Frontiers in Child Care Research
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SESSION 2

Issues in the Linkage of Child Care, Mental Health, and Special Interventions

This session will highlight the experiences of Connecticut and Vermont in promoting linkages on behalf of children with disabilities as well as mental health issues. These case studies will be used as a springboard for the non-researchers in the group to discuss the issues and challenges they face and the research questions they would like answered. Researchers in the group will discuss approaches they are taking—or would like to see taken in new studies—to answer some of these questions.

Facilitator: Jane Knitzer, National Center for Children in Poverty, Columbia University

Discussants: Mary Ann Dayton-Fitzgerald, Connecticut Department of Children and Families

Brenda Bean, Child Development Division, Vermont Department for Children and Families

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Framing Questions Suggested by Participants

- How can capacity among early childhood providers or education coordinators be built, when the supply of mental health specialists is so limited?
- What are the best ways to train infant and toddler specialists?
- How can blaming children for problems be discouraged?
- What strategies are in place to reach parents or other caregivers who might not be in any other service delivery system?
- What is the status of a national model for people with experience in both early childhood and mental health? Is there any progress toward a national standard States can aspire to?
- How can the special needs of gifted children be addressed?

- How can child care providers link with Part B and Part C of IDEA?
- Are people in health, mental health, and early interventions conducting similar research that can be united at the research level?
- Can baby boomers entering retirement be capitalized on? Can linkages for volunteers be developed in these areas?

Mary Ann Dayton-Fitzgerald

- Connecticut's Early Childhood Consultative Partnership focused on children who are at risk of expulsion; it was established in January of 2003
- Objective is to support and enhance the building of relationships among and between all significant adults in a child's life
- Key objectives in working with the Department of Education were to: (1) ensure eligible children with disabilities are maintained and supported in their community-based early childhood program, (2) build capacity, and (3) provide linkages
- Team approach incorporated to collaborate with families, child care providers, and staff to build capacity and provide linkages between different services
- Department of Social Services was collaborative and helped CT to incorporate sites at an early stage
    - How CT's work linked to the Department's agenda was emphasized; the Department provided a 2-year funding stream

Program Model

- Early Childhood Consultative Partnership is a statewide program
- Program includes 11 master's-level consultants (not all mental health); they were NC NTI trained, offered training for their consultants, and opened it to others
- All consultants are part of child guidance or another agency
- Consultants try to identify people within every agency to receive this training
- Training is cost-effective and enhances the work they are doing with young children
- They offered to train child guidance agencies on parent stress index
- Training is provided statewide for parents, child welfare social workers, and early childhood providers
- More than 500 people were trained on mental health consultation in a child care session
- Three entry points for consultants are contacted
- Child-specific consultation is often identified through "Help me grow" phone line
- Program collaborated with staff and families to develop a child action plan
- Children were no longer seen as patients, but were viewed with a strength-based approach
- Strategies that can be used at home and in child care were developed
- Program found that sites were still using plans 6 months later

Early Childhood Consultation Overview

- Statewide coordinator and 11 early childhood master's level consultants
- Phone consultation
- Statewide trainings
- Three levels of care

Brief Child-Specific Consultation

- Three to five hours of consultation service
- Pre- and post-scales
- Parent/teacher consultation meeting
- Intervention recommendations
- Referrals and referral assistance

Core Classroom Specific

- One classroom and two child assessments
- Three to five hours of consultation service per week for up to 6 weeks
- One TAB training
- Ongoing staff support

Center-Based Consultation

- Five classrooms and 10 child assessments
- Eight to ten hours per week for up to 6 months
- Three TAB trainings
- Parent component
- Direct support with social/emotional interventions

Assessment Tools

- One assessment collected pre- and post-data on children and the classroom
    - These data helped obtain additional foundation funding to secure public funding to implement the program in all child welfare programs
- Program used a statewide database
- Data were discussed with legislators and other policymakers

Early Childhood Consultant Training

- Training included assessment tools, mental health consultation, attachment, team building, and early childhood development (e.g., Ages and Stages)
- Randomized study examined whether providing social and emotional climate of the site improves the social and emotional status of the children (50 classrooms)
- Services are free
- Training is funded by State agencies (receives $700,000), and there currently is no waiting list
- Training is primarily center-based

Participant Comments

- Medicaid and TANF funds should be used to pay for program consultation, staff consultation, child, and family to incorporate groups in the classroom
- The structure of the entire program is important—not just going for whole child

Jane Knitzer, Moderator

- Children's UPstream Services Direct Services Outcome Report (CUPS) has a different overall approach than Connecticut
- Vermont incorporated mental health and focused on reducing social-emotional development issues
- Connecticut model was more formal about child care consultation
- Some research is being conducted; need to really focus on the intervention—what is the "it" (not just input and output)?

