



healthy minds
healthy children

2025 IMPACT REPORT

July 1, 2024 to December 31, 2025

Thank you for reading the Healthy Mind's Healthy Children (HMHC) Impact Report! Our hope is that the concepts and activities outlined will ground the reader in the importance of investing in infant and early childhood mental health consultation, celebrate HMHC's successes and look forward to what is next for the program.

What is IECMHC?

Infant and Early Childhood Mental Health Consultation (IECMHC) is a prevention-based approach intended to support the child's social, emotional, and behavioral well-being; a mental health consultant supports adults who care for infants and young children across multiple settings, such as childcare, home visiting, early intervention, or healthcare. Consultation is rooted in the philosophy that positive, secure relationships between providers, children, and families are essential to healthy child development. Mental health consultation is not a direct therapy service and is not about "fixing kids"; rather, consultation equips early childhood and family serving professionals to identify concerns that impact mental health early in a child's life and respond proactively. Consultants are clinically trained mental health professionals who partner with other child and family serving professionals, to build their capacity to promote children's healthy social and emotional development and effectively respond when children's behavior feels challenging.

Why IECMHC?

Sensitive, responsive, and consistent relationships are critical to a strong foundation of mental and physical health. Human brain development is best supported by attuned interactions with a responsive caregiver, that allow infants and young children to form secure attachments. Safe and engaging environments where they can learn and explore are fundamental building blocks of healthy social and emotional development. Inadequate caregiving relationships and environments can push infant and young children's stress hormones into overdrive, and toxic stress can impede their brain and skill development as well as increase the frequency and intensity of behaviors that can be challenging. Affection and protection by nurturing caregivers are important ingredients for healthy development and are the antidote to toxic stress (WI-AIMH, 2024).

What is HMHC?

The Healthy Minds Healthy Children (HMHC) program is designed to increase the availability of IECMHC across the state, with the goal of creating a universal system where all professionals who work with or on behalf of children aged birth through five could access consultation. HMHC is collaborative, preventative, trauma-informed, culturally sensitive, relationship-based, and focused on building the capacity of early childhood professionals and programs to support and strengthen children's social and emotional development and school readiness. The HMHC model comprises four service levels, specific to the early care and education (ECE) sector where services have been offered first: child/family-centered, classroom/home, programmatic, and community. Services are accessible at any level (Figure 1, page 3).



Why Did HMHC Begin in the ECE Sector?

HMHC was developed through an investment of federal ARPA funds by the Wisconsin Department of Children and Families in 2023; ECE was identified as a priority sector to begin implementation of consultation. Current studies reveal an increasing trend in suspensions and expulsions within preschool settings, negatively impacting future educational outcomes, and increasing family stress (Institute for Child Success, 2018). Teachers and caregivers report a lack of knowledge and support around responding to challenging behaviors which has been linked to increased burnout and use of exclusionary discipline practices (O'Grady et al., 2024; Panthi et al., 2025).

When children's behavior feels challenging to ECE providers, the risk for expulsion or exclusionary practices increases. Preschoolers who are expelled are 10 times more likely to drop out of high school, increasing the risk of involvement in the juvenile justice system and incarceration in adulthood (NAM, 2024). In addition, the burden on parents to find alternative childcare or the need to leave work to pick up their child exacerbates the impact on the family and community (Stegelin, 2018). The cost of a single high school dropout to taxpayers is estimated to be about \$292,000 over their lifetime due to lost tax revenue, public assistance, and criminal justice system involvement. (The True Cost of High School Dropouts | Graduation Alliance, n.d.)

The average cost of incarceration for an individual in Wisconsin is almost \$38,000 per year, and individuals can remain incarcerated for several years, sometimes decades, leading to much higher costs (From Punishment to Restoration, 2024). In one juvenile prison in Wisconsin, the cost rose to \$463,000 annually (PBS Wisconsin, 2024). The lifetime cost savings from a high school graduate who avoids the criminal justice system can be substantial. They earn higher wages, pay more taxes, and are less likely to use public assistance programs.



