

Developing an Early Childhood Mental Health System of Care in Maryland

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Jane Knitzer

- **Promoting the Emotional Well-Being of Children and Families**
- **Policy Paper No. 1**
- **Building Services and Systems to Support the Healthy Emotional Development of Young Children—An Action Guide for Policymakers**
- *Jane Knitzer*
- *January 2002*

Key Findings from Research

- **Why Policymakers Should Invest in Improving Social and Emotional Health in Young Children**
- The earliest years set the stage for lifetime emotional skills, competencies, and problems.
- Many young children are not developing the emotional skills that they will need to succeed in school and be productive members of society.
- Achieving the national policy goal of **school readiness** for all children requires paying more strategic attention to early social, emotional, and behavioral challenges as well as cognitive and physical development

Effective mental health services

- **Effective mental health services for young children are:**
- Grounded in developmental knowledge.
- Relationship-based.
- Family supportive.
- Infused into existing early childhood networks and services.
- Responsive to the community and cultural context.
- Attentive to outcomes, especially those related to school readiness

Service Delivery Strategies

- Emerging service delivery strategies and initiatives have these elements in common:
- Initial leadership comes from different agencies and systems.
- Partnerships are key.
- Services offered reflect a range of intensities, from those that promote emotional health to early intervention to treatment strategies.
- Entry points vary, but all build on the existing community network of early childhood services, such as home visiting, Early Head Start, Head Start, and center and family-based child care.

History of ECMH Initiative

- December 1999, with support from Georgetown University Center for Child and Human Development, convened a “search conference”
- 100 stakeholders from across state
- Developed vision for system of care for young children and families
- Formed Steering Committee

Strategy: Early Childhood Mental Health Steering Committee

Co-chairs

- Albert Zachik, M.D. (DHMH/MHA)
- Carol Ann Heath, Ed.D. (MSDE)
- Multiple stakeholders including families, state and local child serving agencies, early childhood providers, advocates

Infusing Mental Health into Early Childhood Settings

- Clear commitment not to establish a new “service system” to deliver early childhood mental health services and supports
- Identify where young children are spending time and bring appropriate services to them
- Continuum extends from prevention through treatment services

Five Goals for ECMH

- Define the components of a “System of Care”
- Increase substantive family involvement in all levels of service system
- Improve pre-service and in-service training
- Increase access to mental health consultation services
- Assess current capacity to serve young children and families

Strategy: Family Involvement

- Maryland Coalition of Families for Children's Mental Health – Jane Walker, LCSW-C, Executive Director
- Family Focus Groups

Family Involvement

- Four focus groups with families of children with challenging behaviors
- Key findings:
 - Early evidence of problems
 - Wish for more support from pediatricians
 - Importance of peer-to-peer support
- Linkage with community-based providers

Maryland Model for School Readiness - MSDE

- **Personal and social development:** The child gets along with others; follows rules; and starts, works on, and finishes an activity.

Maryland Model for School Readiness - MSDE

■ Personal and Social Development

	2001-2002	2011-2012
■ Fully Ready	55%	80%
■ Approaching Readiness	36%	17%
■ Developing Readiness	9%	4%

■ For complete report data, go to www.MdSchoolReadiness.org

Early Childhood Mental Health System of Care - Promotion

- Promotion of healthy social and emotional development
- Public awareness campaigns – Caring for Every Child’s Mental Health Campaign
- Kids on the Block
- Information in libraries and other places where children are served, eg. pediatrician’s office, child care center, nursery school
- Home visiting

Early Childhood Mental Health System of Care - Prevention

- Prenatal care (risk factors: smoking, substance abuse, nutrition, family violence, adolescent pregnancy)
- Early identification of young children at risk (poverty, homelessness, young parents, trauma, family violence, abuse and neglect, substance abuse, developmental issues)

Preschool Expulsions

- While much of this concern was initially fueled by anecdotal evidence from parents and early care and education providers, Gilliam (2005) released the first data documenting the extent of this problem nationwide. Surprisingly, **most states were expelling preschool-aged children at rates that exceeded their school-aged populations.**
- One hopeful statistic was that **access to mental health consultation was found to be associated with lower rates of preschool expulsion** (Gilliam & Shahaar, 2006).
- State-funded pre-kindergarten programs that reported on-site access to a psychologist or social worker expelled 5.7 children per 1,000; occasional access to a mental health consultant was associated with a somewhat higher expulsion rate; and the programs that lacked access to mental health consultation expelled children at the highest rates (10.8 per 1,000).

