD MENTAL HEALTH CONSULTATION IS NOT.

Why is IECMHC important?

- **The average turnover rate** for Early Head Start teachers and home visitors increased from approximately 19% in 2019 to nearly 29% in 2022. Additionally, the proportion of programs experiencing high turnover rates (over 20%) rose from 38% to 57% during the same period. *URBAN INSTITUTE*

- **Intent to Leave:** A national survey conducted in 2018 found that 28% of home visitors were very or somewhat likely to seek employment outside of home visiting within the next two years. *ADMINISTRATION FOR CHILDREN AND FAMILIES*

- **Stress Factors:** Home visitors often face significant stress due to exposure to families' trauma, leading to burnout and secondary traumatic stress. *URBAN INSTITUTE*

In Home Visiting:

Different Ways IECMHC Can Help

Education and Awareness

The IECMH consultant provides training on topics that the home visiting program identify such as attachment, self-regulation, postpartum depression, substance use, and navigating challenging relationships. The home visiting staff gain knowledge and skills. The consultant then reinforces this information in reflective consultation and during ongoing meetings.

Support to Supervisors

The consultant meets regularly with the program supervisor/manager to provide an opportunity for reflection, problem-solving, planning staff interactions, and embedding the skills and knowledge that the consultant brings into the program, such as reflective capacity.

Individual & Group Support to Home Visitors

This consultant facilitated support, provides a safe, confidential space for home visitors to reflect on their work with other home visitors or with their supervisor and the consultant 1:1, to process challenges, build self-awareness, develop strategies to support families effectively, and strengthen their own emotional well-being, ultimately improving the quality of services provided.





Delaware's IECMHC in Home Visiting Work

Mary Mackrain and June Hall

Delaware
Department of Education

Delaware
Department of Education

MIECHV TA

HV Leadership engaged in small group TA with other states with support from MIECHV TARC

Partnered with Consultants

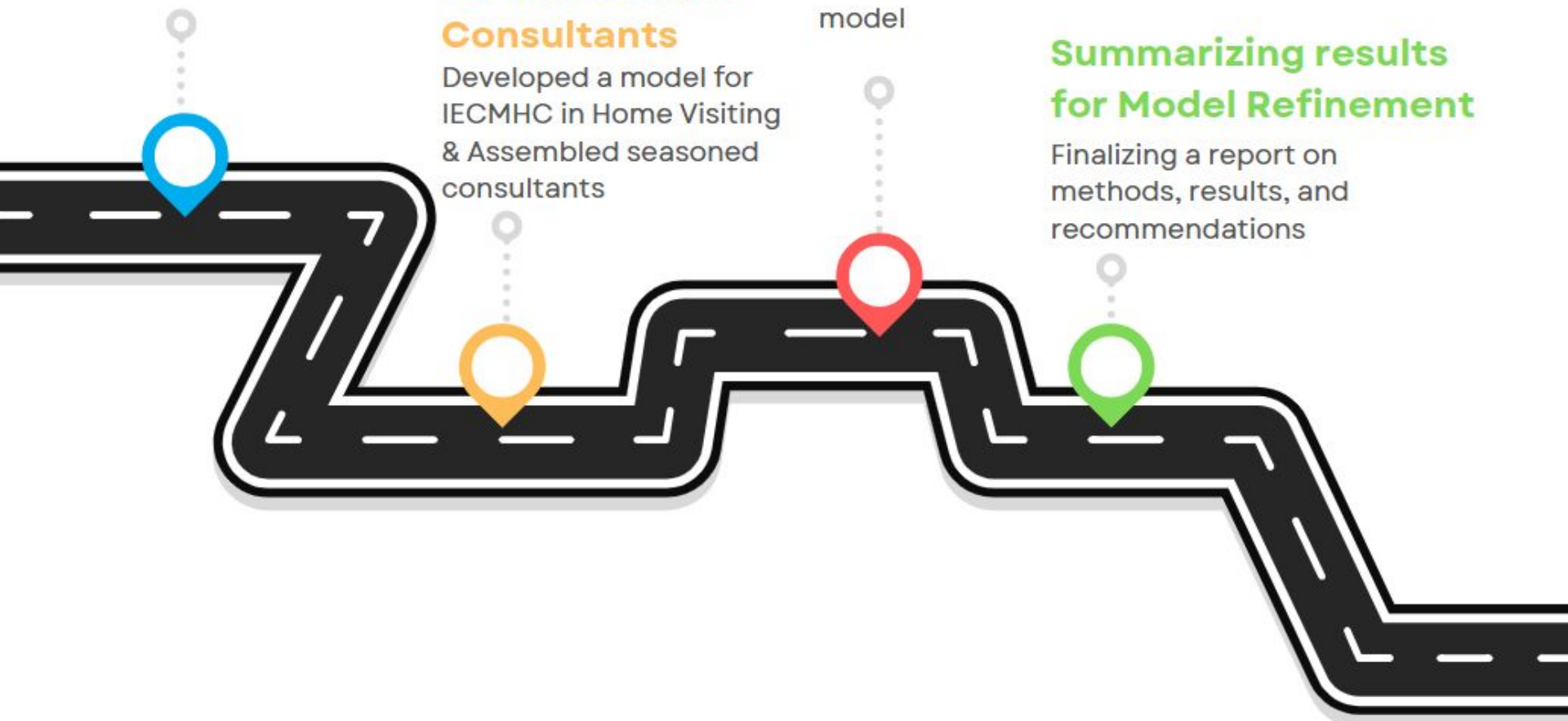
Developed a model for IECMHC in Home Visiting & Assembled seasoned consultants