When children's behavior feels challenging

to ECE providers, the risk for expulsion or exclusionary practices increases.

While specific savings vary, studies suggest that high school graduates contribute roughly \$300,000 more in taxes over their lifetime compared to dropouts, just by avoiding the negative cycle of incarceration and reduced employment. For every one dollar invested in early childhood mental health, up to thirteen dollars can be saved in long-term costs (Cabbell, 2025).

Investing in early childhood mental health programs is far less expensive than the long-term costs of incarceration and high school dropout rates.

**For every
one dollar
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(Cabbell, 2025).**

HMHC services equip professionals with knowledge, skills, and strategies in the context of a responsive and supportive relationship. Consultation can build the capacity of the adult to better respond to and support infants and young children, and alter the culture and climate of ECE programs in the following ways:

- Access and implement acquired knowledge.
- Provide a responsive experience to the children in their care.
- Reduce episodes of challenging behaviors.
- Strengthen early education program quality.
- Improve child-adult relationships.
- Empower caregivers to identify concerns early.
- Promote racial equity by addressing implicit bias.
- Reduce staff turnover.

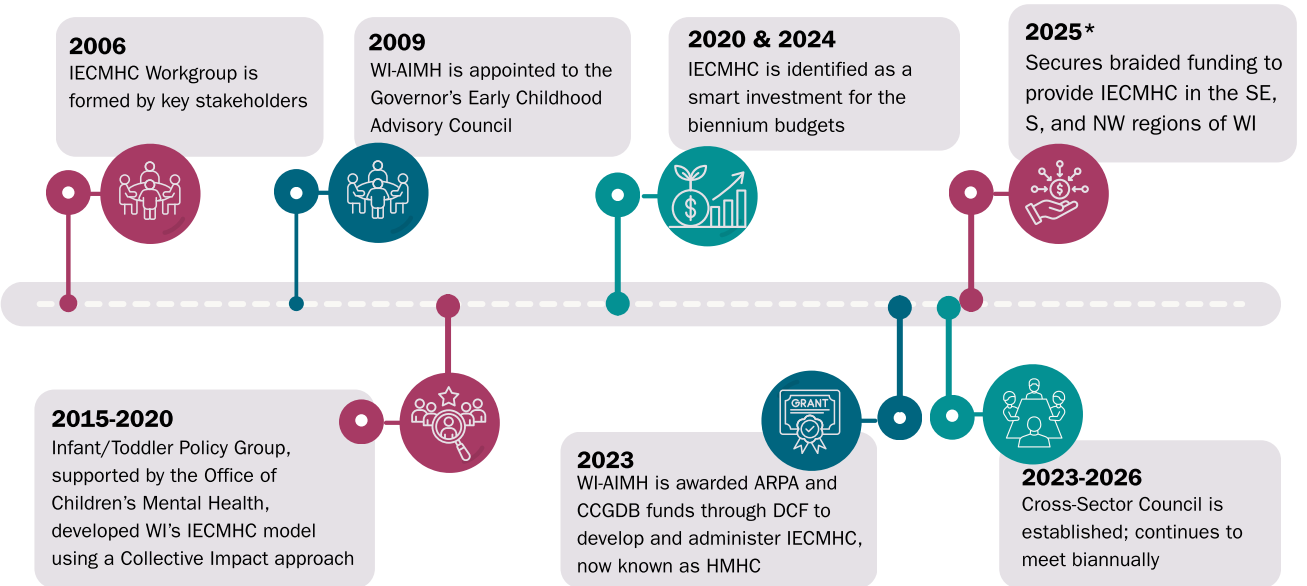
Figure 1. Levels of HMHC Consultation



HMHC Timeline

IECMHC in Wisconsin has evolved and grown tremendously over the last 19 years. The initial work funded by the Children's Trust Fund (now the Child Abuse and Neglect Prevention Board) has led to IECMHC program development, service provision, and continued advocacy. See the timeline for events and activities that promoted the development and rollout of WI-AIMH's HMHC Program. Despite funding shifts, HMHC remains focused on social and emotional well-being for young children, families, and professionals and demonstrating the positive impacts of high-quality IECMHC.

