



"Promising Practices" in the Primary Prevention of Mental Illness

Kansas ECCS
Strategic Planning Meeting
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How do you prevent a Mental Illness???

- Much like other prevention strategies, the key to prevention or minimization of mental illness is early intervention.



Early Childhood Mental Health Services in Kansas.

Kansas lacks a unified comprehensive statewide infrastructure that is specifically dedicated to helping infants and young children (0-5) with social emotional and mental health needs.

Children and families are suffering because of missed opportunities for prevention, lack of early identification, fragmented treatment services and low priority for resource allocation.

Assuring the emotional health of infants, young children, and their families must be accomplished by providing a continuum of comprehensive, culturally competent services which incorporates the promotion of social and emotional development as well as prevention, early intervention, and treatment services.

Recommendations to expand and enhance early childhood mental health services:

1. Enhance Kansas communities' ability to support and strengthen the social and emotional well-being of all young children and their families through increasing coordination of birth to five services at both the state and local levels.
2. Develop a coordinated system to screen and assess the social and emotional mental health needs of children birth to age five and develop a consistent referral procedure for services in the context of family, culture, and community.
3. Adopt and train providers on the utilization of appropriate diagnostic criteria (DC-03)
4. Improve and expand mental health treatment options and interventions for children birth to age five and their families. This includes services such as professional mental health consultation.
5. Build a training infrastructure for early childhood mental health in Kansas including Level 1 front-line providers, Level 2 early interventionists, and Level 3 early childhood mental health specialists.
6. Develop public policies that support the promotion of healthy social and emotional development as well as prevention, early intervention, and mental health treatment services for children birth to age five and their families.

The First Steps:

- Screening, Assessment, and Diagnosis
- Developing professional consultation
- Developing a training Infrastructure

Screening, Assessment, and Diagnosis

■ Medicaid EPSDT Mandate:

- Since the late 1960's, states are required to:
 - Screen all Medicaid Eligible Children
 - Diagnose any condition found through a screen, and
 - Since 1989 furnish appropriate medical services to "correct or ameliorate defects and physical and mental illness and conditions discovered by the screening services."

- In Kansas, EPSDT is called Kan-Be-Healthy

Screening:

- Screens can occur at
 - A scheduled comprehensive physical check-up
 - A semi-periodic screening that includes any contact with a health care professional.
- In 2000, the Bazelon Center reviewed 31 states to determine if EPSDT screening was done at an early age
 - The finding: Nearly all states lacked any meaningful information about behavioral healthcare screening.

Analysis of Behavioral Health Screening (under 6 years of age):

- Only 15 states have a mental health screen for young children
 - 10 States recommended non-standardized screens,
 - 5 states recommended standardized screens
 - Kan-be-Healthy does not include a behavioral healthcare screening for children under the age of 6.

Utilization of Mental Health Screening:

- Most states have developed their own tool.
- All screens were rapidly administered.
 - 46% were completed by a provider
 - 54% were completed by parents
- Over 72% of the screens included criteria for referral for further assessment by a mental health professional.

Assessments:

Screening tools have several uses, including identifying children who show signs of a possible developmental delay or disorder; supporting care or curriculum planning; and evaluating outcomes.

However, a screening tool is not sufficient for confirming a developmental delay or disorder, which requires an assessment. Therefore, children whose screening results indicate a possible delay or disorder should undergo a comprehensive assessment.

Assessment Tools

Assessment tools are helpful components of an assessment process, but assessment tools alone are insufficient for diagnosing a delay or disorder, or developing treatment plans. Accomplishing these assessment goals requires integration of additional information and the clinical judgment of a mental health professional that is gathered through interviews and observations.

Resources to Identify Screening and Assessment Tools:

THE INFANT, PRESCHOOL, FAMILY, MENTAL HEALTH INITIATIVE

Compendium of Screening Tools for
Early Childhood Social-Emotional
Development

By
Todd Sosna, Ph.D., and
Ann Mastergeorge, Ph.D.
California Institute for Mental Health

□ http://www.cimh.org/downloads/IPFMH_Screeningtools.pdf

Diagnosis: the “DC-03”

The DC-03R is a diagnostic classification system developed to provide a common language in which clinicians, researchers, family members, and health care policy makers can communicate, transcending the terminology of their own specialties when addressing the mental health and developmental needs of infants and young children.

