

PROMOTING CHILDREN'S MENTAL HEALTH: The SAMHSA/CMHS Prevention and Early Intervention Grant Program



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
www.samhsa.gov

“Project SUCCEED has helped us to start at a different place as we work with parents. Through reflective consultation we learned to consider where the parents came from (their life experiences including how they were parented) and where they are now. We use this knowledge to work with them to become more successful as a parent.”

—Public Health Registered Nurse, Renville County, Minnesota

A public health approach enables communities to better identify problems, understand underlying influences, and implement appropriate solutions.



BUILDING MENTALLY HEALTHY COMMUNITIES

With funding from Congress, the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Mental Health Services (CMHS) developed and implemented the Building Mentally Healthy Communities initiative. The aim of this initiative was to increase the capacity of cities, counties, and tribal governments to provide services to promote mental health, prevent mental and behavioral disorders, and provide early intervention for children and their families.

Supporting the healthy development of young children and their families is essential. The consequences of failing to intervene early are well documented:

- People who experience four or more categories of childhood adverse events (such as being a witness to violence, having a parent abuse alcohol or drugs, or living in poverty) compared with those who have none, have a 4- to 12-fold increased risk for alcoholism, drug abuse, depression, and suicide attempts.¹
- Childhood aggressive disorders are often precursors of later delinquency, substance abuse, school dropout, adult mental disorders, and criminality.²
- School dropout and criminality cost U.S. taxpayers about \$350 billion per year.³
- Violent adolescents can be identified with almost 50 percent reliability by age six, maybe earlier, and a child's aggressive tendencies tend to crystallize by about age eight.⁴

In 2000, the National Research Council and Institute of Medicine issued a landmark report, *From Neurons to Neighborhood: The Science of Early Childhood Development*, which concluded that the course of development can be altered in early childhood by effective interventions that change the balance between risk and protection, thereby shifting the odds in favor of more adaptive outcomes, and that model programs that deliver *carefully designed interventions with well-defined goals can affect both parenting behavior and the developmental trajectories of children* whose life course is threatened by socioeconomic disadvantage, family disruption, or diagnosed disability.

The Prevention and Early Intervention Grant Program

To address the need to expand children's mental health promotion and prevention services, SAMHSA/CMHS created the Prevention and Early Intervention grant program in 2001.

The goals of this program were to:

- Expand the capacity of communities to implement evidence-based promotion and prevention services for infants, toddlers, pre-school and school-aged children, adolescents, and the caregivers of these children.
- Build linkages between mental health providers and other entities, such as schools, foster care homes, and day care centers that serve the targeted population.
- Enable grantees to communicate to the larger community the importance of mental health and the capacity of well-executed preventive services to foster the healthy development of children.

Between 2001 and 2006, SAMHSA/CMHS's Prevention and Early Intervention grant program funded 23 community-based efforts to provide promotion, prevention, and early intervention programs targeting children at risk for developing emotional or behavioral disorders. For more information about grantees, please see page 20.

Taking a Public Health Approach

A public health approach enables communities to better identify problems, understand underlying influences, and implement appropriate solutions. This approach helps communities to focus on promoting mental health and preventing mental and behavioral health problems rather than waiting until problems develop and focusing only on treatment.

It recognizes that mental health resides not only within the child, but also within the influential web of interactions surrounding the child such as relationships with family, school, and health and child services, as well as the neighborhoods and communities in which he or she lives. These interactions can either support or undermine a child's healthy development.

Effective interventions change the balance in favor of more adaptive outcomes.

Risk and Protective Factors

Research and practice have shown that children's vulnerability to mental health problems may be influenced positively and/or negatively by a variety of factors. *Risk* factors affect a child negatively. Common risk factors include, but are not limited to, living in poverty, being a victim of abuse, having poor social skills, and living in a family that uses inconsistent or harsh discipline. Nearly half of children entering kindergarten in the United States experience at least one risk factor.⁵ Some of these risk factors may be so complex, such as poverty, that they are not modifiable by a single a mental health program. However, other risk factors, such as poor social skills, can be positively influenced.

Children can also be helped by supportive *protective* factors within their families and communities. Some of these factors, such as having social and conflict management skills and warm and supportive parent-child relationships can be strengthened and taught to children, their family members, and other caregivers. Promoting protective factors and minimizing risk factors create greater resilience in children. Resilient children are better able to meet challenges as they arise.

