Partnering for Early Childhood Mental Health Services: Comprehensive Mental Health in Child Care Model

Kathy Betts
Children Youth and Families, Executive Office of Health and Human Services
Early Childhood Partners Meeting, January 19, 2007
Why Comprehensive Mental Health in Child Care Program Was Created

- More young children are experiencing behavioral health issues.
- Families are asked to remove their child from care because programs can’t successfully address children’s behavior issues.
- Child care staff are often not trained to deal with challenging behaviors.
- Early Intervention is very effective.
EOHHS Office of Children, Youth and Families: Moving to Self Sufficiency.
Developmental Framework

COMMUNITY
Availability of formal/informal health and mental health supports

FAMILY
Access to formal/informal health and mental health resources

Emotional & physical well being
Personal safety
Safe family environment
Availability of safe places in the neighborhood and community

CHILD/ YOUTH
Civic/community engagement
Skill development
Family member education & employment
Schools; jobs; workforce training

Adult/peer/family relationships
Family involvement in civic activities
Opportunity for engagement: religion; clubs; community service opportunities; cultural events, voting etc....

Transportation

Guiding Principles
• are strength based
• promote self sufficiency & independence
• are child focused, family driven and community based.

Neighborhood, inter-neighborhood, regional cohesion.

FAMILY

Relationships

Health

Skills

Safety
Funding Streams

**Department of Early Education and Child Care**
- Pays 60% of the salary of the full time clinician
- Salary of the clinician is negotiated with the MH agency based on identified needs of the child care center
- Supports non-covered services like classroom observations, consultation and training for teachers and staff at the child care center and for the family.

**Mass/Health**
- Provides reimbursement for treatment (encourages family treatment)
- Requires contact with the family (best practice-behavioral plan shared by parents and child care staff)
- Provides reimbursement for collateral services and consultation services

**Private Insurance**
- Provides reimbursement for treatment
Program Goals

- Help children achieve the best social, emotional and academic development
  and help children with behavioral issues succeed in child care.
- Prevent reoccurrence of mental health episodes that require hospitalization
  and reduce hospitalization costs.
- Train child care staff to better understand why children from stressed families behave as they do
  and improve the quality of child care programming.
There Are A Variety Of Program Models In Place

The comprehensive mental health pilots are in a variety of settings:

- Family Child Care
- Group Child Care
- School Age Child Care
The Clinician Holds The Key!

Together, Hire A Clinician

Child Care

- Who is housed at child care;
- Receives supervision through the clinic
- Whose salary is 2/3 funded by EEC for non-billable clinical services
- Bills for direct therapeutic services through the clinic for 1/3 of the salary and more!

Mental Health Clinic
How Does It Work?

Because the clinician is considered child care staff, the clinician can:

- make unobtrusive observations of children in their natural setting;
- provide therapy in a non-threatening atmosphere;
- train child care staff;
- develop relationships with families in a setting they already trust; and,
- provide needed care coordination.
Functional Impairment/Clinical Diagnosis

- Functional impairment
- Diagnosis coding
- Family strength important
- Holistic/family and community approach
- Basic needs met (Maslow)
Outcomes

- Families Say:
  “My child is learning to get along with others. He has had some difficulties and the staff have been wonderful.”

- Programs Say:
  “Our clinician has been key in assisting our families and teaching staff to work together cohesively to provide the best care to our children and families.”

- Clinicians Say:
  “... the program allows for the flexibility needed when working with children in today’s complex world.”
Contact Information

Kathy Betts
Deputy Assistant Secretary, CYF
600 Washington Street, 4th floor
Boston, Mass. 02111
Phone 617 348-8492
Email: Kathleen.Betts@state.ma.us