Addressing Children’s Mental Health in an Early Childhood System of Care

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February 26, 2009
Denver, Colorado
Early Childhood Health in CT: Window of Opportunity

- Increasing understanding of the science of early childhood brain development
- Recognition of need for comprehensive approach to school success
- Goals of Governor’s ECE Cabinet – Ready by Five/Fine by Nine
  - All children will reach appropriate developmental milestones from birth to age five
  - All child will begin kindergarten with the knowledge, skills, and behaviors for success in school
  - All children will achieve mastery in reading in third grade
- Mental Health Transformation Grant
Percent of Children Lagging on One or More Dimensions: Interconnectedness of Dimensions

- Cognitive: 25%
- Social and Emotional: 31%
- Health: 36%
- Interconnectedness: 13.2%
- Only Cognitive: 6.4%

While 24.5% of children lag in cognitive development, only 6.4% lag only in cognitive development!

Three Levels of Change Needed to Improve Health Outcomes for Children

System

Policy

Practice
Vision of a Comprehensive System for Children’s Health

Every child in Connecticut will receive high quality health promotion and prevention services within a family-centered medical home, and will have timely access to community-based services and supports as needed to assure optimal development.
Child Health Services Building Blocks

- **Universal**
  - Medical Home
    - Developmental / Behavioral Surveillance & Screening
    - Family Education / Parent & Child Counseling / Anticipatory Guidance
    - Literacy Promotion
    - Health Supervision Services
    - Oral Health / Dental Home
    - Nutritional Services

- **Selective**
  - Indicated
    - Part C (B-to-3)
    - Title V (CYSHCN)
    - Links to Preschool
    - Special Ed and Special Ed (LEA)
  - Medical / Surgical Subspecialty Services
  - Early Childhood Consultation Services
  - Developmental / Behavioral Health Services
    - (Mid-level, Comprehensive assessments; Treatment)
  - Home –based Services
  - Help Me Grow

- **Indicated**
  - Care Coordination
  - Service Integration

- **Practice Improvement**
  - Policy and System Changes
Child Mental Health Services Building Blocks

Desired Outcomes for School Readiness
Optimal Social/Emotional Development

Early Care and Education

Pediatric Primary Care

Care Coordination

Universal
Selective
Indicated

Child Mental Health System

Optimal Social/Emotional Development
Addressing Early Childhood Mental Health in Connecticut

- Linking Mental Health and Primary Care
  - Help Me Grow
  - EPIC
  - Behavioral Health Partnership/Enhanced Care Clinics

- Linking Mental Health and Early Childhood Education
  - Early Childhood Consultation Partnership
  - Integrated Consultation

- Mental Health Systems of Care
  - Building Blocks
  - Child FIRST

- State/Community Partnerships

- Developing an Infant Mental Health Workforce
Linking Mental Health and Primary Care
Pediatricians significantly under-identify behavioral health treatment needs

Between 40% to 80% of children with behavioral health problems are not identified when pediatricians rely on clinical judgment

2006 survey of Connecticut child health providers showed that with the exception of the Vanderbilt for ADHD, virtually no providers routinely screen for behavioral health concerns
Screening Tools

- PEDS
- Ages and Stages SE
- Pediatric Symptom Checklist
- Brief Infant Toddler Socio-emotional Assessment
- Maternal Depression: PHQ9, Edinburgh
What is Help Me Grow?

- Serves children (birth through 8) who are *at risk* for behavioral and developmental delays and may not be eligible for special services (e.g. Birth to Three or Pre-school Special Education)

What Help Me Grow Does

- Central Call Number – Care Coordination
- Finds existing resources and services – community liaisons
- Connects families to appropriate services
- Provides follow-up to ensure linkage to service
Educating Practices in the Community (EPIC)

- Identify and disseminate timely, accurate, evidence-based materials for primary care providers
- Practice change using clinical information, tools, resources
- Practice-based for entire office team
- Food and CME’s
- Behavioral health modules
  - Universal BH screening
  - Brief BH counseling for less complex concerns
  - Connecting children to services through CT BHP
  - Co-management across sectors
Children’s Behavior Problems: Brief Office Interventions

Physicians and their staffs are well positioned to support parents in addressing behavioral problems. In this module of the EPIC program, you will learn in-office strategies for addressing problem behaviors and supporting parents in maintaining perspective and managing their child’s behaviors, as well as how to handle cases that require referral to behavioral health professionals.
Enhanced Care Clinics

- 25% enhanced reimbursement rate
- Access – 2 hrs/2 days/2 weeks
- Coordination with Primary Care
  - Shared care plans
  - PCP Medication management for children with backup telephone consultation
  - Communication protocols
  - Ongoing co-management of health and mental health
- Address Reimbursement Issues (care coordination, consultation)
Linking Mental Health and Early Care and Education
Early Childhood Consultation Partnership (ECCP)

- 20 mental health clinicians statewide
- Range of service intensity
  - Child Specific
  - Core Classroom
  - Intensive Site
  - Home-based
- $2.1 m state funding
- Rigorous evaluation – Walter Gilliam – Yale Child Study Center
Significant Findings

ECCP was successful at achieving its primary goal – reducing classroom behavior problems in children.

