

# LAUNCH in the National Context

Larke Nahme Huang Ph.D.

Senior Advisor

Office of the Administrator, SAMHSA

June 23, 2009



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Substance Abuse and Mental Health Services Administration  
[www.samhsa.gov](http://www.samhsa.gov)



# Presentation Overview

- ▣ Developments in the Literature
- ▣ Health Reform
- ▣ The Administration
- ▣ Congress
- ▣ Federal Partnerships

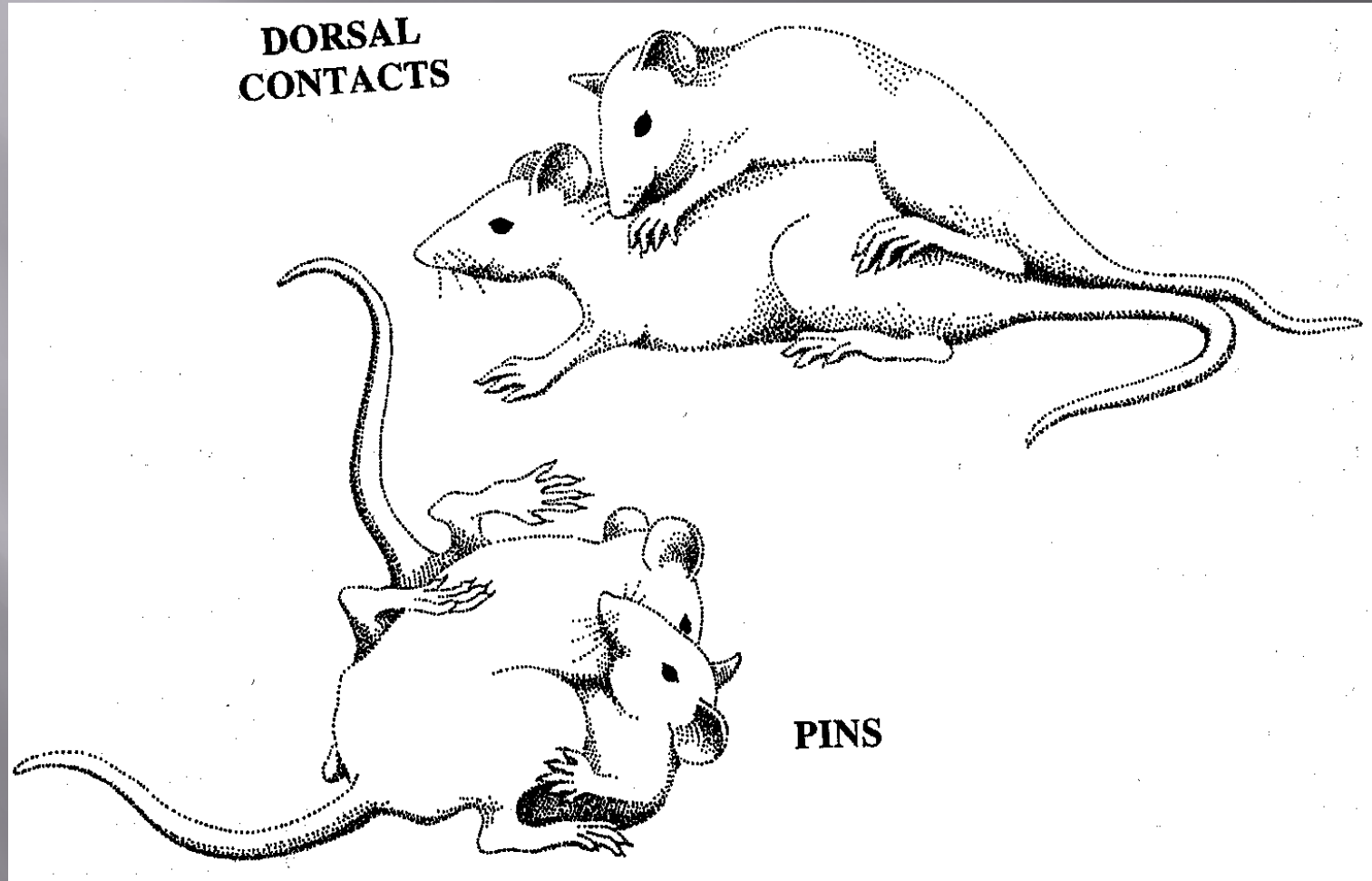
# We have the substantial knowledge base

