

# Early Childhood Mental Health in Colorado:

## An Environmental Scan of Challenges, Progress and Recommendations for the Social and Emotional Health of Colorado's Children

Prepared by JFK Partners/University of Colorado School of Medicine for Rose Community Foundation and Caring For Colorado Foundation

Early childhood mental health is the capacity of children from birth to five years to form close and secure relationships; experience, manage, and express a full range of emotions; and explore the environment and learn—all in the context of family, community, and culture.

This developing capacity is inextricably linked to children's cognitive, communicative, and physical development and significantly impacts the well-being of every family with young children. To support the healthy development of our young children, it is essential to create a comprehensive system that supports a continuum of mental health services and has the capacity to deliver those services statewide. Despite a growing awareness of the importance of mental health to future wellness and recent progress to address gaps in its current system, Colorado's early childhood mental health system remains inadequate to *promote* the healthy development of its young children, *prevent* problems for those at risk, and *treat* the symptoms of children with diagnosed mental health disturbances.

Rose Community Foundation and Caring for Colorado Foundation have a long history of supporting early childhood mental health in Colorado and together saw an opportunity to collaborate and explore a shared strategy to move the field forward. To that end, the Foundations contracted with JFK Partners, University of Colorado School of Medicine, to identify opportunities and develop recommendations for philanthropy to address the unmet mental health needs of Colorado's young children and their families at the levels of promotion, prevention, and treatment through effective programs and policy solutions.

The resulting environmental scan included comprehensive data from: (1) an extensive review of relevant literature and documents; (2) an analysis of key informant interviews and focus groups; and (3) a summary of early childhood mental health service data. Data were organized to provide an understanding of the current status and to support recommendations to build upon the five goal areas identified in Colorado's Early Childhood Mental Health Strategic Plan in 2008. Two additional goal areas were added based upon findings of the environmental scan. The seven goal areas are: Public Engagement, Professional/Workforce Development, Funding, Program Availability, Integrated System of Care, Child and Family Wellbeing, and School Readiness.

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Despite notable accomplishments and new opportunities related to each of the goal areas, a review of the data highlighted challenges to improving and expanding Colorado's system of early childhood mental health and led to the proposed recommendations. For example, the current workforce is insufficient, and there is a notable lack of incentives and supports for professionals to seek specialized training and remain in the field. While quality programs and services exist, availability is often unequal and limited to certain geographic areas. Despite the importance of early identification and treatment, screening for childhood social and emotional difficulties is inconsistent among providers. Moreover, current Medicaid policies are often not flexible enough to cover treatment appropriate for young children.

The accompanying full report includes recommendations for funders to address these and related challenges as they work with other funders, government and other social service agencies and mental health professionals to find enduring, systemic solutions. Overarching considerations should include:

- Colorado's policy, system and program readiness to properly address early childhood mental health issues statewide and the ability to integrate early childhood mental health into existing health care coverage and networks;
- The current effectiveness and preparedness of state and local mental health systems to provide access to parents and caregivers;
- The ability to identify and take to scale best models and best practices of effective early childhood mental health care;
- The importance of integrating the perspective of parents, caregivers, state agencies, childcare providers and health care professionals;
- The need to take account of differences among system capabilities and structures in rural and urban communities.

An overview of each of the seven goal areas with their respective objectives, challenges, progress and recommendations is provided in the addenda pages that follow.

# Child and Family Well Being

GOAL — Foster increased family stability and the development of strong bonds between young children and their parents.

## Objectives

- Opportunities exist to promote better mental health for young children and their families.
- There is increased screening for maternal and paternal depression and stress.
- There is a decrease in the percentage of families with child welfare involvement.

## Challenges

- Families consider mental health issues “private family matters” and do not seek professional help to address them.
- Parental depression and stress compromise children’s mental health, but there are inadequate resources to screen for and address these issues.

## Progress

- Fussy Baby Network Colorado exists to normalize and assist with difficulties new parents may experience.
- Colorado Maternal, Infant and Early Childhood Home Visitation Program was created by the federal health reform law.
- Recognition of the high incidence of postpartum mood disorder has led to more screening for new mothers, which has been included in the work of Project CLIMB at Children’s Hospital.

## Recommendation

1. Support programs at the levels of promotion, prevention, and intervention that include:
  - a. Increased screening for maternal and paternal depression, stress, and related mental health issues.
  - b. Increased availability of parenting education through early care and education, schools and primary care.
  - c. Increased access to early childhood mental health resources and therapeutic preschool programs for children who have entered the child welfare system, their parents, and their foster or kin care providers.

# School Readiness

GOAL — Children enter kindergarten socially and emotionally prepared and ready to learn.