Studied the Model with PAT

Collected data on the model

Summarizing results for Model Refinement

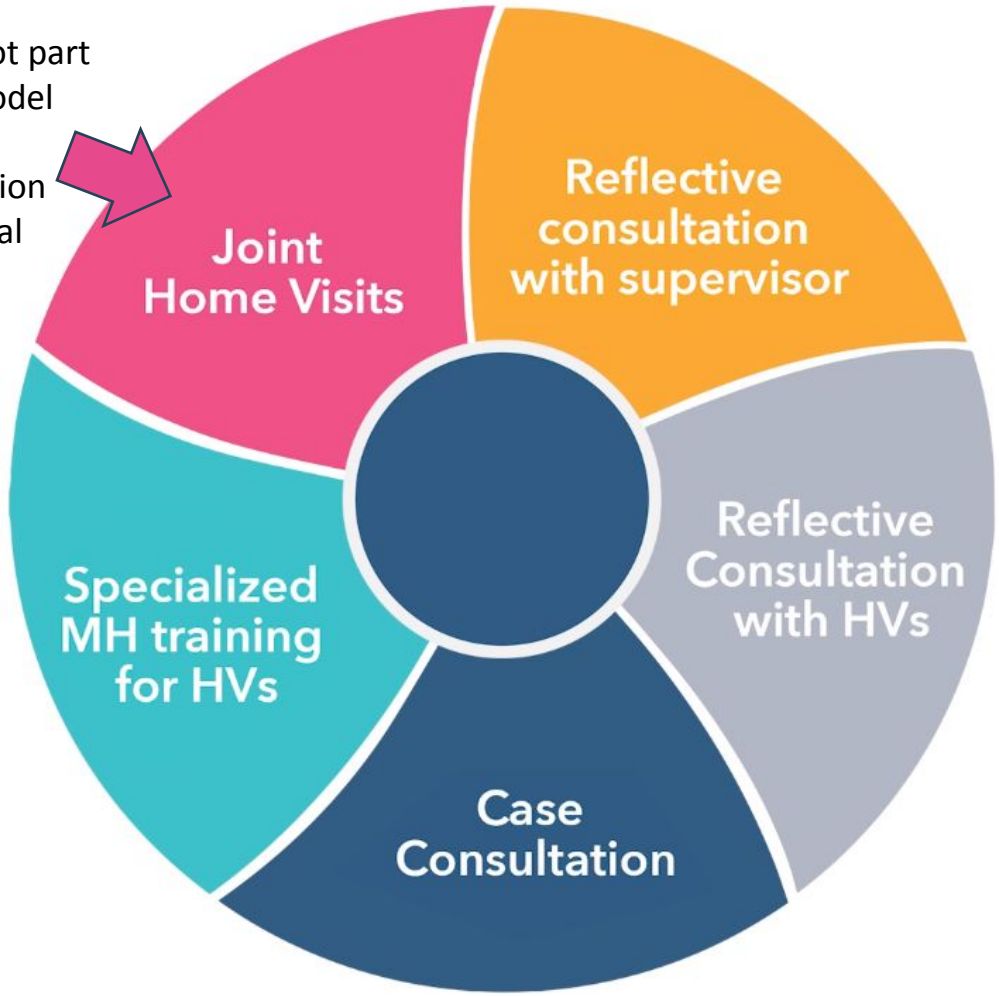
Finalizing a report on methods, results, and recommendations



VISION FOR IECMHC IN DELAWARE

- All infants, young children, their families, and those that support them in Delaware have access to high-quality, equitable, and culturally sensitive infant and early childhood mental health consultation, creating environments where child and adult social, emotional, and mental wellness and capacity for mutually beneficial, nurturing relationships thrive.