Figure 2. Timeline of WI-AIMH's advocacy for the development of IECMHC access across the state



Note. * = Funding received from Community Advocates, Greater Milwaukee Foundation & the Greater Watertown Foundation

HMHC Impact

After the initial state funding ended on July 1st, 2024, HMHC has continued to successfully address workforce development and high-quality consultation provision over the last 18 months. To demonstrate HMHC's impact, we highlight activities and feedback from the consultant workforce and from the programs and professionals who engaged in consultation.

Workforce Development

Workforce development in this context refers to both the consultant workforce that provides consultation, and the workforce that receives consultation, in this case, the ECE providers. Since HMHC's inception, the program has invested in supporting the consultant and ECE workforce through the provision of high-quality, relationship-focused services. Data over the last 18 months reveal that consultants attribute their confidence and competence to their engagement with HMHC's ongoing professional development, and reflective supervision. These supports are offered in addition to HMHC's systematic and holistic onboarding experience.



Workforce Development



Reflective Supervision/Consultation (RSC)

Reflective Supervision is recognized as an approach that supports and aligns well with trauma-informed care principles. It helps to create an organizational climate and culture of safety, trust, collaboration, and shared exploration (WI-AIMH, 2019).

Ongoing Professional Development. The HMHC consultation model offers consultants a variety of opportunities to connect with each other, reflect on their work, and engage in supportive professional conversation. From July 1, 2024 through December 31, 2025, consultants participated in:

- 11 Community of Practice meetings for 16.5 total hours.
- 271.75 hours of **Reflective Supervision/Consultation (RSC)** from their Consultant Mentor. Topics covered in these sessions included: case consultation, entering the ECE space, how to discuss paperwork, and orienting consultation recipients to the consultative process.
- HMHC leadership hosted six administrative meetings (six hours total to provide a supportive space for the consultant workforce); these meetings included reviewing consultation data, celebrating successes, problem-solving barriers, and sharing updates about administrative processes, the larger context of HMHC, and advocacy opportunities.

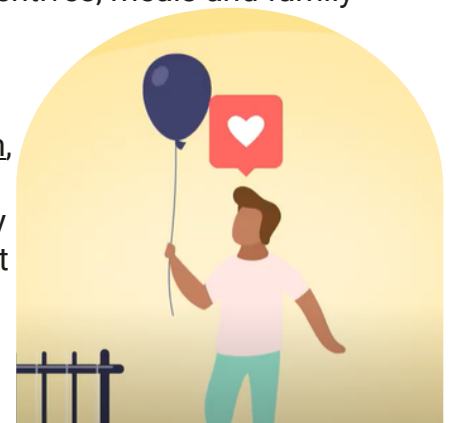
The Consultant Institute. HMHC fostered consultant workforce development by hosting a highly successful Consultant Institute in June 2025 to:

1. Provide a space for connection among professionals.
2. Anchor participants in the role of reflection as a tool to increase self-awareness.
3. Enhance consultants' ability to engage in and facilitate reflection.
4. Meet a continuing education requirement for Endorsement®.

The intended audience was consultants within the Infant Mental Health Workforce. The evaluation data for this event can be found here: [Consultant Institute 2025 Infographic](#).

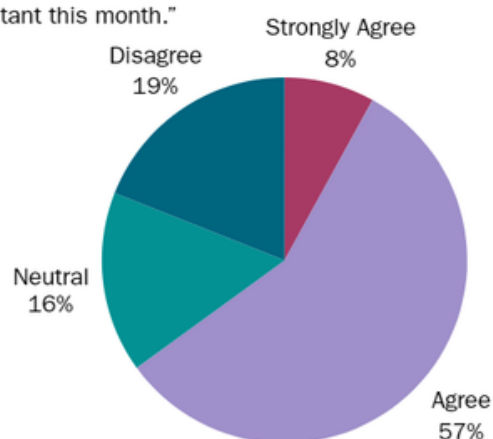
Parents Interacting with Infants (PIWI). With support from the Child Abuse and Neglect Prevention Board, WI-AIMH participated in this project to integrate IECMHC within the infrastructure and delivery of PIWI. Under the leadership and coordination of the Pyramid Model team, HMHC consultants provided Reflective Supervision for PIWI facilitators within three Family Resource Centers in the south, northwest, and northeast regions. The Healthy Infant Court Program of Milwaukee County also agreed to participate. PIWI series between 6-8 weeks across sites for 8 dyads with childcare, incentives, meals and family materials. Evaluation data for the pilot project can be found [here](#).