Strategy: Consultation

- Integrate mental health consultation into all existing early childhood programs in Maryland to support prevention and triage for mental health need
- Consultation included in home visiting programs, child care, Head Start, Early Head Start, Infants and Toddlers Programs, special education programs, Judith Hoyer Centers

Mental Health Consultation

■ <http://gucchd.georgetown.edu/>

Mental Health Consultation

- **EARLY CHILDHOOD MENTAL HEALTH CONSULTATION: An Evaluation Tool Kit**
- *For states, communities, agencies, and programs investing in early childhood mental health consultation and committed to quality data*
- **November 2007**

Mental Health Consultation

- **Georgetown University National Technical Assistance Center for Children's Mental Health**
- KATHY S. HEPBURN
- ROXANE K. KAUFMANN
- **Johns Hopkins University Women's and Children's Health Policy Center**
- DEBORAH F. PERRY
- **Portland State University Research and Training Center on Family Support and Children's Mental Health**
- MARY DALLAS ALLEN
- EILEEN M. BRENNAN
- BETH L. GREEN

Types of Mental Health Consultation

■ Child- or Family- Centered Consultation:

- Primary goal is to address the factors that contribute to an individual child's (and/or family's) difficulties in functioning well in the early childhood setting
- Develop a plan to address the child's behavior

Types of Mental Health Consultation

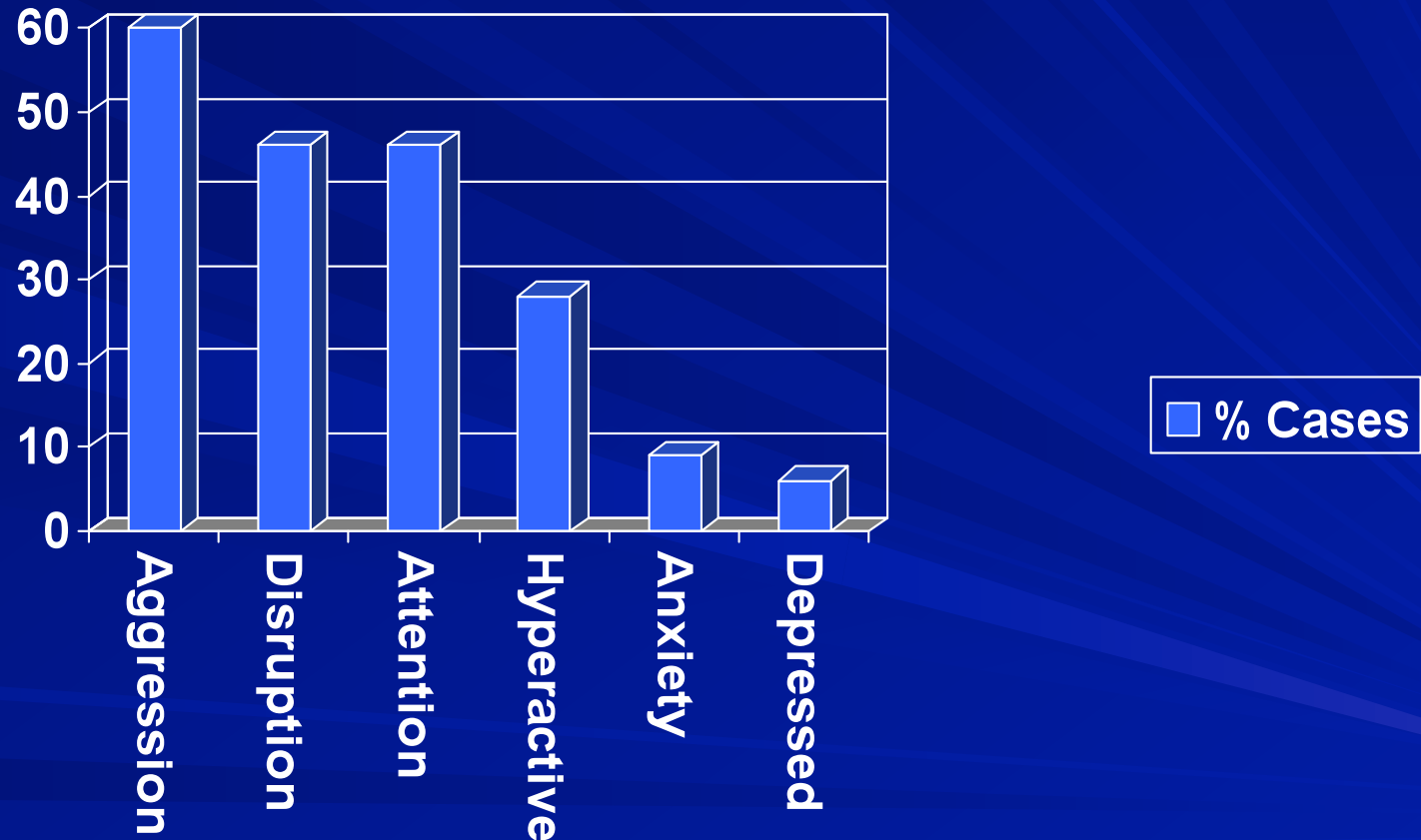
■ Programmatic MH Consultation

- Focuses on improving the overall quality of the program
- Assists staff in addressing specific issues that affect more than one child, family or staff member
- Increases the capacity of staff to respond to the needs of all young children in their care