Research has shown that when interventions are "directed at risk and protective factors rather than categorical problem behaviors, it is both feasible and cost-effective to target multiple outcomes in the context of a coordinated set of programs."⁶ The landmark document, *Mental Health: A Report of the Surgeon General*, highlights the need for understanding and treating mental health disorders in children by:

- employing a public health approach that focuses on risk and protective factors
- applying intervention research
- understanding predictable stages of development⁷

Based on this research, Prevention and Early Intervention grantees were instructed to and supported in using a public health approach that involved four steps:

1. Using data to identify the problems to be targeted and the modifiable risk and protective factors associated with those problems.
2. Strategically selecting evidence-based interventions (EBIs) that can have a meaningful effect on the risk and protective factors for an identified population.
3. Monitoring and evaluating interventions to ensure that they are having the desired result and making adjustments to interventions as needed.
4. Educating professionals and the public about the importance of prevention and how to implement effectively.

The True Measure of Promotion and Prevention Programs

Cost-benefit analyses don't tell the whole story of the real-life benefits of promotion and prevention programs for school children. According to grantee Anita Hicks, The Incredible Years program supervisor for the Osborn School District in Phoenix, Arizona, "Many of our kids have experienced significant loss or trauma. For some, this involves the incarceration of a parent. These kids have an even more difficult time succeeding in school."

"'Mandy' is a little girl whose early childhood experiences include extreme poverty, abuse, sexually assaulted siblings, the incarceration of her father, and frequent moves. She started kindergarten with the verbal ability of a two-year old. The Incredible Years program gave her a new vocabulary. In the classroom and on the playground, Mandy was able to give voice to her own feelings and to help [other] students . . . identify how they might be feeling and encourage them to behave appropriately. Overall the program has helped her improve her social skills, improve classroom behavior, and participate in learning activities. These are the kinds of social, emotional, and educational behaviors that will help Mandy achieve her full potential as a mentally healthy and contributing member of her community."⁸

MENTAL HEALTH RISK AND PROTECTIVE FACTORS

Level of Influence	Risk Factors	Protective Factors
<i>Child</i>	<ul style="list-style-type: none"> • Being a victim of abuse • Having poor social skills • Being alienated from school • Lacking hope for the future 	<ul style="list-style-type: none"> • Having a healthy sense of self • Using appropriate skills in solving social problems • Having a positive perception of social supports • Having a good connection to school • Having high and positive expectations for the future
<i>Family</i>	<ul style="list-style-type: none"> • Providing poor supervision • Using inconsistent or harsh discipline • Undergoing many family transitions 	<ul style="list-style-type: none"> • Enjoying a warm, supportive parent-child relationship • Having high parental expectations • Having and communicating clear standards for behavior
<i>Peer</i>	<ul style="list-style-type: none"> • Having delinquent or violent friends or siblings 	<ul style="list-style-type: none"> • Having pro-social peers and siblings
<i>Community</i>	<ul style="list-style-type: none"> • Experiencing high levels of poverty and crime • Having high unemployment • Providing limited community supports and services • Experiencing lack of community cohesiveness 	<ul style="list-style-type: none"> • Enjoying economic stability • Providing a safe environment • Having neighborhood resources • Enjoying community cohesiveness
<i>Societal</i>	<ul style="list-style-type: none"> • Allowing socioeconomic, racial, or ethnic inequities • Assenting to cultural norms that do not acknowledge the need for mental health services • Permitting or encouraging cultural and ethnic intolerance 	<ul style="list-style-type: none"> • Providing economic safety nets • Valuing or promoting cultural norms that recognize the need for mental health services • Encouraging an appreciation for cultural and ethnic diversity

“The relationship between the project and the developer is the foundation for all future success. The project implementation staff must have excellent communication with their EBI developer. The project must be committed to fidelity with the EBI model, and the developer must allow for some flexibility in the application.”

—Project Director, Kansas City, Missouri



MOVING EVIDENCE-BASED INTERVENTIONS INTO COMMUNITIES

Prevention and Early Intervention grantees selected and used evidence-based interventions (EBIs) to address the identified mental health promotion and prevention needs of children and families in their communities. EBIs are programs proven through rigorous testing to be effective in decreasing risk factors, increasing protective factors, or doing both, for a variety of mental disorders.