Micro-Learning Videos. In support of both the consultant and ECE workforces, six micro-learning videos were released in [English](#) and [Spanish](#), highlighting common concepts in the field of IECMH in an accessible and family-friendly way. These are free, public resources intended to be used by professionals, caregivers, and community members, to stimulate important conversation and build awareness in the field.



Consultant Feedback. HMHC consultants provided feedback through surveys, including a monthly anonymous check-in about their work during each month. Because the surveys were anonymous, the data include all HMHC consultants in all service areas. Of the 37 responses provided in the monthly check-in survey from December 2024 through October 2025, 24 responses (65%) indicated they strongly agree or agree with the statement “I feel effective in my role as an HMHC consultant this month” (Figure 3). Due to funding lapses, HMHC did not renew contracts with external subcontracted consultants; those consultants were offered an opportunity to complete a Consultant Exit Survey. Five out of six (83%) consultants who responded indicated an increase in their confidence from the time they were hired to the present.

Figure 3. Ratings of agreement with the statement “I felt effective in my role as an HMHC Consultant this month.”



Note. 0% of consultants “strongly disagreed” with the statement.



The Consultant Exit Survey included several open-ended questions for consultants to share their experiences with the program. Below are key questions and responses provided by consultants.

Q: Describe what positively impacted your confidence and competence in the consultative process.

“Having my mentor visit the ECE sites with me upon starting consultation at a new site was extremely helpful. HMHC gave me wings to open and fly while helping me get my footing and grounding in the work.”

“Mentorship positively impacted my confidence and competence.”

“My confidence and competence was positively impacted by HMHC Leadership believing in my work.”

Q: What did you like most about being a consultant?

“Ability to build relationships to support others in different environments. Watching problems resolve through connection and being able to witness classrooms and play first hand.”

“Supporting centers to make a difference in their lives and the children's lives.”

“HMHC gave me wings to open and fly while helping me get my footing and grounding in the work.”

“Mentorship positively impacted my confidence and competence.”

Q: What impact do you feel your work as a consultant had on programs you consulted with? What makes you think this?

"Our impact was slightly known by receiving just a few direct reflections from participating programs and recipients of services that validated the work. I also consider what we know about parallel process and the ripple effect to believe there is more of an impact that I am not directly aware of but have faith of 'knowing' probably exists. Also, as I was saying goodbye to my sites I received unexpected validation from various staff and children when leaving those programs. I was overwhelmed and grateful."

"My work as a consultant helped programs shift their perspective on the social and emotional world of children. I saw change when I returned to the centers."

Q: What kept you going in your role, what contributed to your commitment to HMHC?

"The shared passion among other consultants; the resiliency in site staff and directors."

"Positive energy from leadership contributed to my commitment to HMHC."

Impact of Consultation

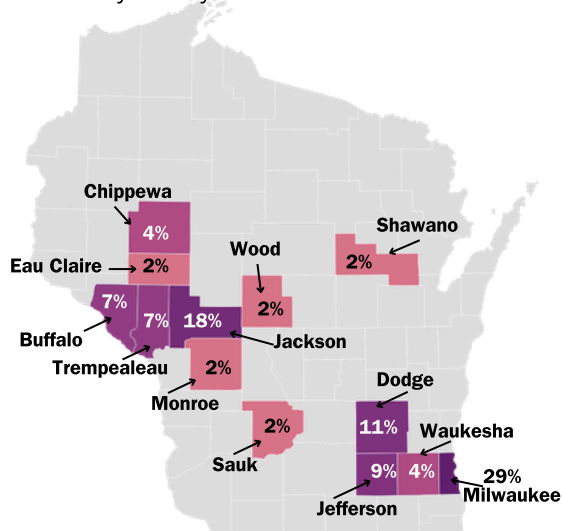
The impact of HMHC's consultation service delivery was measured in terms of dosage, reach, and impact on professionals. While funding limited the amount of services we were able to deliver, the reach and impact of consultation that was provided tells the story of its importance and the benefits to ECE professionals and the children and families they serve.