DC-03 continued

- The DC-03 currently is not an accepted diagnostic classification system in Kansas. However, it can be used by clinicians to help develop an appropriate diagnosis through the use of the DSM-IV-PC or the ICD-9 Codes.

Developing an Early Childhood Mental Health Consultation Model:

- In May of 1998, the Centers for Mental Health Service (CMHS) convened a roundtable on Mental Health Consultation Approaches. This was as a result of Early Childhood Providers reporting that they were seeing an increasing number of children with special needs who may or may not meet eligibility criteria for IDEA.

- These same providers indicated that the most helpful types of assistance to support them in caring for children with challenging behaviors were:
 - on-site consultation with mental health experts
 - Workshops on behavioral management strategies
 - Written material on behavioral management strategies.

- The Roundtable:**
- The goal of the roundtable was to exchange information and ideas about:
 - the current understanding of families, programs, and communities that make mental health consultation essential to the delivery of high quality services, and
 - promising approaches to providing early childhood mental health consultation in various settings.

What Kansas is doing regarding early childhood mental health consultation?

TSP – Early Childhood Mental Health Consultation.

- In FY 06, the Kansas Legislature appropriated \$1,000,000 to SRS, Health Care Policy specifically for Children’s Mental Health Services. Up to \$500,000 of this award is expected expand therapeutic services to preschoolers through the utilization of Early Childhood Mental Health Consultation.
- The RFP can be found at:
 - <http://www.srskansas.org/hcp/MHmain.htm>

Program Guiding Principles:

Early Childhood Mental Health Consultation is a problem-solving and capacity building intervention implemented within a collaborative relationship between a professional consultant with mental health expertise and one or more individuals with other areas of expertise - primarily child care professionals, early education and child development professionals, and families. Early Childhood Mental Health consultation aims to prevent, identify, treat, and reduce the impact of mental health problems among children from birth through age five.

The Roles of a Early Childhood Mental Health Consultant:

- The role of an Early Childhood Mental Health Consultant within the framework of TSP are to assist early childhood professionals and families with understanding and incorporating a mental health perspective in their own work and interactions with young children, and to use their own roles, skills, and experiences to:
 - 1) Foster positive learning and development of each child through careful observation
 - 2) Develop and Implement strategies that enhance learning experiences
 - 3) Promote social and emotional development of each child
 - 4) Build relationships and communication between the early childhood mental health consultant, early childhood education and childcare providers, and with parents
 - 5) Seek further consultation when necessary

Other Policies:

- SRS-HCP is in the process of revising the current Medicaid service array. When this is completed, many of the barriers to serving very young children will be removed and Medicaid codes for the reimbursement of assessment and treatment will be available.

Treatment of Early Childhood Mental Health Disorders:

- Multiple researchers suggest that we must improve the ability of the family and community providers to identify early childhood mental health issues and to build their capacity to respond to those families and children when there are identifiable mental health needs (Smith and Fox, 2003).
- For children and families who exhibit significant difficulties in their healthy social and emotional development and need treatment to address identified mental health issues; it then becomes imperative that the early childhood system of care clearly identifies a process for referral to a licensed mental health professional for treatment to address identified mental health issues.
- For this to be possible, a cadre of trained professionals who specialized in early childhood mental health must be developed.

Developing a training Infrastructure:

- Kansas lacks any professional education program, degree, certification, or continuing education program for infant mental health professionals.
- However, the current RFP's require that certain core competencies be met in order to become a highly qualified early childhood mental health professionals.
- Additionally, The Kansas Mental Health Authority has funded professional development activities specifically around the development of skills related to early childhood mental health.