These proven prevention programs more than pay for themselves by strengthening children's resilience and reversing the trajectory of developmental challenges that often result in school failure, delinquency, substance abuse, and other negative consequences. Recent analyses of prevention and promotion programs for children and adolescents found significant economic benefits from reductions in the costs of crime alone. For example, evidence-based programs such as Functional Family Therapy produce benefit-to-cost ratios that *exceed 20 to 1*. That means that every dollar spent on these EBIs today can be expected to return \$20 or more in the years ahead.^{9,10}

Successful implementation of EBIs can be complex. Implementation can be strengthened by bringing together program developers, implementers, and community stakeholders. These connections can maintain the integrity of the intervention as adaptations are made to meet the needs of diverse populations. Training and ongoing supervision of implementers by developers can increase the success of the EBI.¹¹ This best practice was embedded into the Prevention and Early Intervention program, which required grantees to work closely with developers of evidence-based interventions.

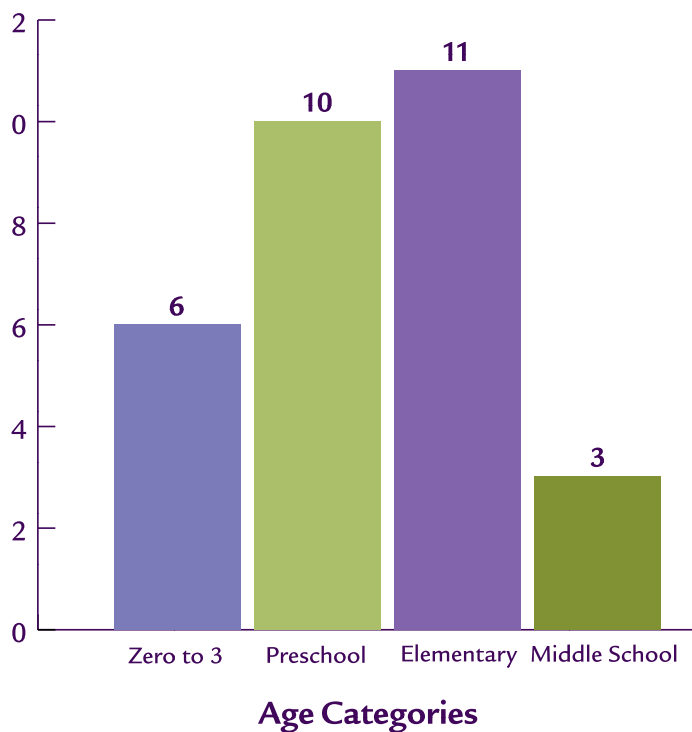
A significant test of an evidence-based intervention is whether it is possible to replicate results once the program has been launched in a community setting. Grantees' outcomes overwhelmingly support this test. Communities can indeed achieve outcomes comparable to those achieved by program developers, with support from the developer and a careful assessment of the underlying risk and protective factors.

Children Served by the Prevention and Early Intervention Grant Program

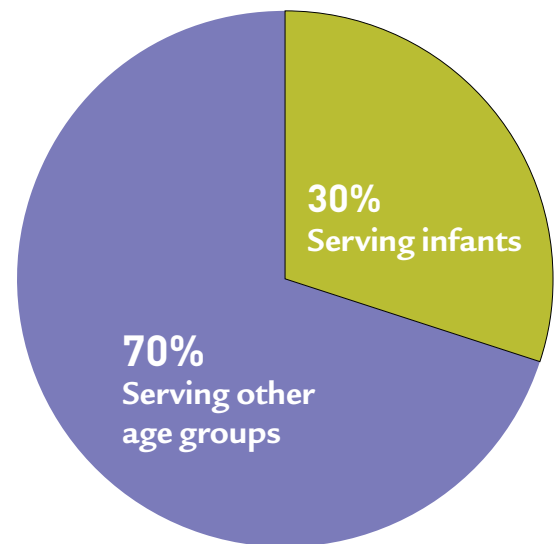
The target age range for the Prevention and Early Intervention program was 0 to 18. Almost all grantees chose to focus on children of elementary school age or younger. Moreover, most programs were implemented in settings other than traditional mental health clinics—schools, day care centers, and homes, for example. Please see Appendix A for program descriptions and settings.