## Objectives

- More children enter preschool, pre-K programs, and kindergarten socially and emotionally prepared and ready to learn.
- Fewer children are removed from preschool and pre-K programs due to challenging behaviors.

## Challenges

- Early childhood mental health is often not an important focus in the training or practice of early care and education providers.
- Early care and education providers are often not reimbursed or compensated for continuing education or professional development.

## Progress

- Social-emotional readiness and development are included in Colorado's Early Learning and Development Guidelines and in kindergarten readiness assessment.
- Federal funding through the Race to the Top: Early Learning Challenge will accelerate Colorado's plans to improve school readiness for kindergarten and increase access to high-quality early learning programs.
- Increased availability of early childhood mental health consultants has helped to address behavioral issues prior to school entry.

## Recommendation

1. Monitor the implementation of Race to the Top to ensure that early childhood mental health remains a priority.
2. Fund programs that support social-emotional development in kindergarten through third grade that incorporate best practices from early childhood mental health (e.g., Incredible Years and the Teaching Pyramid).

# Integrated System of Care

**GOAL** — A comprehensive and effective system of care exists that supports early childhood mental health.

## Objectives

Colorado's early childhood mental health system of care follows the public health model of promotion, prevention, and intervention which includes the following elements:

- universal early screening for social and emotional difficulties
- integration/availability of mental health services into primary care, early care and education settings, and home visitation
- ready access to psychiatric consultation for primary health care providers

## Challenges

- There is often a lack of information sharing and cross-discipline collaboration across providers.
- There is a lack of child-specific information sharing within and across systems that serve children (e.g., child care providers, pediatricians, etc.)

## Progress

- The Colorado Care Coordination Community of Practice has been established to ensure consistency in the definition and standards of care coordination.
- Colorado Child Health Access Program and Assuring Better Child Health and Development work to ensure children are receiving coordinated care in medical homes.
- Healthy Steps is included as one of the home visitation program model options through the Maternal, Infant and Early Childhood Home Visiting Program.

## Recommendation

1. Assess the following areas related to integrated primary/behavioral health care models:
  - a. Models of integrated physical and mental health care that are best practices.
  - b. Data on prevalence of integrated care models in Colorado, outcomes of these models, and the process by which these models function.
  - c. Solicit responses from providers on how integrated care models are working, including recommended improvements and challenges.
2. Assess the need/importance of care coordination within integrated care models to assist families in accessing needed services.
3. Conduct a feasibility study of developing a data system that could support collection of information on developmental, autism and social-emotional screening at the physician/practice level.

# Program Availability

**GOAL** — Colorado families and caregivers are able to easily obtain appropriate and affordable mental health resources and support for their children and themselves at the promotion, prevention and intervention levels.

## Objectives

- Parents can easily navigate services and supports to access the care their young child/family needs.
- Every young child/family in need of a mental health provider has access to one who is qualified to provide the services they need and accepts their insurance.
- Primary care practices adopt an approach that emphasizes a close relationship with parents in addressing the physical, emotional, and cognitive development of young children.

## Challenges

- Access to quality programs and services is unequal across Colorado due to differences in health care coverage and geographic locations.
- Specific programs and initiatives have proven effectiveness but are constricted by capacity and financial limitations.
- When early screening is done and problems are identified, providers do not know where to refer families for follow up and treatment.

## Progress

- Pilots and models of early childhood mental health consultation in child care and primary/pediatric health care continue to be implemented.
- Capacity to provide more direct services for outpatient and in-home services has increased.
- The Colorado Early Childhood Social-Emotional and Mental Health Navigation Guide has been launched.

## Recommendation

1. Increase the availability of Early Childhood Mental Health Consultation as a practice model throughout the state not only in early care and education programs but in other environments such as home visitation programs and primary care and pediatric practices.
2. Support regular updates of the Colorado Early Childhood Social-Emotional and Mental Health Navigation Guide to ensure the availability of current program and service information.

# Funding

GOAL — Financial and human investments and policies regarding children’s mental health follow a framework for promotion, prevention, and intervention; are embedded within Colorado’s early childhood system; and demonstrate accountability.

## Objectives

- Colorado’s early childhood mental health system of care is cost effective, fiscally sound, and sustainable with funding allocated to delivering services in environments where young children and their families naturally are.
- Flexible eligibility criteria exist that allow payment for services for young children who have recognized mental health difficulties but do not necessarily meet specific diagnostic criteria and for relationship-based treatment for young children and their parents.
- There is a voice “at the table” to represent early childhood mental health whenever issues/policies that affect young children and their families are under discussion.