*Were not part of the model study as consultation was virtual



You will see a bit of this reflective work in practice in the afternoon session!

Reflective Consultation with Supervisors

- The consultant and the supervisor connect one on one.
- The supervisor can reflect and process. Together they can problem-solve and plan around day-to-day and longer-term issues.

Reflective Consultation with Home Visitors

- Together the team of consultant and home visiting staff reflect as a group.
- The staff discuss their responses and reactions to situations and problem-solve challenges.

Case Consultation

- The consultant and supervisor connect with the home visitor to discuss how to best support a family.

Specialized Mental Health Trainings for Ho Visitors

- The consultant offers group training on emerging needs. Home visitors and their supervisors list topics to explore, including mental health topics.

developmental delays

necessary screenings

handling stress

how to talk about

maternal depression

sensitive issues

Joint Home Visits

- The consultant may join the home visitor during a regular session in the home.
- Though most home visitor and consultant work occurs outside a family's home, there may be exceptions.

Reflection in Home Visiting

- Taking the *time* to *wonder* what the experience *really* means.
- What does it tell us
  - About the family
  - About ourselves
- Using our thoughts and feelings to identify the intervention/response that best meets the family's needs for self-sufficiency, growth, and development

Reflection

- Is NOT therapy
- Does involve exploring experiences, feelings, and thoughts directly connected with the work
- Does involve helping supervisees manage stress
- Allows the supervisee to experience the kind of relationship that she is expected to provide to the children and their families

Productive Reflection

Requires a foundation of acceptance and trust

Characterized by safety, calmness, and support

An environment where people do their best thinking (reflecting)

Activity: Being Together

Sit with one other person. One of you is the person who talks, and the other listens. As a listener you can only listen, not respond. Do this for 2 minutes. Then switch, and have the other person talk and one person listen.

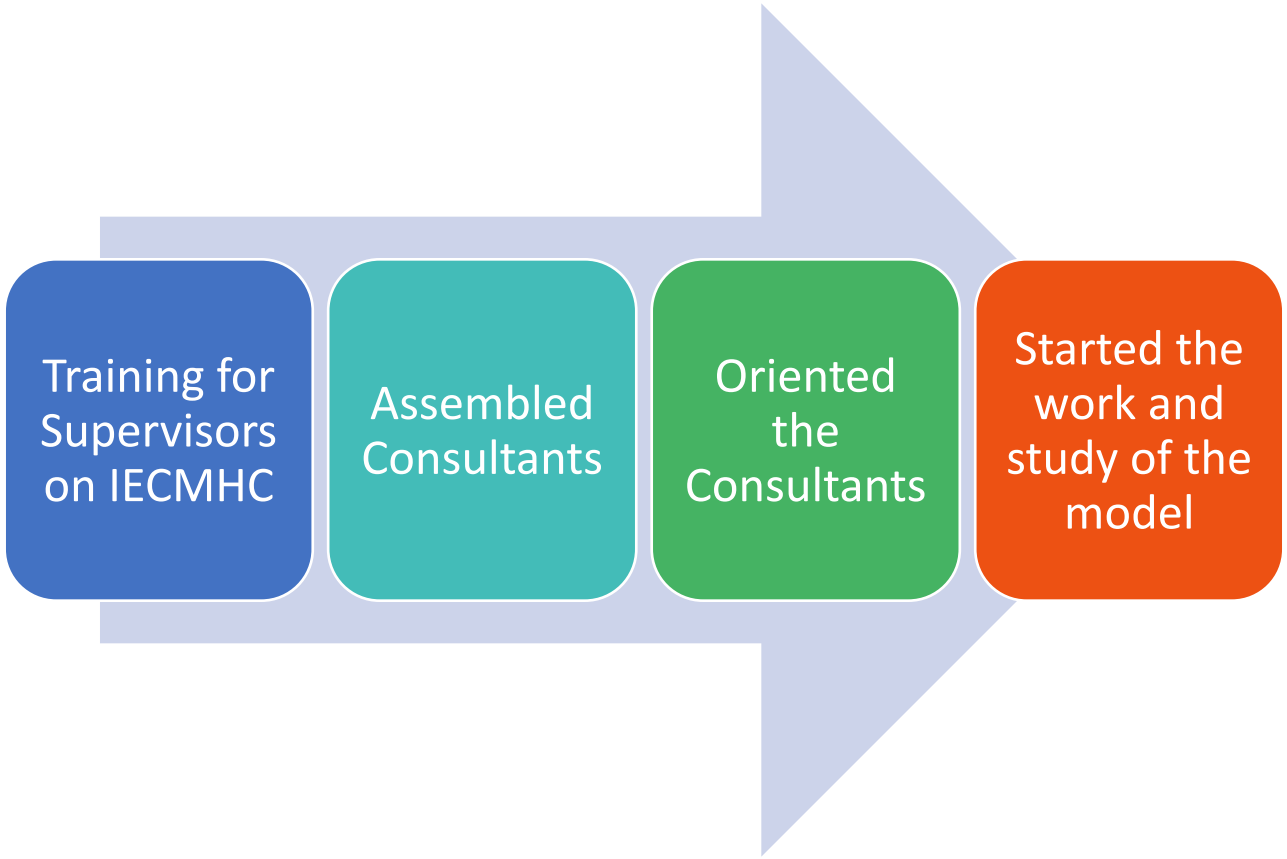
Discuss: *What is your current job like for you?*