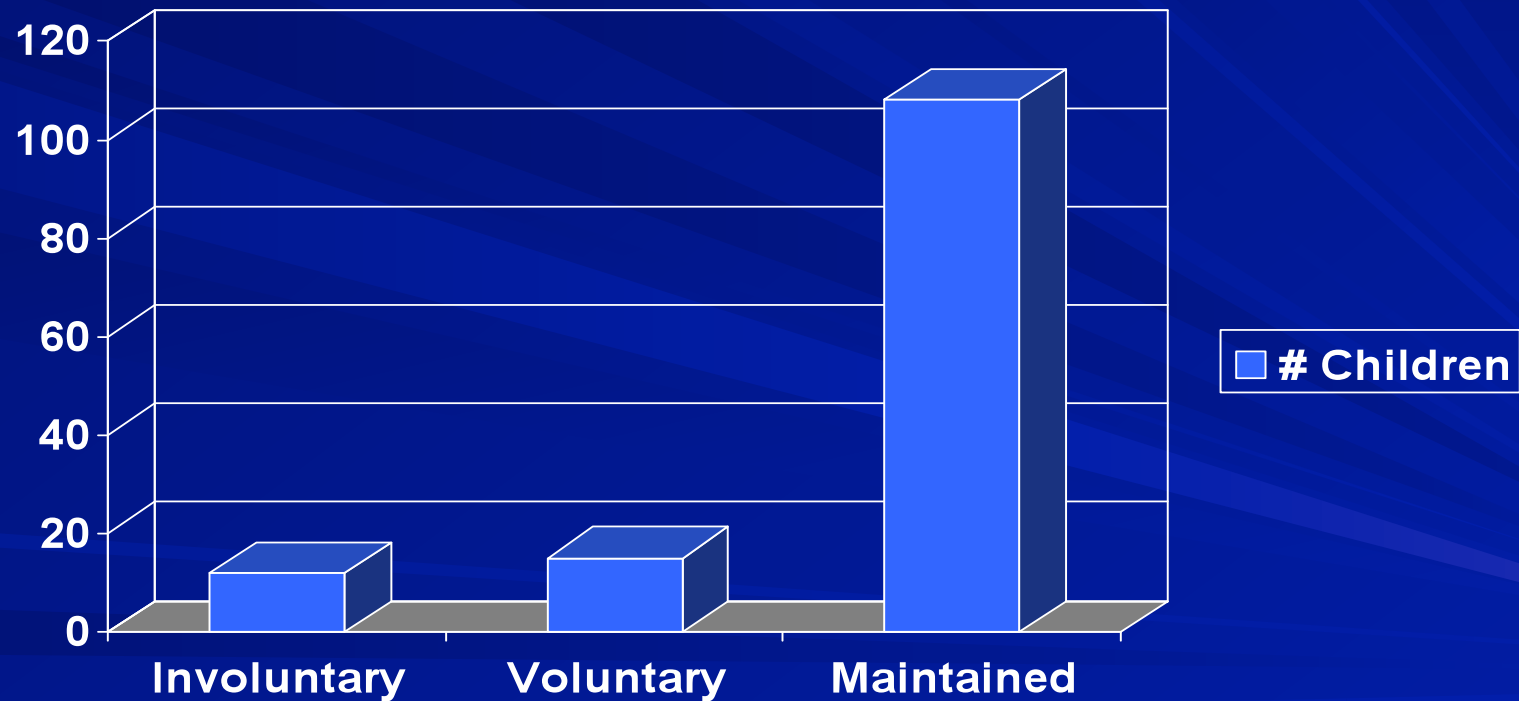
Maryland ECMH Consultation Pilot Programs

- Several local pilot programs integrating mental health consultation into child care programs
- Parents and providers are very pleased with services
- Began with Anne Arundel County, BEST Project
- Funded two pilot sites in Baltimore City and 5-county rural region of the Eastern Shore
- Montgomery County locally-funded programs