- ▣ Brain development is highly sensitive to external influences in early childhood with lifelong effects
- ▣ Emotional well-being of young children is linked to that of their caregivers and families
- ▣ Early childhood mental health is essential to overall child health and well-being
- ▣ Effective prevention and treatment interventions, 2-generational, exist
- ▣ Economic incentives and benefits have been identified

# Trauma in Childhood and Chronic Disease

- ▣ Emerging evidence of trauma associated with chronic diseases – physical, mental and substance use
- ▣ Experiences in early childhood have impact throughout life...brain, cognitive and behavioral development early in life are strongly linked to an array of important health outcomes...including cardiovascular disease and stroke, hypertension, diabetes, obesity, smoking, drug use, and depression...
- ▣ Adverse Childhood Experiences Study: numbers of ACEs in childhood directly linked with chronic diseases
- ▣ 0-5 year olds more likely to be present when DV occurs and to be exposed to multiple incidents of DV and parental substance abuse over a 6-month period.

# Play

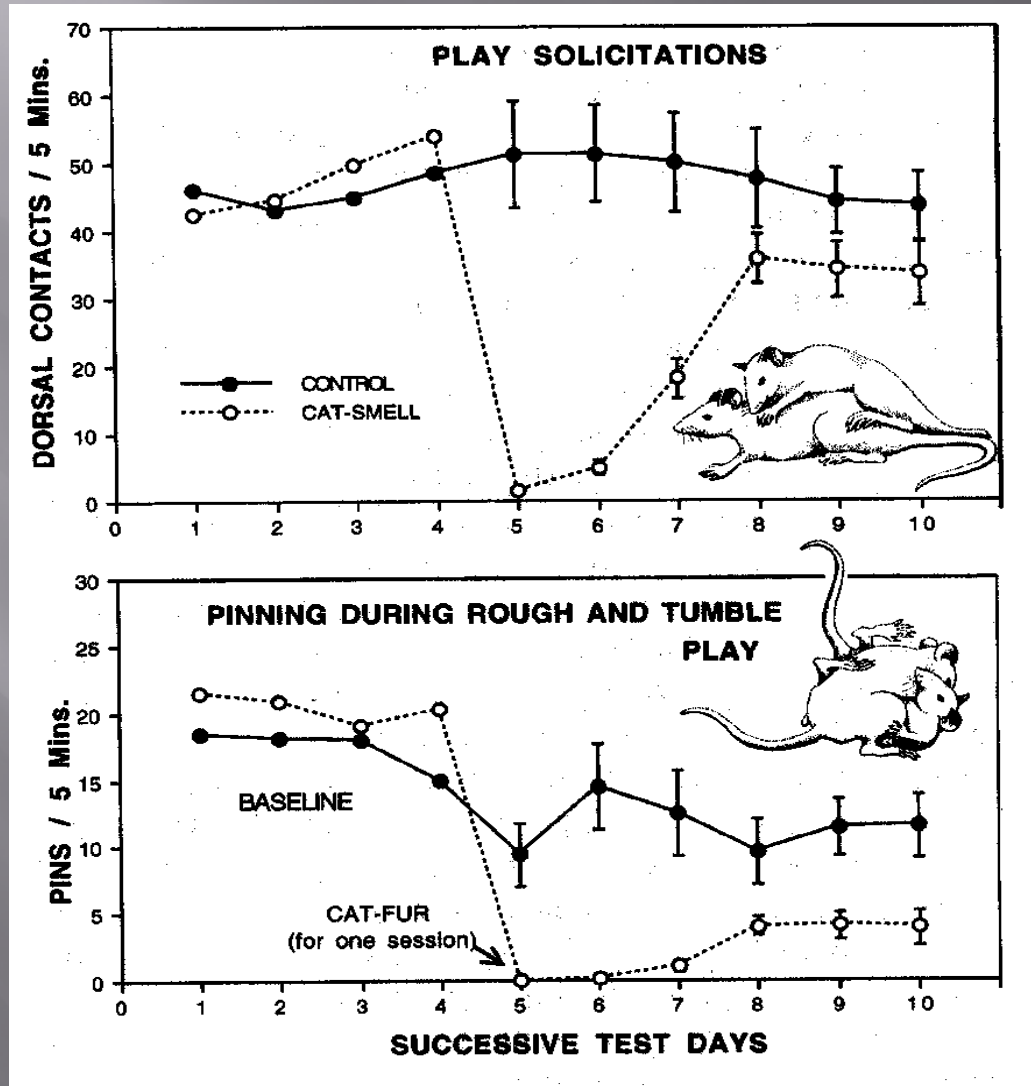


In Panksepp JP (1998): *Affective Neuroscience: The Foundation of Human and Animal Emotions*,  
Oxford, New York

# Play and Fear

In Panksepp JP (1998): *Affective Neuroscience: The Foundation of Human and Animal Emotions*,  
Oxford, New York

Oxford, New York



# Emerging Data: 2009

- ▣ Economic setbacks for nation's children: more likely to live in poverty, less likely to have at least one parent employed year round, more living in inadequate housing
- ▣ Among children in poverty: 10% of White; 35% of black and 29% of Hispanic children
- ▣ Slight declines in preterm birth and low birth weight
- ▣ Slight increase in birthrate among adolescent girls; these babies in homes with less emotional support and cognitive stimulation, less likely to earn high school diploma
- ▣ Proportion of all births to unmarried women highest ever level recorded

# Children Especially Suffer as States Cut Health Budgets

- ▣ Children's hospitals, pediatricians hardest hit by state cuts
- ▣ One in four children (22M) get health coverage via Medicaid or Children's Health Insurance Program; turned away at doctor's, hospitals, providers, etc.