Prevention and Early Intervention Age Demographics of Grantees Serve

(n=20)

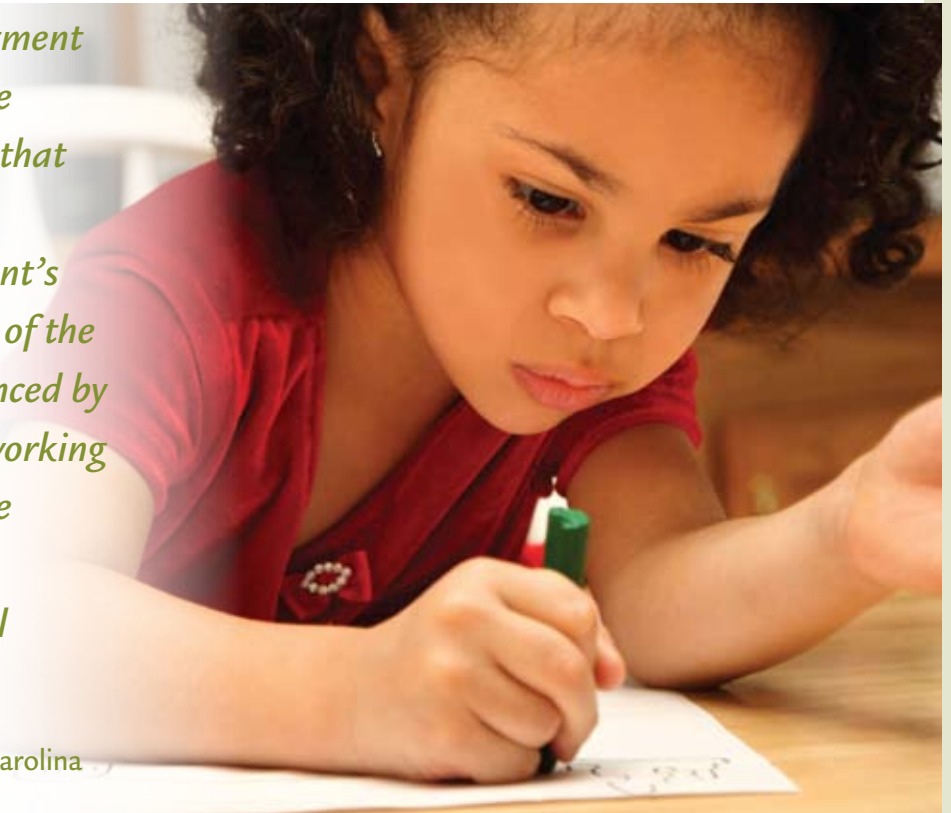


Prevention and Early Intervention Grant Program Percentage of Grantees Serving Infants



“Providing intervention or treatment to a child without looking at the dynamics and problems within that child’s family is like a physician providing treatment for a patient’s heart in isolation from the rest of the body. Children are most influenced by their family and home life, so working within that system increases the likelihood that change will not only take place but also will be long lasting.”

—Project Director, Burke County, North Carolina



LINKING MENTAL HEALTH INTERVENTIONS TO NON-MENTAL HEALTH SETTINGS

The SAMHSA Prevention and Early Intervention projects successfully brought mental health promotion, prevention, and early intervention into nontraditional settings. Grantees demonstrated that involving parents and using evidence-based interventions in places where children spend time—day care, schools, foster care—may be the best way to provide services to infants, toddlers, preschool- and school-aged children in need. Implementing interventions outside of traditional mental health settings was effective in several specific ways:

- Grantees were able to bring mental health promotion and prevention programs to children instead of later bringing the children to a treatment office.
- Parents were more amenable to mental health programs when introduced to them in familiar surroundings. This helped reduce the stigma associated with mental health.
- Evidence-based interventions conducted in classrooms caught not only the children with behavioral problems but also those who internalize their symptoms and become anxious or depressed.
- Schools, day care centers, health care settings—even a jail diversion program—became venues where children got the mental health interventions they needed.

“The child’s new caregiver’s obvious pleasure in his latest achievement reminded me about the important role that mental health consultants can play in helping to bring an infant or young child out of the shadows that adults’ doubts and fears may cast on him and into full focus. Assisting in strengthening the relationships that are essential for children to attain optimal development and well-being is a particularly satisfying part of my job.”

—Project Director, Southgate, Michigan

Lessons Learned: Building Mentally Healthy Communities

- Involving parents and using evidence-based interventions in places where children spend time may be the best way to provide services to children.
- SAMHSA’s Prevention and Early Intervention grantees helped professionals outside the mental health field play a vital role in promoting mental health and preventing mental disorders within the context of their work. Teachers, principals, criminal justice administrators, judges, public health nurses, child welfare workers, day care providers, mayors, and public health officials worked together to reach children before problems developed or as they began to develop.
- Professionals outside the mental health field can play a vital role in promoting mental health and preventing mental health disorders.
- SAMHSA’s Prevention and Early Intervention grant program demonstrated that by implementing evidence-based mental health promotion, prevention, and early intervention activities, many children, even those at risk, can be prevented from developing problems requiring more intensive interventions or mental health treatment.

