Building Strong Systems of Support for Young Children's Mental Health

November 28, 2011 2:00 pm eastern

(1:00 pm central, 12:00 pm mountain, 11:00 am pacific)







Agenda

- A Comprehensive State System to Support Young Children's Mental Health: Sheila Smith
- Early Childhood Mental Health Strategies in Two States: Kathy Glazer, facilitator
- New York: Mary McHugh and Evelyn Blanck
- Colorado: Claudia Zundel and Sarah Hoover
- Financing Early Childhood Mental Health: Cindy Oser
- Questions and Answers



Building Strong Systems of Support for Young Children's Mental Health

Sheila Smith

Director, Early Childhood

National Center for Children in Poverty





Overview

- Starting points for talking about Early Childhood Mental Health
- Review key strategies to consider in state-level efforts to build a strong system of supports for young children's mental health
- Present a state planning tool for advancing ECMH



We see "early childhood mental health" in children's...

- Secure attachments to primary caregivers
- Ability to communicate needs and wants
- Confidence about exploring the world and interest in new experiences
- Ability to experience positive emotions and manage negative emotions
- Increasing ability to control impulses
- Ability to use social skills (sharing, cooperation) and enjoy positive interactions with peers

(adapted from Colorado Office of Professional Development, 2010)



How can we "market" this construct?

- ECMH = Social emotional competence; strong evidence that it fuels learning in the early years and beyond
- Create "pictures" of young children that illustrate their mental health and how it helps them learn
 - A 16-month-old hits two pots with a wooden spoon, "stacks" the pots, and excitedly carries a pot and spoon to her parent
 - A four-year-old boy approaches peers who are building a "bus station" with blocks, and asks "What do I do? I want to help..."



Key ECMH Strategies



ECMH in Home Visiting/Parenting Programs

- Unique opportunity to prevent and address problems in the parent-child relationship, beginning in early infancy
- Approaches include:
 - Mental health consultation in home visiting programs (Louisiana's consultants in its Nurse Family Partnership)
 - Evidence-based parenting programs (North Carolina's Incredible Years Parent Training Program)



ECMH in Early Care and Education Programs

- A strategy that can reach large numbers of children in settings where they spend a lot of time
- Approaches include:
 - Early childhood mental health consultation (programs in Connecticut and Arkansas)
 - Professional development for teachers and home-based care providers (Colorado's Center for Social Emotional Competence and Inclusion; Ohio's Program for Infant Toddler Caregivers)





ECMH in Early Care and Education

- Recent NCCP 50-state survey shows progress implementing strategies "beyond a pilot"
 - 43 % of states reported ECMH professional development for teachers
 - 43% of states reported ECMH consultation in early childhood centers
 - 38% reported training for home-based providers
 - 30% reported consultation in home-based settings



Screening Parents for Depression

- An important preventive strategy given evidence about the negative impacts of parent depression on children's mental health and early learning, and the high prevalence of maternal depression
- Approaches include:
 - Screening in health care settings (Illinois Perinatal Mental Health Project and state legislation)
 - Screening in home visiting programs (Ohio's Help Me Grow)



Screening Children for Social Emotional Problems

- The best way to identify problems early and intervene before children lose development ground
- Approaches include:
 - Screening in child care programs (Arkansas)
 - Screening in pediatric settings (California's State-wide Screening Collaborative)
 - Minnesota's comprehensive approach (health departments and schools)



Workforce Training

- Children benefit when professionals in multiple settings have ECMH knowledge and competencies (e.g., the parent educator, the home visitor, the Part C specialist)
- 13 states have adopted the Michigan Association for Infant Mental Health Endorsement
- Other states are developing their own competency guidelines and endorsement (e.g., California)
- Guidelines and endorsement process help expand training opportunities



Evidence-based Practices

- An increasing number of evidence-based prevention and intervention models are available (e.g., the Incredible Years Parenting Program, Parent-Child Interaction Therapy)
- Important to support and assess implementation of evidence-based programs; results depend on high fidelity implementation
- More states are including evaluations of ECMH initiatives (e.g., Arkansas's ECMH consultation)



Supporting the well-being of vulnerable children

- At-risk children are reached by most initiatives states are implementing
- This strategy refers to additional, specially designed efforts to reach exceptionally vulnerable children (e.g., facing multiple risks, in foster care, in homeless shelters)
- Approaches include: CT's ECMH in foster care and safe houses; use of family risk assessments in NM and MA