- ▣ Reduced reimbursement rates → reduce access
- ▣ Privately insured kids affected as hospitals and providers cut staff due to revenue shortfalls
- ▣ Medicaid: primary payer for children's mental health



# Social and Emotional Problems in Young Children are Widespread

- ▣ No national epidemiological data, but....
- ▣ 10% of all kindergarten children show problematic behavior (ECLS)
- ▣ Rates are 2-3 times as high in low-income samples
- ▣ Clinical level problems around 17% across diagnostic categories
- ▣ Depression in mothers of young children: 40% of Early Head Start mothers
- ▣ Among pregnant women with SUD; 58% have depressive symptoms; clusters of risk behaviors for young child
- ▣ 10% 0-5 yr olds living with a parent with SUD/SA
- ▣ Largest cohort of children entering foster care: 0-5 year olds

# Expulsion Rates

(W. Gilliam, 2005)

- ▣ PreK Expulsion Rate = 6.7/1,000
- ▣ K-12 Expulsion Rate = 2.1/1,000
- ▣ State expulsion rates for pre-K exceed those of K-12 in 37 of 40 states funding pre-K
- ▣ Lowest in Head Start and public schools; highest in faith-affiliated and for-profit child care
- ▣ Likelihood of expulsion decreases significantly with access to classroom-based behavioral consultation.

# Recent Institute of Medicine (IOM) Reports

- ▣ **Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities**  
- February 2009
- ▣ **Depression in Parents, Parenting, and Children: Opportunities to Improve Identification, Treatment, and Prevention**  
- June 2009

# Preventing Mental, Emotional, and Behavioral Disorders Among Young People

- ❑ Most mental, emotional, and behavioral disorders have their roots in childhood and youth.
- ❑ National priorities should include (1) provision of the best available evidence-based prevention interventions to at-risk individuals and (2) the promotion of positive mental, emotional, and behavioral development for all children and youth .
- ❑ Benefits exceed costs for many preventive interventions, with strongest evidence for this potential savings in early childhood.
- ❑ A number of specific preventive interventions can modify risk and promote protective factors that are linked to important determinants of mental, emotional, and behavioral health, especially in such areas as family functioning, early childhood experiences, and social skills.