“Serving as a bridge to the larger community, the Center is instrumental in helping families navigate their way through the public school system. The support and acceptance that children and families experience at the center is foundational to the long-term emotional, physical, and social well-being of the Red Cliff community.”

—Evaluator, Bayfield, Wisconsin

The following pages illustrate the accomplishments of the Prevention and Early Intervention Grant Program as demonstrated by the increased capacity of the grantees to provide services to promote mental health, prevent mental and behavioral disorders, and provide early intervention for children and their families.

THE INCREDIBLE YEARS DINOSAUR SCHOOL FOR THE CLASSROOM

Osborn School District | Phoenix, Arizona

“Schools are absolutely the best places to create a prevention/intervention community. Schools are the natural center of most communities and the logical places to build services for the betterment of the community . . . The children and families in our community were transformed by successful implementation of the evidence-based intervention and direct school-based mental health services.”

Community Participants

The schools in Osborn School District #8, in Phoenix, Arizona, were chosen as the best place for the intervention because local educators were seen as allies in their understanding that children need to be healthy and stable in order to learn. In fact, teachers asked to have the program included in their classrooms. Two-thirds of the more than 1,200 kindergarten and first grade children enrolled in the teacher-led program were Hispanic.

Evidence-Based Intervention

The Osborn Health Partnership and Osborn School District #8 implemented The Incredible Years Dinosaur School for the Classroom in kindergarten and first grades. This school-based program includes materials to support teachers and parents in promoting children's academic and social development.

Program Successes

- Children showed greatest improvement in social competence—helping others, remaining calm, listening carefully, and completing tasks.
- Children who participated in the Dinosaur School showed more leadership, better conflict resolution, more academic readiness, and fewer antisocial behaviors than children who did not participate in the project.
- Teachers reported feeling transformed by the changes in their students.
- Because of data collected about the project's success, the Osborn partnership gained the school board's support to expand the Incredible Years Dinosaur School throughout the Osborn district.

DENVER DEPARTMENT OF HUMAN SERVICES

Denver, Colorado

“The primary link was between child welfare and infant mental health. It was a unique situation to have an outside agency included in the day-to-day casework operations of child welfare. The initial resistance by caseworkers largely faded and was replaced by cooperation. For mental health . . . it opened a new perspective on foster care and spawned new, creative ways of approaching difficult family situations.”

Community Participants

The Denver Department of Human Services (DHS) saw that 950 abused and neglected children under the age of six entered the child welfare system in Denver in one year. These maltreated children were at extremely high risk of developing emotional and behavioral disorders and, without help, would probably account for a very high percentage of school-aged youth using public mental health services. Denver DHS formed a partnership with a local children's mental health center to provide early intervention services for these children and their families that included work with biological parents, foster parents, and their foster children.

Evidence-Based Intervention

Denver DHS used five different interventions that established trusting relationships with caregivers in the home and used parents' early emotional experiences to change parenting behavior and prevent later emotional problems in the child; addressed the issue of separation and loss for young children that is common in child welfare, using careful transition protocols; trained mental health clinicians in attachment theory and its application to this population; used home visits to further the understanding of stresses that families and children faced daily; and worked with children who were frequently exposed to adult conflicts to mitigate the effects of domestic violence on them.

Program Successes

- Three-fourths of the children showed better adjustment.
- Children receiving services also showed dramatic reductions in trauma-related symptoms and improved attachment to caregivers.

TAMAR'S CHILDREN

Creating the Circle of Security | Baltimore, Maryland

“It is difficult to imagine the treatment of a child in isolation. Regardless of whether the child is in foster care, kinship care, or with one or two parents, the dynamics of the child’s living situation affects the child emotionally and behaviorally.”

Community Participants

TAMAR'S Children addressed mother-child attachment among incarcerated women in a jail diversion program, the majority of whom had a history of trauma and mental disorders and were charged with drug-related crimes. Children of drug-abusing and incarcerated women are at risk, both through their mother's continued drug use, and through the disruption to the mother-child attachment created when incarcerated mothers are separated from their newborns. Research shows that individuals who are securely attached as infants function better socially, emotionally, and cognitively in later life.

Evidence-Based Intervention

After their babies were born, mothers participated in the Creating the Circle of Security program, which allowed them to observe the wavering and strengthening of their own attachment bond and their babies' responses in the context of group support. This evidence-based intervention, tailored to address incarcerated mothers, also provided individual and group therapy and substance abuse treatment.