Dosage. Because HMHC was able to provide support to the consultant workforce, we were able to consistently deliver high-quality consultation between July 1, 2024, and December 31, 2025. Consultants spent between 9 – 931 hours with programs providing consultations at the program and classroom levels, primarily. Consultants completed a total of 829 visits and over 2,000 hours delivering consultation (Table 1). Additionally, members of the HMHC team participated in various types of outreach events across Wisconsin, reaching an estimated 1,938 professionals through 23 events. Topics of these events ranged from sharing information about infant mental health, consultation, and HMHC, to building awareness and capacity among professionals and community members.

Table 1.		
Dosage of HMHC Consultation ^a		
Level	# of visits	Hours spent
Community	7	9
Program	347	769
Classroom	281	931
Child	194	489
Totals	829	2198
Note. a = consultation provided between June 1, 2024 – December 31, 2025; There was a required decrease of allowable consultation hours due to funding changes after July 1, 2024.		

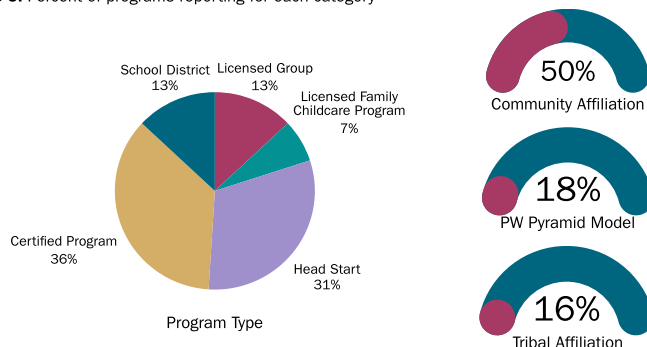


Figure 4. Percent of programs engaged in consultation by county



Reach: Who received consultation? HMHC demonstrated a wide reach to a variety of ECE programs and a powerful impact on the ECE professionals we were able to serve. Of the 45 programs reached across the state (Figure 4), there were five different types of programs reported (Figure 5). With some programs affiliated with community-wide IMH efforts, Program Wide Pyramid Model, and Tribal communities. Consultants worked with both directors/program administrators and classroom teachers to provide a wide variety of consultation dosage and level.

Figure 5. Percent of programs reporting for each category



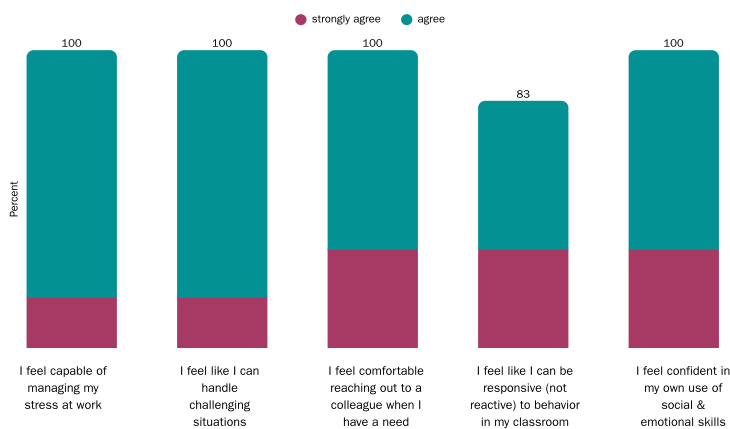
Note. Percent calculated from the total number of programs reporting (N=45); PW = Program Wide.