# Depression in Parents, Parenting and Children

- ▣ 148.8 million parents in the U.S.
- ▣ 17% parents had major or severe depression in lifetime (NCS-R, 2002)
- ▣ 7% in past year had depression = 7.5M
- ▣ 15.6M children (<18yrs old) living with adult with major depression

# Parental Depression: Impact on Parenting

Two Core Parenting Functions Effected:

- ▣ Fostering Healthy Relationships
  - Attachment and early brain development, nurturing vs. harsh parenting; balanced relationship and emotional regulation;
- ▣ Carrying out the Management Functions of Parenting
  - Safety guidelines, consistent routines, discipline, feeding, facilitate child's education and obtain "health home" for well-child and acute health care

Maternal history of maltreatment increases women's risk for depression, substance abuse and domestic violence; puts child at greater risk of maltreatment

# A Two Generation Approach

## Barriers

- ▣ Facilities and providers specialize in either adults or children, not both
- ▣ Rarely asked if adult with disorder has children in the home
- ▣ Child service system not equipped to identify parents with substance and mental disorders
- ▣ Financing of delivery system – based on adult acute care or individual well-child or acute care

Treatment for adult may be prevention for the child

# IOM Recommendations around Parental Depression

The report recommends:

- ▣ parental depression is made a priority in efforts to improve mental health and reduce health disparities
- ▣ A national effort to document the magnitude of the problem
- ▣ A demonstration program to address parental depression is created
- ▣ States should develop strategies to address parental depression
- ▣ The Federal government should provide support and training to providers to identify treat and prevent paternal depression
- ▣ Reimbursement systems should be improved to better address parental depression
- ▣ The Federal government should create a coordinated multi-agency research agenda to address parental depression



# The Context of Health Reform

- ▣ Prevention and Wellness
- ▣ Health Information Technology
- ▣ Comparative Effectiveness Research
- ▣ Early Childhood Investments
- ▣ Integration of Behavioral Health and Primary Care

# A Priority for the Administration

The Obama Administration has made health care reform its top domestic priority.

- ▣ Healthcare costs are straining federal and state budgets, the ability of employers to provide benefits, and the wellbeing of families.
- ▣ Healthcare spending doubled from 1996 to 2006, and is projected to rise to 25% of GDP in 2025.
- ▣ Employer-sponsored health insurance premiums have more than doubled in the last 9 years, a rate 4 times faster than cumulative wage increases.
- ▣ Half of all personal bankruptcies are at least partly the result of medical expenses.
- ▣ An estimated 87 million people – 1 in every 3 Americans under the age of 65 - were uninsured at some point in 2007 and 2008.
- ▣ President Obama promised universal health care for all Americans during his first term, saying,

*“Healthcare reform is no longer just a moral imperative; it is a fiscal imperative. If we want to create jobs, rebuild our economy, and get our Federal budget under control, then we must address the crushing cost of health care this year.”*

# The Process in Congress

Five Congressional Committees are working on Health Reform:

- The House Committee on Ways and Means
  - The House Committee on Energy and Commerce
  - The House Committee on Education and Labor
  - The Senate Committee on Finance
  - The Senate Committee of Health, Education, Labor and Pensions
- 
- ▣ The three House committees are working on a joint bill.
  - ▣ Each of the Senate committees is releasing its own bill which will be combined before working out differences with the House bill.

# The Process in Congress: Timeline

The administration is pushing an aggressive timeline to get a health reform bill passed by fall. If this plan goes according to schedule, this is what it will look like.

- ▣ Though April and May: Committee hearings have been held and bills have been drafted.
- ▣ In June: Health-related committees will markup, amend, and vote on health reform legislation.
- ▣ In July: Healthcare reform bills will be introduced in the House and Senate, and each body, respectively, will pass health reform legislation.
- ▣ In August: The House and Senate will meet to create a single version of health reform legislation in the form of a “conference committee report”.
- ▣ In September: The House and Senate will pass health reform legislation and the bill will go to the President to sign. When it is signed, it will become law.