## Challenges

- Reimbursement is often not flexible enough to accommodate a treatment model where the parent-child dyad or the family, rather than the individual child, is considered to be the client.
- There is a lack of a consistent set of standardized measures by which to assess gains/progress in early childhood mental health.
- Early childhood discussions in Colorado consistently lack a mental health voice, essentially making early childhood mental health either an afterthought or a forgotten domain.

## Progress

- There have been investments to provide for currently unfunded/non-reimbursable services, such as program-focused early childhood mental health consultation.
- There are increased public investments in early childhood mental health such as the Early Childhood Mental Health Specialists and a focus on social-emotional health in the Medical Home approach.
- Foundations are investing in early childhood social-emotional and mental health.

## Recommendation

1. Fund up to 50% of the Early Childhood Mental Health Program position within the new Office of Early Childhood with a condition that this is a short-term public-private partnership to support the position until a longer term state level sustainability strategy is in place.
2. Host working sessions with private insurance providers and Medicaid to promote relationship-based payment for young children and their caregivers, payment for treatment for issues that do not meet specific diagnostic criteria, and for treatment in non-clinical settings.
3. Commit to a funding strategy for early childhood mental health program evaluation that is based on outcomes and intended effects.

# Professional and Workforce Development

**GOAL** — All personnel in disciplines working with young children and their families use effective promotion, prevention and intervention strategies for mental health.

## Objectives

- Colorado has adequate numbers of trained professionals across all appropriate disciplines such as early care and education, mental health, medical and child welfare.
- Early childhood professionals at all levels have specialized and adequate training in early childhood mental health.
- Appropriate and recognized standards are in place to assess professional competency in early childhood mental health.

## Challenges

- There are inadequate numbers of professionals at all levels and disciplines with specialized training in early childhood mental health.
- Many colleges and universities continue to produce professionals who are trained to operate in “silos” rather than in an integrated system of care.
- There is a lack of incentives and supports for professionals to seek specialized training and remain in the field.
- There is only limited use of standards for professional competency, with no requirement for credential for certain professional positions.

## Progress

- The Colorado Association for Infant Mental Health (CoAIMH) has joined 14 other states in purchasing and adopting a nationally recognized endorsement (Colorado Infant/Early Childhood Mental Health Endorsement).
- Social-emotional training is a requirement in Colorado’s Rules Regulating Family Child Care Homes.
- Colorado’s Center for Social Emotional Competence and Inclusion at the University of Colorado Denver has been established and sustained.

## Recommendation

1. Work with Colorado colleges and universities to integrate early childhood mental health competencies into the training of all professionals who work with young children and their families.
2. Fund efforts to build a sustainable infrastructure for the Endorsement and promote standards and incentives as well as pay differential for having the Endorsement in early childhood mental health.
3. Commit funding for the integration of social-emotional models and practices and for professional development and practices that foster inclusion of children with social, emotional, behavioral and developmental concerns.



# Public Engagement

**GOAL** — The people of Colorado have a common understanding of early childhood mental health and embrace and support the healthy social and emotional development of young children.

## Objectives

The general public has a common understanding of:

- The foundational importance of early childhood mental health to overall health, well-being, and success in school and throughout life
- How to promote early childhood mental health
- Age-appropriate behaviors for children birth through age five years and when behaviors warrant professional attention

## Challenges

- The lack of key public service messages that reach a wide audience and effectively and consistently communicate the importance of early childhood mental health to overall health, well-being and success in school and throughout life.
- The lack of awareness of age-appropriate norms and expectations for young children, particularly with regard to social, emotional, and mental health, or an understanding that young children can suffer from mental health problems that are serious enough to warrant professional attention.
- The stigma that discourages many from seeking professional help for themselves or their children.

## Progress

- Many in the field of early childhood recognize the importance of children's mental health. The issue has been prioritized within:
  - The Early Childhood Colorado Framework and related work on the Framework in Action
  - Colorado's Early Learning and Development Guidelines
  - The state's 31 Early Childhood Councils
- Family child care providers are now required to take three hours per year of continuing education focused on children's social-emotional development.

## Recommendation

1. Convene early childhood mental health partners, including funders and stakeholders such as the Blue Ribbon Policy Council for Early Childhood Mental Health and the Colorado Association for Infant Mental Health (CoAIMH) to:
  - a. Identify one key issue or priority to target with a social marketing campaign. A public perceptions survey would be used to inform the group about the public's awareness and understanding of the issue.
  - b. Review the effectiveness of past social marketing efforts and the relevance of existing materials (e.g., Project BLOOM, ZERO TO THREE) and decide how best to disseminate the information.