Planning Tool

- Designed to help states' Early Childhood Advisory Councils and other state planning groups advance ECMH in their states
- Serves a few general purposes:
 - Helps states consider a full range of options for strengthening supports for young children's mental health (the key ECMH strategies)
 - Encourages states to assess the current status of ECMH supports in their state – level of implementation, reach, and quality



Planning Tool

- Encourages states to set specific goals related to both expansion and quality of screening, preventive/intervention programs, special initiatives to reach most vulnerable young children
- Promotes state planning and policy implementation that is guided by benchmarks for ongoing assessment of progress; benchmarks are measurable indicators of interim progress toward well-delineated goals



The tool: steps for each ECMH strategy

Assess stage of implementation/ progress

Establish benchmarks

Identify strategies (legislation, crossagency rfp, training) Identify expansion/quality goals

Identify funding sources (current & potential)



Using/Adapting Tool

- Could be used within or across ECAC subcommittees
- Could be used in conjunction with local sites that could contribute information about important needs and meaningful benchmarks
- Can be expanded or modified to meet the needs of a state's planning body, methods, priorities



NCCP Resources

Link to Publication

"Building Strong Systems of Support for Young Children's Mental Health: Key Strategies for States and a Planning Tool"

http://www.nccp.org/publications/pub_1016.html

Link to NCCP's website

http://www.nccp.org/



Presenters

Kathy GlazerBuild Initiative
Facilitator



Claudia Zundel
Colorado Department
of Human Services



Mary McHugh New York State Office of Mental Health



Sarah HooverJFK Partners, University of Colorado



Evelyn BlanckNew York Center for Child Development



Early Childhood Mental Health Efforts in New York State



Mary McHugh

Director, Bureau of Community Systems New York State Office of Mental Health

Evelyn Blanck

Associate Executive Director
New York Center for Child Development

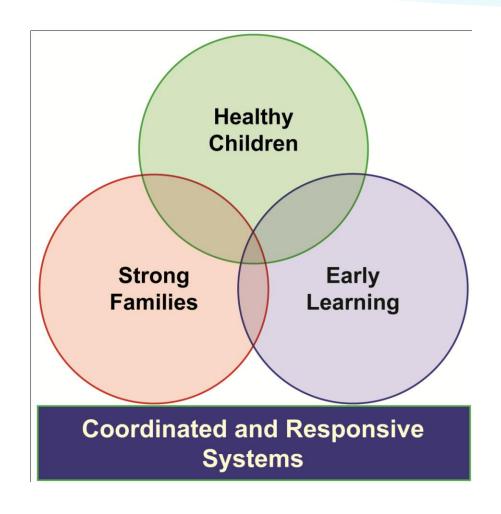


Current Status of ECMH in New York

Since 2006 New York has created three important policy frameworks that have set the stage for our work on early childhood mental health.

- 1) The Children's Plan....
 - Widened focus on mental health services to children younger than five.
 - Articulated the importance of social emotional development and learning for ALL New York's children and their families
- 2) New York City Early Childhood Mental Health white paper took a system-by-system policy perspective on how New York can support ECMH
- 3) Early Childhood Advisory Council (ECAC) strategic plan has benchmarks for advancing ECMH

Early Childhood Advisory Council





Innovative Practices in NYS

There are many regional initiatives emerging across the state that support the strategies identified in the ECMH planning tool.

- SAMHSA Project LAUNCH application and award in cohort 2 – 2009 in Westchester County
- SAMHSA Project LAUNCH application and award in cohort 3 - 2010 in New York City
- Help Me Grow Western New York
- Building Healthy Children in Monroe County
- Healthy Steps at Children's Hospital at Montifiore



Strategy Implementation of ECMH Supports in Early Care and Learning

- Social Emotional Development Consultation
 - ARRA funding allocated for Social Emotional Development Consultation in early care and learning programs in four settings across the state
 - Cross-system initiative that developed cross-system recommendations for Social Emotional Development Consultation
 - Moving forward: inclusion of SEDC in the Early Learning Challenge Grant