# Investments in Early Childhood in the Current Bills

- ▣ From the Draft House Bill:
  - \$150 million in 2010 rising to \$550 million in 2015 for home visitation to families with young children.
  - \$2.4 billion in 2010 rising to \$3.5 billion in 2015 for prevention and wellness activities
  
- ▣ From the Draft Senate Health Education and Labor Bill:
  - \$10 billion dollars a year until 2020 to support prevention and wellness activities, with increased funding after 2020

# A Movement Towards Early Childhood: The Administration

- ▣ In his campaign pushed a “Zero to Five” plan: \$10B yearly to create Early Learning Challenge Grants; quadruple # children for Early Head Start; increase Head Start funding; create Presidential Early Learning Council to increase collaboration and coordination across federal, state, and local programs
- ▣ In the American Recovery and Reinvestment Act
  - (1) Child Care and Development Block Grant (CCDBG) \$2 Billion;
  - (2) Head Start and Early Head Start (HS/EHS) \$2.1 Billion; and
  - 3) Individuals with Disabilities Education Act (IDEA) Part C \$500 Million

# Early Childhood References from President Obama

- ▣ In his budget for 2010:
  - Promise Neighborhoods – \$10 Million for Planning Grants to a reported 20 grantees with a significant focus on early childhood
  - \$124 million in new funding through ACF to offer 55,000 first time parents nurse home visiting
  - Health reform
- ▣ In progress - Triple P in Community Health Centers

# A Movement Towards Early Childhood: Congress

- ▣ A Baby Caucus has been established in congress by Representatives Rosa L. DeLauro (D – Ct) and Denny Rehberg (R-Mo)
- ▣ Hearings in House Committee on Education and Labor:
- ▣ March 17<sup>th</sup> “The Importance of Early Childhood Development”
- ▣ March 19<sup>th</sup> “Improving Early Childhood Development Policies and Practices”
- ▣ June 11<sup>th</sup> “H.R. 2343, Education Begins at Home Act” (an act expanding access to early childhood home visitation programs for parents and children)
- ▣ *“There are initiatives across the country leading the way that show that investments in high quality early education can make a tremendous difference in children’s futures....”*
  - George Miller, Chairman of the House Committee on Education and Labor



# Even the feds are collaborating: “*Early Childhood Systems Federal Partners Work Group*”

- ▣ Dept Health and Human Services
  - ACF: Child Care Bureau, Office of Head Start (Child Abuse Prevention, Home Visiting Child Care Programs, HS/EHS)
  - CDC: National Center on Birth Defects/Devel Disability and Human Development (Education/awareness, prevention programs)
  - HRSA/MCHB: Early Childhood Comprehensive Systems Grants
  - SAMHSA: Prevention (Fetal Alcohol Syndrome, Project LAUNCH)  
Treatment (Systems of Care, Child Trauma Initiative)
- ▣ Dept of Justice: OJJDP (Safe Start/ child Protection Program)
- ▣ Dept of Education: Office of Special Education Programs (IDEA)