Core Competencies:

- 1) A master's level licensed mental health practitioner who is acting within the scope of their professional license and applicable state law.
- 2) 30 clock hours of initial in-service training and 15 clock hours yearly of continuing education training specific to early childhood (0-5) social / emotional development. Examples include:
 - a. Knowledge of child development milestones and an understanding of concepts underlying young children's social-emotional development including attachment, separation and loss, prenatal exposure to drugs and alcohol, maternal depression, adolescent parenting, abuse and neglect, failure-to-thrive, low birth weight babies and infants, etc.
 - b. Knowledge of the observation of young children, parent involvement, behavior concerns in preschool children, resilience, classroom strategies for mental health and social skills, linking social/emotional health to school readiness, building protective factors in children and their families, etc.
 - c. Knowledge of "best practices" in early childhood mental health including: Bruce Perry's Model of Neuro-sequential Development, Becky Bailey's Conscience Discipline Model, and Positive Behavioral Supports, etc.

Core Competencies Cont.:

- 3) Required Training in Screening, Assessment, and Evaluation including training on the preferred screening and assessment tools listed above and training in the Diagnostic Classification for children zero to three (DC-03). (This training is required in addition to the 30 hours listed above)
- 4) Required Training in Early Childhood Mental Health Consultation (this training is required in addition to the 30 hours listed above) examples include:
 - a.) NCAST Promoting First Relationships (http://gucchd.georgetown.edu/programs/ta_center/object_view.html?objectID=2562)
 - b) Other training resources can be found at (<http://www.zerotothree.org/imh/training.html>)
- 5) Ongoing regular relationship based reflective supervision. (a minimum of 25 documented clock hours per year).
- 6) Membership with a state or national infant and toddler mental health professional association.

Funding for professional development:

- The Community Mental Health Center Family Centered System of Care (FCSC) Technical Assistance Fund has been utilized extensively over the past two years to develop expertise in early childhood mental health services.
- More information can be found at:
 - www.kidstraining.org under the TAP Zone.

Why do we need this???

In 1999, The "Unmet Needs Project" found that:

- Social and Emotional Concerns are present in a significant number of children ages birth to three.
- Infants and Toddlers are often excluded from services because of social and emotional problems and family life is severely affected by behavior problems of children under the age of three.
- Family mental health issues are the most difficult challenges that face many Early Childhood care and educational staff.
- Mental Health services in most communities do not have staff trained to work with infants, toddlers, and their families.
- Early childhood care and education staff feel neither prepared to meet the needs of these children nor are they properly trained to do so.
- Programs are more prepared to meet the social and emotional needs of young children and their families if they have specially trained staff or access to trained mental health consultants.

Promotion of healthy social and emotional development through prevention and early intervention services to children and families can only be provided in collaboration with existing community partners.

Community partners have the capacity and, more importantly, multiple opportunities to directly impact the lives of infants, young children, and their families. They represent the natural environment for children and families to be in and are embedded into every culture, but are often unprepared to meet the social and emotional needs of young children when mental health issues are suspected.

To address the needs identified in the "Unmet Needs" project, a continuum of mental health services that can be integrated into existing community services and includes early childhood providers, early interventionists, and mental health professionals that is based on a risk and resiliency model must be developed and implemented.

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Resources:

- Best Practice in Early Childhood Mental Health Program for Preschool-Age Children (Barfield, 2004)
 - <http://www.socwel.ku.edu/occ/cmh/projects.html>
- Child Trauma Academy
 - <http://www.childtrauma.org/>
- Compendium of Screening Tools for Early Childhood Social-Emotional Development (Todd Sosna, Ph.D., and Ann Mastergeorge, Ph.D., California Institute for Mental Health, December 2005)
 - http://www.cimh.org/downloads/IPFMH_Screeningtools.pdf
- Early Childhood Mental Health Systems of Care
 - http://qucchd.georgetown.edu/programs/ta_center/topics/early_childhood.html
- Infant and Toddler Medicaid Funded Mental Health Services
 - <http://www.fmh.usf.edu/institute/pubs/pdf/ahca/2002infant-toddler-mhs.pdf>
- Kansas Early Childhood Comprehensive Systems Plan
 - www.keccs.org
- Zero to Three
 - <http://www.zerotothree.org/>
- Kansas Association for Infant Mental Health
 - <http://www.kaimh.org/>