Brenda Bean

Program Model

- Children's UPstream Services Direct Services Outcome (CUPS) links services for children with emotional disturbance to early childhood services. At the beginning Jane advised that this should not be a mental health initiative; this needs to be something that the early childhood world owns
- Cross-cultural matter. The world of early childhood education does not have the same language, training, or expectations as the mental health world
- Original grant in 1997 was a "Systems of Care" grant with $1.1 million for each of 6–7 years for a statewide program in Vermont
- Goals of CUPS are to:
    - Strengthen behavioral health of families
    - Preserve families
    - Promote skills children need to be ready for school.
- Twelve service districts designed a coordinated approach to meeting these goals with representatives from family support, early childhood education, health, and children's mental health
- Regions developed a range of plans that included outreach, information and referral, direct services, interdisciplinary training for front-line workers and administrators, and consultation for front-line workers, particularly child care providers
- For direct services, CUPS promoted a narrative clinical approach plus:
    - family support
    - interdisciplinary treatment teams for individual children and their families
- Regions were offered technical assistance from the "Learning Team" which:
    - acted as facilitator for regions in planning process
    - assisted with cross-cultural learning
    - convened statewide training
    - provided reflective supervision for front-line workers (family support advocates, mental health, and ECE providers)

- CUPS as a grant initiative has ended, but grant dollars were replaced with State general funds that enable the "draw down" of Medicaid to sustain much of the effort
- Evaluation of direct services examined the impact of early childhood mental health services on the children and families
    - Parameters for the evaluation were set nationally by the funding source; they were not tailored exactly to what Vermont did with CUPS. For example, the evaluation did not address the impact of interagency training or consultation to child care programs
    - Program used documentation approach (inspired by Regio Emelia) to supplement the evaluation. The Learning Team interviewed a small sample of interagency treatment teams (with a child care provider, a CUPS worker, and the parent of a child served) and asked them about how CUPS made a difference

Addressing Questions from the Vermont Perspective

- Over six years statewide over 1,000 regional training sessions were held
- Mental health consultants joined annual child care information and referral meetings and other regional training
- One of the best ways to gain the attention of child care providers, who were then less afraid to ask mental health professionals for help
- Many times this led to program consultation
- Consultation model can build mental health capacity within child care
- Many classrooms or centers now have ongoing relationships with mental health professionals who visit and consult regularly
- CUPS consultation was so important to child care providers that the child care agency began assisting with funding
- Linkages with Part B and C (services for children with disabilities) include parent advocates and early interventionists
    - Collaborative work with common referrals
    - Coordination is occurring through informal relationships

Other State Initiatives

- Kansas is using Smart Start funding to incorporate mental health consultants, but there are only three in the State
- Rhode Island has a State-administered Head Start model with networks of providers required to supply mental health supports, but only some providers are "hooked in"
- Massachusetts includes a nonprofit program called "Together for Kids", which mentors classroom teachers coping with behavioral problems in the classroom

Discussion Points

- How can the different case workers be coordinated?
    - Parents express dissatisfaction about being repeatedly asked, "What are your goals for your child?"

  - This is an ongoing challenge and a key reason why the Vermont Agency of Human Services is reorganizing to make case management more effective
  - Caseworkers are encouraged to examine a particular child and assign a lead worker to case manage and inform others
- One issue is that consultation is only as good as the consultant
  - Early childhood mental health professionals are needed
  - When professional development is considered in broader terms, mental health competencies also need to be included
- Different strategies need to be distinguished, and a focus should be placed on involvement of care directors
- Relationship and communication between the mental health consultant and the family needs to be emphasized
- Measures used to assess the effect of CUPS based on families included: (1) parenting stress index, (2) family empowerment scale, (3) substance use and depression scale, (4) an interview tool on child care, and (5) family resource scales
- Families served through CUPS have few resources
- Tracking employment of families can generate reliable data that may persuade decisionmakers (e.g., how San Francisco dedicated TANF funding)
- Another research project interviewed families who had been part of the original evaluation (matched on several variables), but showed different outcomes
  - Families were interviewed in depth to determine what the factors were
  - Finding: Families with more barriers took more time to improve
- Mental health findings are set up by diagnosis, but risk levels are more important
- Much time is needed to forge relationships with providers
  - Some families express more concrete issues, rather than social and emotional issues at first

Potential Linkages

- Who has interest in building linkages beyond the child care and mental health arenas; what additional links need to be made?
  - Education
  - Protective services
  - Juvenile justice
  - TANF
  - Employers
  - Judicial system
  - Part B and C agencies
  - Adult systems for substance abuse
  - Adult mental health
  - Central child care, education, health, special education
- Day Care Plus in Cleveland, Ohio, includes intervention with parents by early childhood providers
  - Members of the entire child care community were invited to attend a forum to address a particular problem (e.g., child, employee, etc.)