# Purpose of E.C.S. Federal Partners Work Group

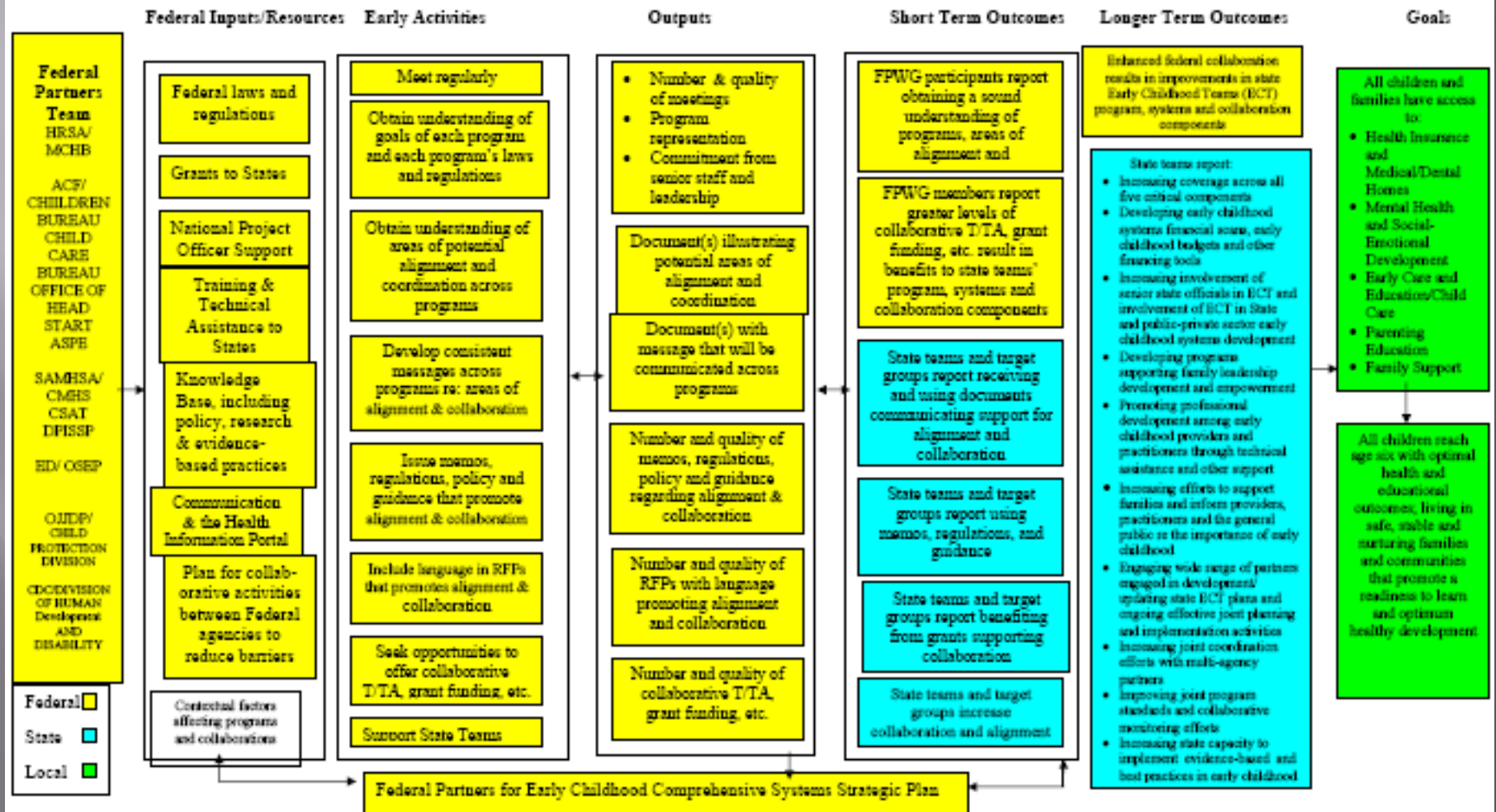
- ▣ Goal: *“all children reach age six with optimal health and educational outcomes, living in safe, stable and nurturing families and communities that promote a readiness to learn and optimum healthy development”*
- ▣ Build collaborations at the federal level to facilitate better coordination among young children’s programs at the state and local level

# Early Childhood Systems Federal Partners Logic Model

## LOGIC MODEL FOR THE FEDERAL PARTNERS WORKGROUP

In Support of State Early Childhood Teams

(January 2009 Version)



# E.C.S.Federal Partners: Selected Activities

- ▣ Promote coordination among grant programs focusing on young children
- ▣ Input into partner agencies' RFAs
- ▣ Convene joint grantee meetings
- ▣ Identify shared indicators
- ▣ Share technical assistance across sectors
- ▣ Generating an interagency web portal on federal programs on young children
- ▣ *Recognition that we are serving same families that experience cluster of challenges*

# Questions/Comments