- Significant decreases in behavior problems
- Positive effects were greatest in the areas of decreased oppositional behaviors and hyperactivity
Integrated Consultation in ECE Sites

Provide integrated approach to health, mental health and education consultation to preschool programs to enhance skills of directors and teachers to meet the comprehensive needs of children

Issues to be addressed:

• Relationship, Roles and Responsibilities
• System for Collaboration
• Education and Experience
• Cross Disciplinary Training
• Registry/Data
State/Community Partnerships

Tools and techniques for integrating health/mental health into community early childhood planning initiatives

- Results Based Accountability
- Public/Private Partnerships – Promoting Health & Learning Incentive Grants
- Headline Indicators
  - % of children receiving well child visits and immunizations
  - % of low birth weight babies
  - # of children K-3 suspended for behavioral issues, chronic absenteeism and/or discipline record
  - % of substantiate cases of abuse and neglect
Promoting Early Health & Learning: Benefits

- Preschool policies that support healthy development
- Parent and family engagement in health issues
- Health provider connection to early care and education
- Addressing behavior problems before children expelled
- Connection of children to important health services
Early Childhood Mental Health Systems of Care
Building Blocks

- A SAMHSA funded project to build a System of Care for children birth to six years and their families.
- Serves families in New London County
- Two major goals
  - Develop comprehensive mental health service system for children birth - five
  - Develop the capacity of the workforce serving young children to promote, prevent/intervene, and treat social and emotional issues
Child FIRST is an early childhood system of care that works to decrease the incidence of serious emotional disturbance, developmental and learning problems, and abuse and neglect among high-risk young children and families in Greater Bridgeport, Connecticut.
Child FIRST

**Broad community-based services:** Screening, mental health and developmental consultation (in early care and education and pediatrics), and training and mentoring of community providers.

**Intensive home-based intervention:** Comprehensive assessment, integrated family-driven plan, and home-based intensive services provided by a team of a masters level mental health clinician and care coordinator, especially for families with multiple challenges like depression and domestic violence.

**Care coordination/case management:** Coordinated access to community resources with formal agreements with over 30 and collaboration with over 70 different agencies. This prevents duplication, gaps, and inefficiency.
Child FIRST Randomized Trial: Findings

Statistically significant, evidence-based outcomes of effectiveness, when compared to Usual Care controls:

- Child FIRST children were 4.2 times less likely to have language problems.
- 4.8 times less likely to have aggressive and defiant behaviors.
- Mothers had significantly lower levels of depression and mental health problems.
- Families were 4.1 times less likely to be involved with child protective services.
- Family members had a marked increase in access to services (91% vs. 33%).
Early Childhood Mental Health Workforce

Goal: Address shortage of professionals with the necessary knowledge, skills and work experience to:

- promote healthy social and emotional development
- provide for early detection and intervention
- treat serious early childhood mental health problems
Competency Guidelines

- Purchased from MI-AIMH
- Under leadership of CT-AIMH
- FOUR levels of competency
  - Infant Family Associate
  - Infant Family Specialist
  - Infant Mental Health Specialist
  - Infant Mental Health Mentor
- Issues for planning
  - Assess training and education across state
  - Credential crosswalk
  - Marketing/Communications
  - Fiscal Needs
  - Reflective Supervision
System Challenges

- Strong pre-k focus on school readiness doesn’t always include broader developmental focus
- Access to services – uninsured; undocumented
- Reimbursement policies – need for diagnosis
- Shift in demographics – language and cultural competence
- Data issues
  - Defining measurable outcomes
  - Lack of access to state data by city/town
- Workforce Issues - Competencies and capacity
What it Takes: Promoting and Sustaining Reform

- Leadership – executive, legislative, community
- Broad based commitment – public, private, state, local
- Sustained and adequate funding
- Building capacity in workforce at all levels
- Quality improvement and accountability through data and evaluation
- Sustained and adequate funding from multiple sources
- Integration of health and mental health into all systems
- Cultural Competence
- Genuine involvement for families
- Public awareness and public will
- Expansion of evidence-based practices
- Relationships, relationships, relationships
It is easier
to build
strong
children
than to repair
broken
men.

Fredrick Douglas
“We have learned to create the small exceptions that can change the lives of hundreds. But we have not learned how to make the exceptions the rule to change the lives of millions.”

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