Program Successes

- Postpartum depression, which often afflicts one-fourth of incarcerated women, was not found in any of the participating mothers.
- Participants had only a 9 percent drug relapse rate, compared with a 37 percent relapse rate for released inmates.
- When evaluators observed the mothers' behavior a year later, the mothers were as sensitive and attuned to their babies as mothers who are not at risk.
- Half of the judges in Baltimore city and surrounding counties referred inmates directly to TAMAR'S Children. The project has transformed how the Department of Corrections deals with incarcerated pregnant women.

CARING FOR KIDS INITIATIVE

Southgate, Michigan

“High-quality early childhood care is a necessity for many families in Wayne County, Michigan. At all economic levels, families are depending more and more on school or community-based care for their infants and young children. If a family’s child care arrangements are disrupted, there may be far-reaching consequences for the economic stability of the family, productivity in the workplace, and the social and emotional health of the infant or child.”

Community Participants

A 1999 survey of 127 Western Wayne County child care directors found an expulsion rate of 27.5 expulsions per 1,000 children enrolled in child care centers. Clearly, child care expulsion was a serious community issue that needed to be addressed. To this end, the city of Southgate decided to focus on the social and emotional needs of infants, toddlers, and young children in group care.

Evidence-Based Intervention

The Caring for Kids Initiative developed a child care mental health consultation services model that included providing staff preparation and training based on infant and young child mental health principles, adapting the Steps to Self Determination curriculum for parents and caregivers and providing center-based consultation services to child care centers.

Program Successes

- The program found increased awareness and responsiveness by child care providers, parents, and community professionals to the mental health needs of infants, toddlers, and preschoolers.
- The program increased caregivers’ level of awareness about the effect of their actions on the children in their care.
- The program increased the abilities of child care center staff and directors to understand and carry out their roles in improving the social and emotional health of children in their care.
- There was a substantial decrease in expulsions from preschools.

ESPERANZA PARA LOS NIÑOS (HOPE FOR THE CHILDREN) FAMILY DEVELOPMENT PROJECT HOME VISITING MODEL

Kansas City, Missouri

“The Kansas City area has had a dramatic increase in the number of young immigrants from Mexico and South America. Local programs reported early and first-time pregnancy among young women, many of whom lack the support system—especially of older women family members—that they would have if they gave birth in their native land.”

Community Participants

The Health Department in Kansas City, Missouri, saw that first-time expectant Latina mothers were facing multiple mental health risk factors, including social isolation, poverty, and language and cultural differences. Without a universal mental health promotion effort, these expectant mothers would be at risk for mental health problems, including depression and anxiety disorders. Maternal mental health problems have been associated with risk for newborns because they can jeopardize the healthy attachment needed for a child's emotional health.

Evidence-Based Intervention

The Health Department implemented a promotion program that helped first-time mothers connect with each other through a program called Esperanza Para los Niños, or EPLN (Hope for the Children). As part of EPLN, at-risk mothers participated in evidence-based parenting training designed by the UCLA Family Development Project to help them bond with and take care of their newborns, decreasing their own and their infants' risk for mental health problems.

Program Successes

- Participating mothers rated EPLN parent coaches as their primary source of support.
- The new mothers had reduced needs for assistance in many areas—medical care, prenatal/childbirth education, mental health, and social isolation—as a result of participating in the program.
- The program secured municipal funding to expand the EPLN program to serve other at-risk populations in Kansas City.

FUTuRES - NURTURING PARENTING PROGRAM

Burke County, North Carolina

“The language barrier in our community continues to be an issue for many non-English speaking families who are in need of resources and services. There are very few human service and mental health professionals who are bilingual.”

Community Participants

The families who participated in the Burke County, North Carolina, FUTuRES program were overwhelmingly poor, single-parent families headed by women. More than half of the participants were unemployed, and many had not completed more than sixth grade. Because of these multiple risk factors, 93 percent of new enrollees in FUTuRES were at risk of abusing or neglecting their children.

Evidence-Based Intervention

FUTuRES, a nurturing parent program for school-aged children, was transformed from a group, school-based model to a home-based, one-on-one intervention that better suited Burke County's needs. FUTuRES' family mentors made referrals to community agencies providing assistance with basic needs related to medicine, food, clothing, shelter, and mental health. Mentors also helped coordinate transportation and translation services. Bringing mental health services to the home surmounted barriers of transportation, poverty, rural geography, and reluctance to trust.