With HMHC in its second and third years of implementation, more data was collected to understand the impact on ECE programs when both HMHC and Pyramid Model services were provided. Programs feel that program-wide use of Pyramid Model practices to support children's social and emotional development has resulted in better relationships between staff and children, staff and families, and between staff; these results are enhanced when HMHC was also present. These data speak to the current and potential benefits of continued HMHC and PM collaboration and integration.

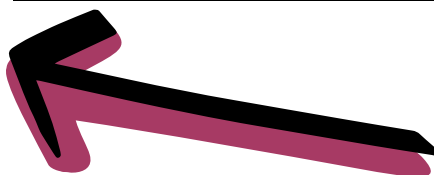
Consultation Feedback. Professionals who received consultation reported benefits related to stress reduction, self-efficacy, and improving the learning environment. All professionals agreed/strongly agreed that the consultant supported success of the childcare program, provided ideas about improvements to the learning environment, and helped staff identify positive solutions to challenges.

Specifically related to stress and self-efficacy, 100% felt capable of managing stress at work, that they can handle challenging situations, and feel comfortable reaching out to a colleague when needed (Figure 6).

Figure 6. Percent of professionals who reported "agree" and "strongly agree" related to indicators of Stress and Self-Efficacy



Note. 0% of professionals disagreed with any of the stress and self-efficacy statements post consultation (N=6).



“

What stood out most was [the consultant]’s approach—he never imposed himself, but instead guided, educated and supported. Because of his work, this child is now thriving in her 4K classroom. The unsafe behaviors that once limited her learning have subsided, and she now feels safe in her environment. ~ Program Director

Stories from the Field

When [the consultant] became involved, everything shifted. He collaborated closely with both the teaching team and the child’s family. His ability to connect with all parties made an incredible difference...

What stood out most was [the consultant]’s approach—he never imposed himself, but instead guided, educated and supported. Because of his work, this child is now thriving in her 4K classroom. The unsafe behaviors that once limited her learning have subsided, and she now feels safe in her environment. From the start, she felt an immediate sense of safety with [the consultant] and looked forward to his weekly visits, which became a highlight for both her and her family.

[The consultant]’s expertise, compassion, and collaborative spirit made a lasting impact on this child, her family, and our teaching staff.

PROGRAM DIRECTOR
CONSULTATION RECIPIENT

As a parent and a pediatrician, I have witnessed first-hand the benefits of Healthy Minds Healthy Children (HMHC) for parents and early childhood educators. When my own toddler son was going through a prolonged biting stage, it was a colleague who introduced me to HMHC and suggested the services for our child care. Thankfully the center leadership was on board and welcomed [the consultant] into the classroom to observe and offer suggestions. We were relieved as parents knowing that our son had loving adult caregivers to support his growth and development, and the center director shared her comfort assuring other parents that the issue was being addressed. I have since had the opportunity to recommend HMHC to parents in my clinic whose children are having adjustment issues in their child care setting. HMHC helps to assess, address, and stabilize child care placements for young children and to support healthy developmental expectations for adult caregivers. It keeps parents in the workplace and prevents unnecessary trauma.