ECMH fits into the NYS ECAC: Promoting Healthy Development

Healthy Children GOAL - All young children are healthy and thriving, and have access to comprehensive health care services **OBJECTIVES** STRATEGIES OUTCOMES MONITOR Expand the practice of Engage all pregnant women in high-publity, comprehensive, and early prenatal healthy behaviors in the care, with an emphasis on reaching at-risk/vulnerable populations. preconception, prenatal. and postpartum periods. Support efforts to eliminate Fetal Alcohol Spectrum Disorders (FASD) in New including use of early and York State through universal acreening of pregnant women. Child-Family Outcomes comprehensive prenatal Increase protection, promotion, and support for breast feeding when mothers Increased percentage of children born in return to the workforce. Increased percentage of young children enrolled in adequate health care coverage. ACTION Increased percentage of young children Build capacity among service providers in all child-serving systems to identify and receiving health care within a medical home. respond to the social-emotional needs of young children and their families. Increased percentage of children who have Promote innovative models for the delivery of health care services within childoptimal physical, emotional, and cognitive serving settings, including the co-location of social-emotional services, nutrition services, and early preventive acreenings for vision, hearing, and dental. Increased percentage of young children with Increase efforts to ensure that children with specific vulnerabilities-including mond to averallant and health children in foster care, children in homeless families, and children whose parents Decreased percentage of young children who are struggling with addiction, mental illness, and/or domestic violence are Promote optimal health are overweight or obese. screened for developmental and social-emotional issues and given needed and development in all supports and services. Increased percentage of young children domains, including social-MONITOR receiving social-emotional screening with a emotional development, Establish and strengthen cross-system partnerships to increase enrollment of for young children. Increased percentage of mothers of young young children in health insurance programs. children screened and appropriately referred Excand the use of medical and dental homes for all young children, including for maternal decreasion. children with special health care needs. Increased percentage of young children free Provide early childhood oral health acreenings for low-income children through from preventable injury and/or illness. dental partnerships and other educational and preventive measures. Promote routine developmental screening, including autism screening, of young Systems Outcomes children as part of well child care, consistent with AAP/Bright Futures guidelines. Increased availability of social-emotional/ Monitor evolving national professional guidelines on expanded social-emotional behavioral consultation and treatment screening for children and screening for maternal decression. Incressed number of child-serving providers trained in social-emotional development. Strengthen and expand current efforts to promote health and safety in early care Increased number of dentists conducting early and education settings through the development of standards, training, and childhood oral health exams. Provide children with safe and healthy environments Identify opportunities to collaborate with existing public health programs and

New York

in which to grow and

MONITOR

initiatives on achieving key outcomes for young children, including healthy weight

Support efforts to eliminate childhood lead poisoning in New York State.

nutrition, arthma, and social-emotional development.

Red text indicates a 2010 priority.





Advancing ECAC Strategic Plan

Social Emotional Development Consultant will contract with the NYS ECAC to:

- Organize social emotional training resources for professionals across many fields
- Develop an access point on the ECAC website where social emotional trainings and other resources can be found
- With professional organizations, work to increase their members' knowledge of early childhood social emotional development
- Promote partnerships among early care settings, community health and mental health providers to promote the social emotional development of young children



Opportunities in New York State

Governor-led application process for the Early Learning Challenge Grant

- All child-serving agencies actively participated in the application process
- Proposal includes coordinator and 10 consultants for Social Emotional Development Consultation to early care and learning programs in targeted high-needs communities
- Includes social emotional development training to community-based mental health providers



Colorado's Efforts in Early Childhood Mental Health



Claudia Zundel
Colorado Department of Human Services

colorado Deparemento o Haman Services

Sarah Hoover

JFK Partners, University of Colorado



Current Status - Colorado's Journey

- Long history
 - Pilots
 - Project Bloom
 - Blue Ribbon Policy Council for Early Childhood Mental Health in 2003
- Developed first statewide strategic plan in 2008





Current Status - Strategies

- Workforce Development
 - DC: 0-3R
 - Endorsement
- Mental Health Consultation
- Early Childhood Specialists
- Pyramid Model



GOALS

Children have high quality early learning supports and environments and comprehensive health care.

Families have meaningful community and parenting supports. Early childhood professionals have the knowledge, skills, and supports to work effectively with and on behalf of families and children.

all children are valued. healthy, and thriving

outcomes

ACCESS OUTCOMES

QUALITY

EQUITY OUTCOMES



- Increased availability of formal education and professional development opportunities for early childhood professionals related to early learning standards.
- Increased access to high quality early learning, birth through third grade.
- Increased number of children meeting developmental milestones to promote school readiness.
- Increased number of programs that are accredited and/or quality rated.
- Increased number of schools that have leadership and educational environments that support young children's success.
- Increased availability of community resources and support networks for early childhood practitioners, professionals, and programs.
- Increased number of children with special needs who receive consistent early learning services and supports.
- Decreased gaps in school readiness and academic achievement between populations of children.

