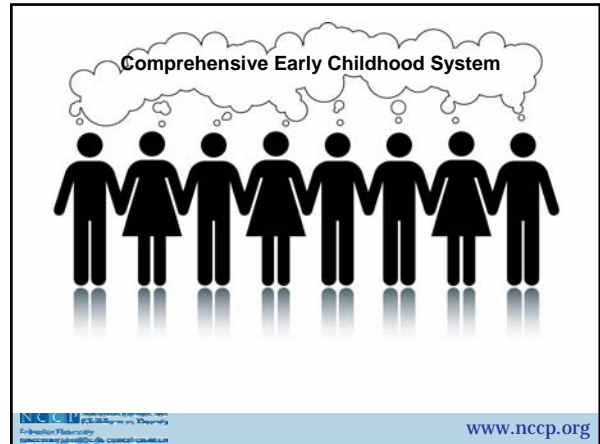


Advancing social-emotional development for young children and their families!!



Congratulations!!!



State of the States : Social-emotional development related activities

- Only 4 states did not report activities in this area
- Most states report working on 4-6 key areas

Exciting developments

- Collaboration
 - 11 states building partnerships btwn MH & EC
- Fiscal
 - 7 states report adjusting Medicaid codes and rates to facilitate billing for social emotional development
 - 7 states report planning to address fiscal impediments/opportunities for EC
- Training
 - 17 states report training/cont.ed for PCPs
 - 11 states report training for CCP
 - 15 states report training for parents

Exciting developments

- Screening
 - 18 states report addressing screening by pediatricians (expand, improve, or require)
 - 10 states report efforts to identify a screening method/tool for statewide implementation
 - 5 states report addressing screening for maternal depression (expand, improve)
- Interventions
 - 18 states report efforts to implement mental health consultation
- Social Marketing
 - 8 states report anti-stigma, public education campaigns

Helping Higher Risk Young Children and Families: Challenges and Opportunities for ECCS

Janice Cooper, PhD
Jane Knitzer, EdD
National Center for Children in Poverty

Early Childhood Comprehensive Systems Partnership Meeting • March 13, 2008

NCCCP National Center for Children in Poverty
Columbia University
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National Center for Children in Poverty

NCCCP is a nonpartisan, public interest research organization.

Our Mission: To promote the security, health, and well-being of America's low-income children and families.

Our Foci: Improved family economic security; healthy, nurturing families and young children succeeding in school.

Our Aim: Research-informed policy and practice that will help children thrive while spending existing public funds smarter.



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Setting the Stage

- Taking Stock: Over the past several years, through ECCS, states have been mobilizing
 - support for deeper investments in early childhood health, child care and early education
 - Improving the quality of early care and education
 - Developing an early childhood health agenda
- Building on this, now time to begin to think strategically about a subgroup of young children, those who experience multiple risk factors



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Today's Talk

- Highlight the scope of the challenge
- Identify some emerging strategies with traction
- Highlight key policy opportunities and challenges



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**Why invest:
The importance
of the early
childhood years**



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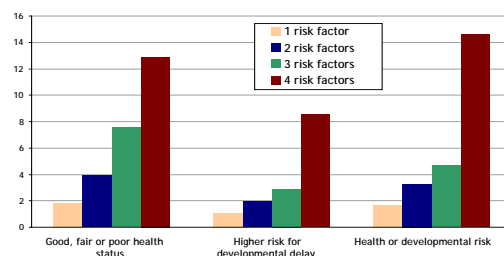
The Challenge

- Early relationships set the stage for healthy brain development.
- Healthy brain development sets the stage for successful early learning and necessary social and emotional skills.
- The more risk factors the less likely positive developmental outcomes.



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The Association of Risk Factors to Poorer Child Health and Developmental Status*



* For two or more risk factors, all significant differences between risk profile and zero.
Source: Stevens. Gradients in the Health Status and Developmental Risks of Young Children: The combined influences of multiple social risk factors. MCH Journal. 2006;10(2):187-199.



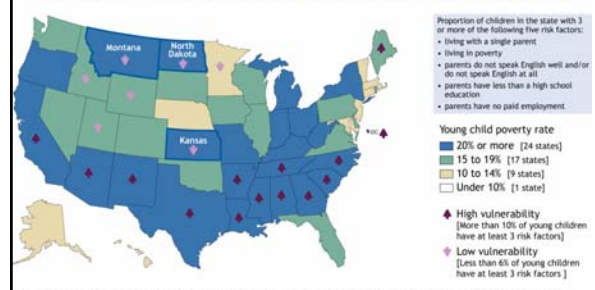
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Major Risk Factors for Poor Social and Emotional Development are Known

- Poverty, especially extreme poverty (incomes under \$10,000 a year for a family of four); concentrated community poverty
- Parental barriers to effective parenting
 - Depression: 40% prevalence rates (EHS) substance abuse 10% domestic violence, prior, concurrent trauma
- Poor quality child care and early learning

A 50-State View: Young Child Poverty and Multiple Risks

Young child poverty by percent of young children with 3 or more risk factors, 2006



Source: Vulnerability index calculated from NCCP analysis of the American Community Survey, 2006. Young child poverty rates calculated from NCCP analysis of the U.S. Current Population Survey, Annual Social and Economic Supplement, March 2005, 2006, and 2007, which represents information from calendar years 2004, 2005, and 2006. NCCP averages three years of data because of small sample sizes in less populated states.