Program Successes

- Families developed empathic awareness of their children's needs, reduced use of corporal punishment, shifted their expectations to better match the developmental level of their children, and showed less parent-child role reversal.
- All participants in FUTuRES in Burke County graduated from the program, and 92 percent lowered their risk of abuse and neglect.
- A close working partnership developed between the Burke County school system and the local mental health agency; they worked as a team to mobilize resources for school-based mental health services.

FIRST STEP TO SUCCESS

Washington County | Hillsboro, Oregon

“As our efficiency and ability to respond to more difficult cases improved, our reputation strengthened, and increasing numbers of teachers were willing to take on First Step to Success cases . . . We found that the deciding factor for some teachers to take on a First Step intervention was their desire to obtain a home intervention on behalf of a child.”

Community Participants

The Washington County Commission on Children and Families in Hillsboro, Oregon, identified the need for mental health services that focus on young children beginning school who were identified as at risk for behavioral and social problems that could affect their school careers. Three Washington County School districts—Beaverton, Tigard/Tualatin, and Hillsboro—participated.

Evidence-Based Intervention

The Washington County Commission on Children and Families implemented First Step to Success, designed for children who show early signs of emerging antisocial behavior as they enter school. The original intervention envisioned the classroom as the focal point. Washington County learned that engaging and supporting parents to work with their children were critical to the project's success, so they strengthened the home-based component by adding more parent training.

Program Successes

- More than 80 percent of children who went through First Step demonstrated a lower risk of maladaptive behaviors and aggression after the project.
- More than 90 percent displayed more adaptive behaviors and a deepened engagement with school.
- Ninety percent of the teachers reported that First Step had a positive effect on their classes.

THE HOPE PARTNERSHIP (HARRISBURG OUTREACH FOR PATHS EXPANSION)

Harrisburg, Pennsylvania

“The focus of HOPE is systems change. The main question we continue to seek answers for is: As a result of HOPE, are educators, school-based mental health staff, and families providing consistent and effective interventions?”

Community Participants

Harrisburg, Pennsylvania, launched an ambitious community outreach effort that engaged parents, teachers, and mental health professionals to increase awareness about healthy child development. Parents, teachers, and mental health workers found a common language to address classroom behavioral issues, and the same language was extended to the home and the community at large.

Evidence-Based Intervention

The Promoting Alternative Thinking Strategies (PATHS) prevention curriculum was introduced throughout the Harrisburg School District, and then introduced to the community by mental health staff who delivered PATHS lessons in homes, the YMCA, libraries, the housing authority, and health centers. The experience in Harrisburg underscored research results showing that parents who find parenting difficult can learn new strategies for raising their children through evidence-based interventions. Targeted early interventions can provide parents and other caregivers with the capacity to support protective factors in their children and to diminish risk factors.

Program Successes

- One hundred percent of families reported they had learned about their children's social and emotional development. Seventy percent of parents learned to think of additional ways to encourage social and emotional learning.
- More than 75 percent felt PATHS was helpful in changing their children's behavior.
- Eighty-four percent said their families benefited from the project.

YAKIMA COUNTY NURSE-FAMILY PARTNERSHIP

Yakima, Washington

“Nurses have the necessary combination of skills, knowledge, and cultural legitimacy to work successfully with high-risk families.”

Community Participants

The program enrolled first-time, low-income mothers early in their pregnancy. These are women who have not yet developed ways of caring for themselves during pregnancy and for their children once they are born. The diverse group of women who received services were 67 percent Hispanic/Latino, 20 percent Caucasian, 8 percent American Indian, and 5 percent multiracial. Mothers ranged in age from 13 to 21, with a median age of 17 years and a median education level of 10 years.

Evidence-Based Intervention

The Yakima Valley Memorial Hospital implemented the Nurse-Family Partnership (NFP), an intervention that provides nurse home visits to low-income pregnant women on a monthly basis until their babies reach the age of 2. The nurses' visits are focused on the mother's health, quality caregiving for the child, and the mother's own life-course development. Nurses also help families engage their support systems and access other needed health and human services. The intervention has been shown to reduce children's risk for developing mental health problems.

Program Successes

- There was an 83 percent decrease in domestic violence during pregnancy.
- There were increased rates in breastfeeding.
- One hundred percent of the women had their children immunized by 12 months of infant age.
- There were no ER or hospitalization visits—indicators of abuse or inadequate supervision.
- For those who began NFP without a high school diploma or GED, by 12 months (infancy), 40 percent were in high school, 20 percent completed their high school diploma or GED, and 10 percent went on to further education.