FAMILY SUPPORT AND PARENT EDUCATION

- Increased availability and family use of high quality parenting/child development information, services, and supports.
- Increased parent engagement and leadership at program, community, and policy levels.
- Increased number of children who live in safe, stable, and supportive families.
- Improved family and community knowledge and skills to support children's health and development.
- Increased family ability to identify and select high quality early childhood services and supports.
- Increased availability and use of family literacy services and supports.
- Increased availability of resources and supports, including financial and legal, to promote family self-sufficiency.
- Increased coordination of services and supports for families and children who are at-risk or have special needs.

SOCIAL, EMOTIONAL, AND MENTAL HEALTH

- Increased availability and use of high quality social, emotional, and mental health training and support.
- Increased number of supportive and nurturing environments that promote children's healthy social and emotional development.
- Increased number of environments, including early learning settings, providing early identification and mental health consultation.
- Improved knowledge and practice of nurturing behaviors among families and early childhood professionals.
- Increased number of mental health services for children with persistent, serious challenging behaviors.
- Decreased number of out-ofhome placements of children.

HEALTH

- Increased access to preventive oral and medical health care.
- Increased number of children covered by consistent health insurance.
- Increased number of children who receive a Medical Home approach.
- Increased number of children who are fully immunized.
- Increased knowledge of the importance of health and welness (including nutrition, physical activity, medical, oral, and mental health).
- Increased percentage of primary care physicians and dentists who accept Medicaid and Child Health Plan Plus.
- Increased percentage of women giving birth with timely, appropriate prenatal care.
- Decreased number of underinsured children.

STRATEGIES FOR ACTION

- Develop and support use of early learning standards by families, programs, and professionals.
- Evaluate and recognize high quality programs with a comprehensive rating and reimbursement system.
- Develop, promote, and support high quality professional development and formal education for adults who work with young children.
- Monitor children's learning and development through screening and on-going assessments.
- Improve financial sustainability and governing efficiency of early learning programs and infrastructure.
- Strengthen coordinated efforts of public and private stakeholders to meet the needs of children and families.
- Strengthen and support family leadership through effective training models.
- Provide tools and information to families to strengthen their own engagement and involvement in their children's lives.
- Provide information to families to facilitate connection to services and supports.

- Promote caregivers' knowledge of the social, emotional, and mental health of young children.
- Provide early childhood professionals with effective practices that promote children's social-emotional development and mental health.
- Strengthen and support community-based mental health services that identify and serve young children.
- Enroll more children in health insurance programs.
- Promote and support use of standards for a Medical Home approach (Including medical, oral, and mental health, as well as developmental, vision, and hearing screening and services).
- Strengthen coordinated efforts of public and private stakeholders to support health and wellness.



Build and Support Partnerships

Fund and Invest

Change Policy

Build Public Engagement

Share Accountability

Generate Education and Leadership Opportunities

Current Opportunity

- New Leadership
- Lt. Governor's Office
- Office of Early Childhood
- Early Childhood Leadership Commission

Foundation of Collaboration



How New York Used the Planning Tool

- August: Initially used internally at Office of Mental Health
- September: Shared document with the entire ECAC
- October: PHD Workgroup established an ad hoc committee
 - Rich discussion on the initiatives which demonstrated feasibility and program efficacy
 - Integration of health and mental health in primary care settings
 - A column for collaboration that has been the cornerstone to The Children's Plan
- November: Webinar with ECAC state leadership from multiple child-serving agencies



How Colorado Used the Planning Tool

- Updating 2008 Strategic Plan
- Used with work groups to help flesh out strategies





Results of Using the Tool in Colorado

- Deeper discussion about strategies
- More specifics to offer to policymakers
- Helped decide next steps
- Strategies and benchmarks helpful
- Need a good list of state strategies for the left side
- Expansion and quality Improvement not a fit for every strategy
- Will continue to use components



Results of Using the Tool in New York

- Tool provided opportunities:
 - to engage cross-system input
 - highlight agency initiatives
 - identify issues such as no sustainable funding for ECMH
- Increased awareness and interest in ECMH throughout the broader state and community systems
- Modifications to the ECMH tool were made to:
 - Add a column to include collaborations
 - Add a row to include primary care for the integration of health and mental health
 - Separate home visiting and parenting programs