Reflect:

What was it like for you to just listen?

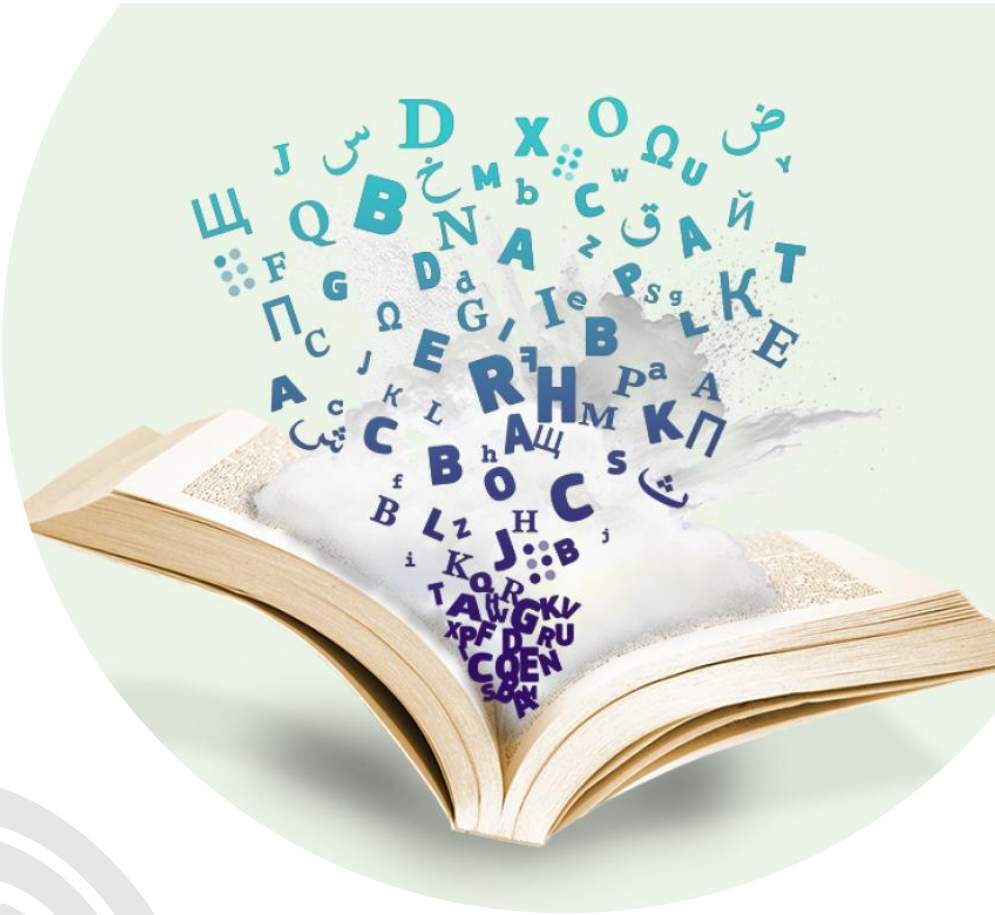
What was it like for you to be talking to someone who is listening intently to you?