RED CLIFF HEAD START EARLY CHILDHOOD CENTER

Bayfield, Wisconsin

“The mental health needs of our tribal community are significant and multigenerational . . . The youngest children are just the tip of the iceberg. Many elementary and high school children have undiagnosed disorders resulting in behavioral difficulties, a high truancy rate, and a marked educational gap between native and nonnative students.”

Community Participants

The Red Cliff Head Start Early Childhood Center, which serves the Lake Superior Chippewa, understood that early identification of risk factors and support of protective factors maximize positive mental health outcomes for children. For the children at Red Cliff, risk factors included community factors such as lack of transportation to combat rural isolation and a shortage of culturally sensitive service providers. Parents in the community were more likely to have untreated mental health issues of their own, which placed their children's development at risk. Experience at Red Cliff revealed that the needs of the tribal community are significant and that the entire family needs to be considered in efforts to support the development of children.

Evidence-Based Intervention

The Red Cliff Head Start Early Childhood Center worked with a cultural mentor to blend the evidence-based intervention Touchpoints, which brings parents and providers together around critical points in the development of young children, with the local Red Cliff Anishinabe culture. Through this process the program “weaves a new kind of fabric, where the warp is made of traditional values and teachings and the weft is made of ‘Western’ knowledge and understanding.” The collaborative effort with the developer enabled the center to emphasize the positive, strength-based aspects of the community while addressing the mental health concerns.

Program Successes

- The program provided on-site, ongoing developmental and mental health screening and treatment of children ages zero to five on the reservation.
- Families developed empathic awareness of their children's needs.

Prevention and Early Intervention Grantees (Total Number of Grantees: 23)

CITY and STATE	GRANTEE ORGANIZATION	EVIDENCE-BASED INTERVENTION(S)	DOMAIN of SERVICES
Little Rock, AR	Pulaski County Special School District	Helping the Noncompliant Child	Clinic
Phoenix, AZ	Osborn School District	The Incredible Years Dinosaur School for the Classroom	School
Denver, CO	Denver Department of Human Services	Infants in Foster Care and Kinship Care Mental Health; Interventions; Attachment and Loss; Nurse Home Visiting Project; Domestic Violence (Don't Hit My Mommy)	Home, Department of Social Services
Waterbury, CT	Waterbury Department of Education	Functional Family Therapy (FFT)	Clinic
Washington, D.C.	Community Academy Public Charter School	Resolving Conflict Creatively Program/Peaceful Schools (RCCP); Life Skill Training (LST)	Home, Clinic
Evanston, IL	City of Evanston	The Incredible Years	School
Geneva, IL	Kane County Health Department	Baby FAST	School, Clinic, Police Department
Baltimore, MD	Baltimore Department of Health	Promoting Alternative Thinking Strategies (PATHS)	School
Baltimore, MD	Mayor and City Council for Baltimore	Creating the Circle of Security	Detention Center
Southgate, MI	City of Southgate	Mental Health Consultation in Childcare Setting	Day Care
Kansas City, MO	City of Kansas City	PATHS	School
Kansas City, MO	Kansas City Missouri Health Department	Family Development Project Home Visiting Model	Home
Willmar, MN	PACT for Families Collaborative	The Incredible Years; Second Step Youth Violence Prevention Curricula; STEEP (Steps Toward Effective, Enjoyable Parenting); Seeing Is Believing	Home, School, Day Care
Morganton, NC	Burke County Public Schools	Nurturing Parenting Program	Home
Auburn, NY	Cayuga County Community Mental Health Center	Primary Mental Health Project	School
Buffalo, NY	Erie County Office of Mental Health	The Incredible Years	School
Rochester, NY	Monroe County Office of Mental Health	Primary Mental Health Project	Preschool
Hillsboro, OR	Washington County Commission on Children and Families	First Step to Success	Home, School, Clinic
Portland, OR	Multnomah County Department of Children and Family Services/ Behavioral Health Department	The Incredible Years	Day Care, Clinic
Harrisburg, PA	Dauphin County Mental Health/Mental Retardation Program	PATHS	School
Pittsburg, PA	School District of Pittsburgh	PATHS	School
Yakima, WA	Yakima County Department of Community Services	Nurse-Family Partnership	Home, School, Health Care Provider
Bayfield, WI	Red Cliff Band	Brazelton Institute Touchpoints	School, Home, Work

ENDNOTES

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