New York - Next Steps

- Recommend PHD workgroup to continue to monitor and evaluate initiatives
- Continue to engage ECAC state leads on the use of the ECMH Planning Tool
- Use the tool to determine existing and needed resources in high-needs communities with persistently low achieving schools (PLA)
- Consider potential for states to have a common reporting tool to easily share with one another



New York State Resources

- Early Childhood Advisory Council: http://www.ccf.state.ny.us/Initiatives/ECACHome.htm
- Children's Plan:
 http://www.ccf.state.ny.us/Initiatives/ChildPlan/cpResources/childrens_plan.pdf
- Promoting the Mental Health and Healthy Development of New York's Infants, Toddlers, and Preschoolers: http://www.nyzerotothree.org/index.html

CONTACTS:

Evelyn Blanck - <u>ejblanck@msn.com</u>

Mary McHugh - <u>Mary.McHugh@omh.ny.gov</u>



Colorado - Next Steps

- December 2nd Blue Ribbon Policy Event to share recommendations with policymakers
- Identified what bodies or people might be able to implement recommendations



Colorado Resources

Colorado Division of Behavioral Health

http://www.colorado.gov/cs/Satellite/CDHS-BehavioralHealth/CBON/1251581077594

 JFK Partners at the University of Colorado School of Medicine

http://www.jfkpartners.org

- Colorado's Early Childhood Leadership Commission
 http://earlychildhoodcolorado.org/state_initiatives/leaders
 hip.cfm
- Early Childhood Colorado
 http://earlychildhoodcolorado.org/



Presenters

Kathy GlazerThe Build Initiative
Facilitator



Claudia Zundel
Colorado Department
of Human Services



Mary McHugh
New York State
Office of Mental
Health



Sarah HooverColorado Department
of Human Services



Evelyn BlanckNew York Center for Child Development



Infant/Early Childhood Mental Health Financing Project

Cindy Oser
Senior Policy Analyst
ZERO TO THREE





Infant/Early Childhood Mental Health (I/ECMH) Financing Project Objectives

- To examine and more precisely define reimbursement issues for parent-infant psychotherapy, especially Medicaid-related issues
- To identify reimbursement strategies underway in states
- To develop a set of recommendations for federal policy and advocacy

With generous support from the A.L. Mailman Family Foundation



Our Strategy

- Identify key informants
- Interview key informants
- Review published reports and research studies
- Synthesize barriers, state strategies, and recommendations from the interviews
- Convene key informants to provide feedback on barriers
- Seek consensus on federal recommendations



Barriers to I/ECMH Reimbursement

Systems-Level Issues

- Financing Strategies
- Managed Care
- Array of Services/Comprehensive Service Systems
- Lack of Infant-Toddler Focus in MH Policy

Workforce Capacity Issues

- Eligibility/Diagnostic Process Issues
 - Diagnostic Barriers
 - Identification of the "Client"

Treatment/Intervention Approaches

- Evidence-Based Treatments
- Medicaid Limitations
- Coding
- Other



Federal-Level Recommendations

- 1. Increase awareness about the importance of social and emotional development and preventing and treating mental health disorders in infants, young children, and their families through federal coalition work and other policy and advocacy efforts
- Work with the federal Centers for Medicaid and Medicare Services (CMS) to support state efforts in I/ECMH
- 3. Work with the Substance Abuse and Mental Health Services Agency (SAMHSA) to support I/ECMH, prevention, and links to adult MH and substance abuse

Federal-Level Recommendations (con't.)

- 4. Work with the Office of Special Education Programs and the Office of Early Learning Initiatives to support I/ECMH and promote policies that connect ECMH, early learning, and early intervention
- 5. Improve state efforts to create I/ECMH services and supports, and the required infrastructure
- 6. Encourage participation and collaboration among early childhood systems to coordinate child/family outcomes and create relationship-based services



More work is needed to advance a national I/ECMH agenda.





Contact Information

Barbara Gebhard bgebhard@zerotothree.org

Kathy Glazer kglazer@buildinitiative.org

Mary McHugh
Mary.McHugh@omh.ny.gov

Evelyn Blanck ejblanck@msn.com

Claudia Zundel claudia.zundel @state.co.us

Sarah Hoover sarah.hoover aucdenver.edu

Sheila Smith Sheila. Smith @nccp.org

Cindy Oser coser@zerotothree.org



Thank You!

A recording of the webinar and supporting materials will be posted on the ZERO TO THREE website at

http://www.zerotothree.org/policywebinars