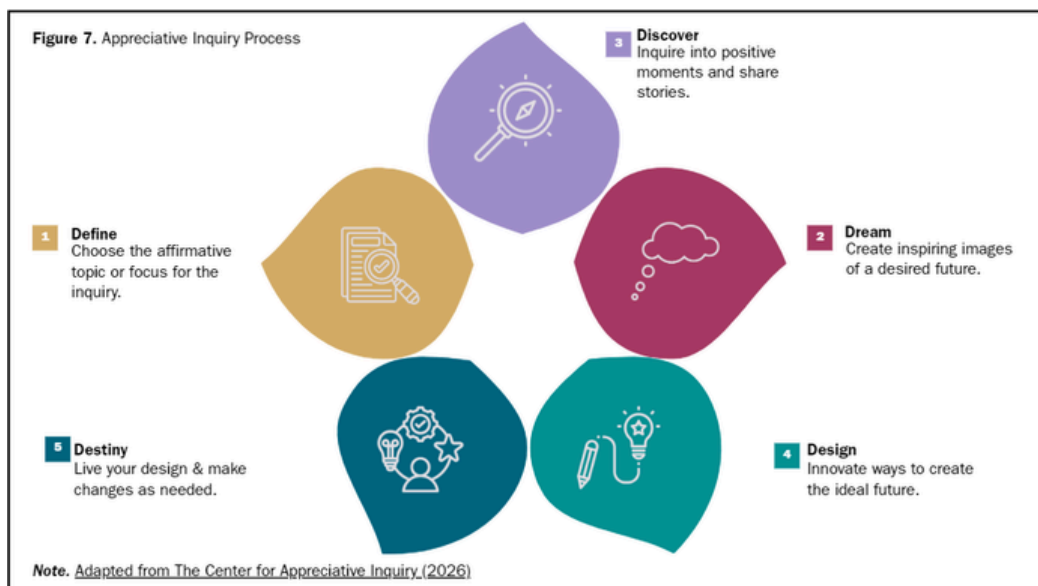
PARENT, PEDIATRICIAN
CONSULTATION RECIPIENT

The support and resources we received from working with a HMHC consultant were nothing short of amazing. This program provided support for our teachers with addressing behaviors and communicating with families. Our consultant spoke at our professional development days and really got to know our program and staff. Our center benefitted overall from their knowledge and support. We better identified classroom management techniques and created a formal process for supporting children that need a little higher level of care.

PROGRAM DIRECTOR
CONSULTATION RECIPIENT

Continuous Quality Improvement

Continuous Quality Improvement (CQI) processes are an essential part of the HMHC Program. Both quantitative and qualitative data are used to improve all aspects of HMHC. Most recently, the HMHC team and WI-AIMH's Executive Leadership participated in the Appreciative Inquiry process to identify strengths and develop data-based goals for HMHC's next steps (see Figure 7). Data from this report and the CQI process has informed our annual goals, recommendations for next steps, and guided the direction for future fund development.



Recommendations & Conclusions

Over the past 18 months, HMHC's consultation services have produced meaningful, positive outcomes for consultants, the ECE workforce, and the children and families they serve. These efforts—alongside ongoing funding uncertainty—have underscored the need to recalibrate HMHC's role within the statewide infant mental health system. The data clearly show that HMHC's success is grounded in sustained professional development for consultants, highlighting the critical importance of mentorship, workforce development, and reflective supervision. Moving forward, continued collaboration with statewide stakeholders and advocacy for stable funding will be essential to strengthen and expand this impact. Below are the key recommendations that came from data collected and what has been gleaned from this experience.

- 1. Advocacy/Policy:** Continue to increase understanding of the effectiveness of mental health consultation among state leaders and legislative representatives with the goal of creating a policy that leads to universal access.
- 2. Workforce Development and Service Provision:** Refocus HMHC on consultant workforce development and mentorship.
- 3. Funding Structure:** Continue exploration of and advocacy for funding through various sources (state agencies, private foundations, and mental health agencies).
- 4. Advisory Structure:** Establish an engagement plan to expand the Cross-Sector Council (an advisory group to the program) to ensure representation across sectors.

IHMHC continues to pursue rigorous evaluation and continuous quality improvement to ensure high-quality professional development for consultants and enhanced IECMHC programming.

Acknowledgements

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Thank you to our partners at the Child Abuse and Neglect Prevention Board, Children's Wisconsin, Peaceful Beginnings LLC, Western Dairyland Head Start, and the members of the HMHC Cross-Sector Council. Your collaboration and support greatly contributed to the ongoing success of HMHC.

Thank you to the HMHC mentors, consultants, and staff who dedicated energy and time providing resources and support to ECE programs in Wisconsin. Words fall short in expressing our care and gratitude for who you are and the services you provide in the field.

Thank you to the ECE programs for collaborating with and participating in HMHC services. This initiative would not be possible without you, and we do not take your trust in the program lightly.

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