  - Professionals from the substance abuse, child welfare, and adult mental health arenas were invited and engaged in shared conversations about what they could do
  - The business community and faith-based communities also have an investment
- Child Care Plus program in Maine partners with professional development efforts in other agencies
  - Mental health workers have access to programs that professional development systems do not
  - It may be less threatening to be focused on one child than on overall classroom quality
- Vermont web site www.ddmhs.state.vt.us includes Child and Adolescent Unit publications such as:
  - *Knowledge and Practices To Promote Emotional and Social Development of Young Children* –this publication reviews core competencies that individual workers need to promote early childhood mental health
  - *Finding Help for Young Children with Social Emotional and Behavioral Problems: CUPS Handbook* – This publication addresses the issues to consider when examining particular risk factors (e.g., depression, refugees, substance abuse)
- Zero-to-Three Web site (www.zerotothree.org) includes the CUPS Handbook, judicial information, and how judges can unite people to consider mental health issues
- National Center for Children in Poverty (NCCP) (www.nccp.org) is releasing a report that addresses how existing Federal funding can support social and emotional interventions using Medicaid creatively
- Opportunities for linkage:
  - People should be informed of the types of transitions and traumas that child care providers have to cope with, including violence. In addition, reflective supervision should be offered
  - Some children need intervention strategies, but consultation can help families and child care provide healthy environments that support children in the contexts they are in
  - More efforts on outreach should be made, such as visits to homeless shelters and other locations where high-risk families reside

"Burning" Issues

- How can child care early education providers receive resources and training to assist with children who have behavioral problems?
- Assessment is needed to determine the mental health of children in child care at an early age.
- Without funding for mental health specialists or consultants, how can providers receive technical assistance and access state resources?
- How do mental health characteristics of parents, providers, and children interact? To what extent can good mental health conditions in one environment mitigate problems in another? How are children affected?

- Research on long-term cost effectiveness of the consultation model (particularly in health/mental health) is needed to improve outcomes for children and families (especially at-risk children and families). Improvements in the quality of child care environments help justify higher expenditures in terms of better cost-effectiveness.
- Some type of clearinghouse or resource that cuts across disciplines (infant mental health, child care, special education, etc.) and agencies to address all early childhood issues needs to be established. (Perhaps a portal that links Web sites, calendars etc., rather than reinventing something.)
- *Good Start, Grow Smart* initiative needs to be expanded to address issues of special needs, including infant mental health
- Meeting in the next 2 years is needed to engineer a model for a stable, shared, transparent, sensitive, comparable, funded, ongoing evaluation to enable States and schools to "climb on the shoulders of the tall while the waters of poverty drown weaker efforts.") Families must be included in designing such an evaluation."
- Need for better technology-based delivery systems for education and training on basic principles and core competencies for promoting social and emotional development:
    - Could take cost-effective ideas to scale
    - Would assure consistency of messages about quality
    - Would allow for "anywhere/anytime" and "just in time" learning
- Costs and effectiveness of different mental health consultation models for early childhood across settings (centers, families, FFN, FCC), including the examination of long-term effects and outcomes, need to be documented. More research is needed on how families navigate these systems, interventions, and multiple program requirements, while trying to maintain their privacy and have time as a family. How can these program requirements for face-to-face meetings, providing input on goals, objectives, etc. be streamlined so that parents are not overwhelmed? This is the part of "linkages" that is not discussed enough.
- More effort needs to be made in addressing and providing child care research around provider mental health
- Train-the-trainer curricula for consultants to work in child care are needed
- Depression in child care providers and impact on children/families should be investigated
- More certification in infant mental health is needed
- Medicaid reimbursement issues for providing mental health intervention in child care group settings should be addressed
- Competencies for mental health in child care settings should be investigated
- What is the co-occurrence of physical and mental health concerns for infants and toddlers?
- What is the co-occurrence within families, and can consultants help families, including other children in the family who are not the point of contact?
- Developing cross-agency data on social and emotional health indicators on young children and their families that will measure progress of our systems needs to be addressed

- Regarding social and emotional issues, there needs to be a list of resources for consultants, providers, and parents on ways to handle mental health issues as a team. Example: child bites in class. How can teachers, center directors, parents, and consultants collaborate to address this issue?
- Mental health for all children needs to be promoted, not just for children at risk
- Mental health profiles of the child and preacademic, school readiness profiles needs to be integrated
- Observational measurements of children's mental health and social-emotional skills are needed (as opposed to checklists)
- For next year's conference, the model sites for utilization of connecting various stakeholders in "building capacity" of young children, their families, and child care needs to be identified
- Violence in all its variations—domestic, child abuse, community, media (games, film, TV, play) needs to be addressed
- Researchers in mental health, health, and special interventions should convene with child care researchers who are here