



Model Elements for Mental Health Consultation & Supports in Maternal/Child Home Visiting and Family Support Programs

The Mental Health Consultation and Supports model focuses on the health and well-being of the child in the context of the dyadic relationship with the primary caregiver. This model takes into account a two-generation approach that focuses on the whole family. Clinicians will provide a range of consultative intervention strategies, training and supports to home visitors integrating a reflective practice approach. Some of the topics to be infused into the consultative approach are the impact of stress and trauma on families with young children, vicarious trauma for individuals and providers, brief interventions for clients in their homes, parent-child interaction and relationships and how to facilitate warm hand-offs for mental health services and supports.

The following elements are components of the LAUNCH model.

1. One or more licensed mental health specialists who will serve both as a consultant to home visiting programs AND provide brief treatment and clinical case management to clients. Mental health specialist will provide direct services and pre-treatment interventions to clients.

*The preference is for the licensed mental health specialist, who will act as a consultant and direct service provider, have additional training in child development and/or early childhood mental health but this is optional for those sites that do not have access to mental health specialist with this type of training.

2. Monthly group case conferences with the home visiting team(s)/programs who will integrate mental health supports and the mental health specialist referenced in #1 to provide and enhance group reflective practice and discuss relevant mental health topics and approaches to specific cases.
3. One-on-one case review opportunities, where the mental health specialist provides suggestions and support to home visitors around clients' complex mental health needs.
4. On-going training for home visitors on identified and prioritized mental health topics. Training can be provided by a variety of behavioral and developmental health professionals.
5. Improved screening and referral tools and protocols – including depression and developmental screening -- for identifying and linking clients to needed mental health supports and services.
6. Training and on-going support on vicarious trauma experienced by home visitors, and on self-care strategies.
7. Provide reflective supervision for home visitors that allow adequate time to address the mental health needs of clients and the secondary trauma needs of staff.