Getting Started



THE AIM OF THE STUDY

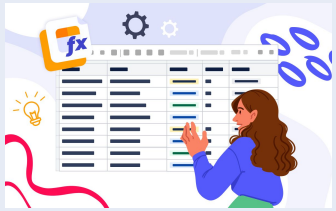
- To explore the IECMHC model for home visiting with PAT Programs in Delaware to learn more about what works and what needs to be changed prior to scale.
- All components were implemented, including:
- Reflective consultation with
  - Supervisors
  - Home visitors 1:1 and in Groups
  - Specialized Training



Delaware Department of Education

THANK YOU TO THE PAT PROGRAMS FOR BEING THE BOOTS ON THE GROUND IN THE 1ST EVER STUDY ON IECMHC IN HOME VISITING IN DE TO HELP LEARN ABOUT WHAT WORKS.

WHAT DID THE STUDY TEAM COLLECT FROM CONSULTANTS?

	Why?	What was collected?
Information from Consultants providing the model components 	To learn more about if the consultants met model requirements for the model. To learn more about if their qualifications were enough and the right fit to support the needs of home visiting programs.	Information on education, training, race, ethnicity, languages spoken and IECMH competencies.
Information on the consultation provided 	So, we could learn more about duration and frequency and what topics consultants need to be prepared to address.	Type of consultation provided by date, by program, number of minutes and major topics addressed via a drop-down menu (no case notes!)

WHAT DID THE STUDY TEAM COLLECT FROM SUPERVISORS AND HOME VISITORS?

	Why?	What was collected?
Information on Quality of Life 	To better understand the well-being of the teams being supported to adjust and respond through consultation and to see if model components were supportive to staff.	De-identifed ProQOL surveys.
Focus Group Feedback on the Model 	To hear from all participants more about what worked and what could improve in the model components.	Focus group notes, de-identified and transcribed by the evaluation team.
Training Evaluations 	Training is part of most models of IECMHC, we wanted to learn if the training was meaningful and useful to those who participated- your time is valuable!	De-identified satisfaction surveys.

WHAT DID THE STUDY TEAM COLLECT FROM THE STATE TEAM?

Focus group feedback using a set of questions similar to supervisor and home visitor questions. Collected themes from notes taken via monthly calls.

Delaware Department of Education

HERE ARE SOME EARLY EXAMPLES OF FINDINGS

We Heard You.

- All teams got all components of the model which helped us to learn more- some received more hours than others. Diversity is the spice of learning.
- For some, the reflection with a consultant was seen as valuable when centered on a specific case.
- Reflective case consultation on family dynamics was a top topic of focus across programs.
- There was a high level of overall satisfaction with Reflective supervision training (89%). Participants highlighted the value of strategies for self-care and mindfulness.
- We learned that certain aspects of the program, like up-front communication about IECMHC, scheduling and virtual implementation, could benefit from additional support, resources and refinement. These insights will help us make adjustments to serve everyone better.

EXAMPLES OF SEVERAL RECOMMENDATIONS

Engagement	Methods	Communication
• Consider interim time for consultant and supervisor to partner. • Consider engaging in strategies with the HV program to choose consultant for goodness of fit.	• Consider a hybrid approach to consultation. • Deeply consider cultural and linguistic experience of consultant in requirements.	• Consider consistent check ins with program staff and leadership to maintain alignment on goals. • Consider strengthening resources and methods for pre-education of what IECMHC is and the roles of all participating.

NEXT STEPS

- Finalize Study Report
- Share Results
- Make necessary refinements to the Model of IECMHC in Delaware
- Sustain current support of PAT programs with consultants as DE moves to engage Delaware based consultants.
- Begin plans for expansion in other evidence-based home visiting programs.

TABLE TIME

- Each Wall Has a Flip Chart and Markers
- Reflect at your table about your Top 2-3 hopes for IECMHC in Delaware
  - For Your Role
  - For Families
  - For your State
- When Ready a few representatives from each table can draw or write these hopes on the Flip charts

Delaware Department of Education

REVIEWING OUR HOPES

Delaware Department of Education

What are Your Wonderings?

We Thank You!

Delaware
Department of Education