The consequences of risk factors are widespread

- No national epidemiological data, but:
 - 10% of all kindergarten children show problematic behavior (ECLS).
 - Rates are two or three times as high in low-income samples.
 - Clinical level problems are lower but still significant (17% across diagnostic categories).
 - Young children are being kicked out of child care settings particularly children of color.



What to invest in: Quality and research-informed programs and practices

Developing Intentional Strategies to Address Risk

- Core Strategies
 - Promotion: Build on baseline quality child health and early care
 - Screening
 - Prevention: Promote effective parenting, particularly in high-risk families
 - Intervention: Deliver family-focused (parent-child) mental health services
- Core Assumptions: Challenges traditional paradigm
 - The best way to help young children is to help parents and other adults who are closest to them.
 - Use a public health approach, not a traditional mental health paradigm
 - Go across systems where families are
 - Acknowledge that young children can have serious problems

Examples of Promotion

- Basic high quality child development programs
 - Early Head Start
- Anticipatory guidance and support for parenting through the health care systems
 - Healthy Steps
- Community-based promotion strategies
 - Touch Points
- Research-informed parenting programs
 - WIC and TANF

Examples of Prevention

Targeted to young children and families already showing risk

- Interventions embedded in early childhood programs
 - Family Connections (Beardslee)
- Facilitated social support for families
 - Baby FAST
- Social and emotional curricula: Tools of the Mind; Incredible Years
- Early childhood mental health consultation



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Early Childhood Mental Health Consultation (2)

- Findings from evaluations of early childhood mental health consultation and case management strategies show:
 - Language improvement
 - Reductions in developmental delays
 - Decreases in aggression (or less increase than in controls)
 - Decreases in expulsion

Sources: Gilliam; Perry; Starting Early-Starting Smart



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Examples of More Intensive Interventions

- Embed more intensive family-focused services into early childhood programs
 - Cognitive behavioral therapists partner with home-visitors (Every Child Succeeds Ammerman et al.)
 - Embed screening and consultation services into settings where higher risk families are concentrated (courts, shelters)
- Provide supports to foster care/kinship care parents (evidence-based parenting practices)
- Implement interventions for young children with identified diagnosed emotional and behavioral disorders (wrap around, parent-child therapies)



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The Role of Screening

- Too many children have undetected conditions.
- Screening is essential for early identification of risks and conditions and a major health-related tool.
- The screening process helps families and providers talk about concerns.
- Screening is the gateway to eligibility for many intervention services.
- Increasing attention to screening moms for conditions/risks that impair parenting, esp. depression.



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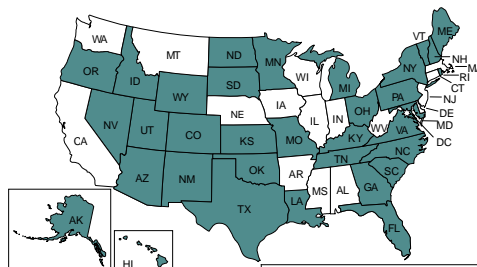


**Moving forward:
Key challenges
and
opportunities**



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Funding for Early Childhood Mental Health Services

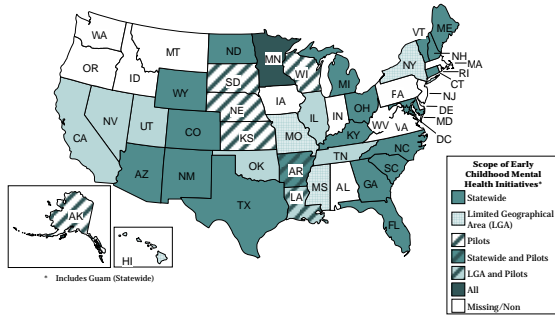


Does the state children's mental health authority fund early childhood mental health services directly?	
No	19 36%
Yes	34 64%
Total	53 100%



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Scope of Early Childhood Mental Health Initiatives



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Deepening the Policy Framework: Where We Are

- No state report that they are prohibited from serving children under age 5
- 51 states (37%) reported that they have taken specific steps and initiatives around prevention and early intervention
- 34 fund early childhood mental health services directly
- 39 states report they fund initiatives or infrastructure

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Of the thirty-nine states that fund ECMH

- 21 report funding ECMH specialists in community mental health clinics
- 25 report funding ECMH consultants
- 16 report that they reimburse for SES screening tools
- 33 report EC partnerships with state agencies

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Of all the states

- 20 report that they reimburse for services to children birth to 3 for children's mental health
- 22 report that they reimburse for services directly to children under age 6

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Of the thirty-nine states that fund ECMH

- 13 report that state adult system addresses needs of child/youth in families with SPMI
- 21 fund ecmh initiatives re infrastructure statewide
 - 10 LGA
 - 5 pilots
 - 3 mixed

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- Danger of not succeeding
- Race/ethnicity and poverty compound risks
- We know what works to change their developmental trajectory
- Strengthen the policy framework within the context of the ECCS developmental goals

Strengthening the Policy Framework to Respond to Higher Risk Young Children

- Strengthen early childhood mental health and child welfare partnerships
- Maximize the impact of existing funds and focus on children without diagnosis (Spending Smarter)
- Strategically implement evidence-based practices for more vulnerable young children
- Include indicators that address levels of risk
- Foster family empowerment and support

Our Charge

- Creative to embed attention to agenda in the context of ECCS
- Bring other support systems to the EC table (MH, SUD, DV)
- Seize every opportunity for a comprehensive lens/framework to build an EC agenda (Learning Councils in Head Starts)
- Commitment to implement EBPs that is family-responsive, and culturally/linguistically competent

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Or Visit NCCP web site
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