Primary Concern at Referral



Removed from Child Care



(n=135)

Maryland Study

- **Using the Data in Maryland**
- In the Maryland pilot projects, the combined, overall findings were very positive and meaningful to the initial stakeholder evaluation questions.
- • **Nearly 90% of children at risk for expulsion were maintained in their child care placement;** in each site, only 2 children were expelled.
- • **Strong gains were seen in children's social skills:** roughly 75% of all children served in both sites had improved social skills.
- • **Reductions were seen in the highest rates of problem behaviors:** across the two sites, the majority of children presented with extreme levels of behavior problems. At discharge the majority of these children had behavior in the normal range.
- • **Changes in teachers' behaviors and improvements in the classroom environment were seen in child care programs that received consultation services.**

Expulsions

- In each site only 2 children were expelled
- 90% maintained in current child care
 - Kids at highest risk
 - Some kids were moved by parents on voluntary basis

Early Childhood Mental Health System of Care – Consultation

- **Mental health consultation now available to all child care programs in Maryland**
- **Mental health consultation to all early childhood programs**

Early Childhood Mental Health System of Care - Assessment

- Screening (infant visiting programs, child care centers, infant and toddler programs, special education programs, Family Support Centers, Head Start)
- Assessment by qualified early childhood mental health professionals (American Academy of Child and Adolescent Psychiatry Practice Parameter on Infant Mental Health Assessment)
- Diagnosis (Biopsychosocial model)

Mental Hygiene Administration Collaboration with Department of Human Resources

- Consulting with Baltimore City DSS on mental health assessment and treatment for children entering foster care including use of psychopharmacology
- Expanding mental health in-home crisis and stabilization services to stabilize children in their first foster care home or kinship care home

Mental Hygiene Administration Collaboration with Department of Human Resources

- SAMHSA System of Care grants in Baltimore City and the Eastern Shore to use a Care Management Entity utilizing child and family teams with a wraparound service delivery model to stabilize children in their foster home and keep them from needing higher end placements

Strategy: Workforce Development

- **Child and Adolescent Mental Health Institute**
- Child Psychiatry Divisions at University of Maryland and Johns Hopkins; Maryland Coalition of Families for Children's Mental Health; Mental Hygiene Administration
- Evidenced Based Practice
- Trauma Informed CBT; Treatment Foster Care; Psychopharmacology

Strategy: Workforce Development

- Work with Maryland colleges and universities to increase training of early childhood mental health professionals
- **University of Maryland Certificate Program** for Masters and above trained clinicians **on early childhood mental health**

Strategy: Training

- Train early childhood professionals to recognize and manage less severe mental health need

- Center for the Social and Emotional Foundations of Early Learning

CSEFEL

<http://csefel.vanderbilt.edu>

Ten Action Steps to Move the Agenda

- 1. **Build the vision and get started**, even with one cluster of services, such as early childhood mental health consultation.
- 2. **Pay attention to language and employ words that are “user-friendly.”** Sometimes policymakers, families, and the public find the term “early childhood mental health” off-putting.
- 3. **Develop state, community, and national strategies to ensure that healthy emotional development is integrated into the larger early childhood agenda.**

Ten Action Steps to Move the Agenda

- 4. Ensure a strong family voice in the planning and implementation of services and service delivery strategies to promote children's healthy emotional development.
- 5. Address the key infrastructure and policy challenges, including funding, serving young children who are at risk of developing and experiencing long-lasting emotional and behavioral problems, and building needed interagency collaborations.

Ten Action Steps to Move the Agenda

- 6. Expand the capacity and size of the work force with the appropriate child development and mental health skills and perspectives.
- 7. Increase the ability to track outcomes, efficacy, and cost.
- 8. Build the evidence base about the effectiveness of different kinds of interventions, especially linked to outcomes such as school readiness.
- 9. Forge national coalitions and partnerships.
- 10. Strengthen federal, state and local leadership.

Future Direction

- Continue to **improve prenatal care**
- **Grow mental health consultation** to home visiting programs (Evidence Based Practice Nurse Family Partnership and Healthy Families America), and Infants and Toddlers programs (Part C)
- **Screening, assessment and treatment services available to scale** in all Maryland jurisdictions

Future Direction

- Increase collaboration between pediatricians and child psychiatrists and other mental health providers
- Continue to train workforce
 - CSEFEL available to all early childhood professionals
 - Masters and Above Certificate Program
 - Bachelor's Level Certificate Program

Conclusion

- Even in the face of limited resources, by forging new alliances and building on local and state assets that already exist, it is possible to move forward and respond to an arena of child development that has, from a public policy and practice perspective, been too long ignored